### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00081422		2 Total pages	filed: 20
3 CANDIDATE /	MS / MRS / MR	FIRST		 MI		
OFFICEHOLDER	The Honorable	Jacey R.			OFFICE	USE ONLY
NAME	The Honorable	Jacey R.			Date Received	
					ELECTRONIC	CALLY FILED
				CUEFIX	07/17/2023	
	NICKNAME	LAST		SUFFIX	01111/2023	
		Jetton				
4 CANDIDATE /	ADDRESS / PO BOX; AP	L / SUITE #: CI	ΓY:	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	1723 Hearthside Ct.	,	,			
MAILING	1723 Heartinside Ct.				Receipt #	Amount
ADDRESS					i teocipt ii	, unount
Change of Address	Richmond, TX 77406					
	,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER		Fanny				
NAME		Faility				
	NICKNAME	LAST		SUFFIX		
		Jetton				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	T / SUITE #; CITY;	ST	TATE; ZIP CODE
TREASURER ADDRESS	1723 Hearthside Court					
//DDI(200						
(Residence or Business)	Dishmand TV 77400					
	Richmond, TX 77406					
7 CAMPAIGN TREASURER		NE NUMBER	EXTENSION			
PHONE	(832) 298-8088					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff		ampaign treasurer
	-			L	appointment (of	fficeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	т	HROUGH	06/30/2023		
	01/01/2023			00/30/2020	2	
		i				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Conorol			
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 26 Fort Ben	d			
		<u>co</u> .	TO PAGE 2			
		60	I O FAGE Z			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	IS	Vers	ion V3.5.1.7bd706d4

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 20

13 C / OH NAME	Jetton, Jacey R. (The	Honorable)	14 Filer ID ( 00081422	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, CTRONICALLY)	<b>\$</b> 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 46,545.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 7,148.15
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 32,605.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 118,524.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 7,500.00
17 AFFIDAVIT	-			-
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	ompanying report is b be reported by me
		The Hono	orable Jacey R. Jetto	n
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		/ersion V3.5.1.7bd706d4

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 20 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Jetton, Jacey R. (The Honorable) 00081422 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 46,250.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 295.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 32,605.23 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

The Instru	ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/20		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	n Filers)
	y R. (The Honorable)		00081422	11 110.07
4 Date	5 Full name of contributor out-of-state PAC (II	7 Amount of Contribution (\$)		
06/30/2023	Baca, Brandon		\$50.00	
	6 Contributor address; City; State; Zip Code			
	Richmond, TX 77407			
	pation / Job title (See Instructions)	s)		
CEO				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/30/2023	Benoit, Dana		\$100.00	
	Contributor address; City; State; Zip Code			
	Richmond, TX 77406			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/21/2023	Bentley Public Affairs			\$500.00
	Contributor address; City; State; Zip Code		•	
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/30/2023	Bionat, Christian			\$100.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Senior Direc	tor	Greater Houston Partne	ership	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/20/2023	Butterworth, Sharon			\$250.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Retired		Retired		

The Ins	truction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/20	
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
Jetton, J	acey R. (The Honorable)		00081422
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
06/27/20	23 Butterworth, Sharon		\$100.00
	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79912		
8 Principal o Retired	ccupation / Job title (See Instructions)	;) 	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/20	23 Congress Avenue Partners, LLC		\$500.00
	Contributor address; City; State; Zip Code		
Dringing	Autin, TX 78701	Employer (Cool Instructions	<u> </u>
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/20/20	23 Conner, Matthew		\$250.00
l	Contributor address; City; State; Zip Code		
T i sizel	Cypress, TX 77433		
	ccupation / Job title (See Instructions)	Employer (See Instructions Arete Public Affairs	)
	g Director		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/20/20			\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	·)
Consulta		Second Floor Strategies	5
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/29/20			\$10,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78734		
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	)
L			

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/20	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		/ R. (The Honorable)		00081422
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
	06/27/2023	Harsch, Rick	\$100.00	
		6 Contributor address; City; State; Zip Code		
		Sugar Land, TX 77479		
8		pation / Job title (See Instructions)	)	
	Real Estate/	Finance	ces Inc	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)	
	06/29/2023	Hassenflu, K Alan	\$25,000.00	
		Contributor address; City; State; Zip Code		
		Houston, TX 77019		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	General Par		, ,	
╞			Fidelis Realty Partners	Amount of Contribution (\$)
	Date		)	Amount of Contribution (\$)
	06/27/2023	Henderson, John		\$50.00
		Contributor address; City; State; Zip Code		
		Cedar Park, TX 78613		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Rural Health		TORCH	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/21/2023	Hunter, Nelda		\$500.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78751		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Consultant		HillCo Partners	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/29/2023	PharmPac	)	\$1,000.00
	00/29/2023			\$1,000.00
		Contributor address; City; State; Zip Code		
		Austin TX 79757		
⊢	Deine i	Austin, TX 78757	Fundar (0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/20         2 FILER NAME Jetton, Jacey R. (The Honorable)       3 Filer ID (Ethics Commission F 00081422         4 Date       5 Full name of contributor out-of-state PAC (ID#:) 06/21/2023       7 Amount of Contribution (\$)         6 Contributor address; City; State; Zip Code       \$5 Austin, TX 78703	=ilers) 5,000.00
2       FILER NAME       3       Filer ID (Ethics Commission F 00081422         4       Date       5       Full name of contributor out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         06/21/2023       Rove, Karen       6       Contributor address; City; State; Zip Code       \$5	-
Jetton, Jacey R. (The Honorable)       00081422         4 Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         06/21/2023       Rove, Karen       \$5         6 Contributor address; City; State; Zip Code       \$5	-
06/21/2023 Rove, Karen \$5 6 Contributor address; City; State; Zip Code	5,000.00
6 Contributor address; City; State; Zip Code	5,000.00
6 Contributor address; City; State; Zip Code	
Austin TX 78703	
Austin TX 78703	
Austin TX 78703	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)	
President Infrastructure Solutions, Inc	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
06/28/2023 Sparks, Andrea	\$50.00
Contributor address; City; State; Zip Code	
Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Director Buckner Internation	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
	1,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78705	
Austin, TX 78705       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Section (\$)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Section (\$)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Section (\$)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       State; Zip Code	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:)	\$350.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Employer (See Instructions)         Date       Full name of contributor         Oate       Full name, Jonathan	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Employer (See Instructions)         Date       Full name of contributor         Oate       Full name, Jonathan	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Employer (See Instructions)         Date       Full name of contributor         Oate       Full name of contributor         Memorial Hermann Health System         Date       Full name of contributor         O6/21/2023       Willman, Jonathan	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Employer (See Instructions)         Date       Full name of contributor         06/21/2023       Full name of contributor         Ode-21/2023       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Warner Jr., Frederic       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77098       Houston, TX 77098       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Memorial Hermann Health System         Date       Full name of contributor out-of-state PAC (ID#:)         06/21/2023       Full name of contributor         Sugar Land, TX 77479       Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Warner Jr., Frederic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Houston, TX 77098         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Health Care       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2023       Full name of contributor       out-of-state PAC (ID#:)         Odd       Willman, Jonathan       Amount of Contribution (\$)         Sugar Land, TX 77479       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/20 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jetton, Jacey R. (The Honorable) 00081422 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/21/2023 \$250.00 Wilson, Stacy 6 Contributor address; City; State; Zip Code San Marcos, TX 78666 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/20		
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
Jetton, Jacey R. (The Honorable)					00081422	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						
5	Date 06/20/2023	<ul> <li>6 Full name of contributor out-of-state PAC (ID#:</li> <li>Hillco PAC</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	8	Amount of contribution (\$) \$295.00   food and beverage expense for fundraising expense		
		Austin, TX 78701			Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) :			11 Employer (FOR NON	-JL	JDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)	
14	Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	i If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)			
1	Sch: 1/11 Rpt: 10/20	Jetton, Jacey R. (The Honorable)	00081422			
	Date	5 Payee name				
	04/27/2023	Asian Pacific American Heritage Association				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,000.00	PO Box 19333				
		Sugar Land, TX 77496				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		butside of Texas. Complete Schedule T. TX, officeholder living expense			
			rship for annual gala			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/20/2023	Clayton Spangler Photographic Design				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$399.00	235 Point Lick Dr				
		Charleston, WV 25306				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>expense</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/05/2023	Custom Ink, LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$351.22	2910 District Ave				
		Fairfax, VA 22031				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
			itol and District staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 11/20	Jetton, Jacey R. (The Honorable)	00081422
4	Date	5 Payee name	
	05/03/2023	Fort Bend Seniors	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	1330 Band Rd	
		Rosenberg, TX 77471	
	BUBBOOF	-	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	tside of Texas. Complete Schedule T.
	EXPENDITURE		X, officeholder living expense
			r annual cinco de mayo event
			,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/31/2023	HEB	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$196.59	6900 Brodie Ln	
	Φ190.39		
		Austin, TX 78745	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense rages for Capitol Office staff meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/14/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$193.03	6900 Brodie Ln	
	φ195.05		
		Austin, TX 78745	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if Austin, T food and bever	tside of Texas. Complete Schedule T. X, officeholder living expense rage expense for Capitol office staff
		meetings	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
-			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 3/11 Rpt: 12/20	Jetton, Jacey R. (The Honorable)	00081422				
4	Date 02/28/2023	Payee name HEB					
6	Amount (\$) \$226.04	Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745					
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense erage supplies for Capitol office				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/21/2023	HEB					
	Amount (\$) \$193.32	Payee address; City; State; Zip Code 6900 Brodie Ln Austin, TX 78745					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense le expense for Capitol office staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/04/2023	HEB					
	Amount (\$) \$201.77	Payee address; City; State; Zip Code 6900 Brodie Ln					
		Austin, TX 78745					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense verage expense for Capitol Office				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Dunting/Banking         Fees         Office Overhead/Rental Expense           sulting Expense         Food/Beverage Expense         Polling Expense           tributions/ Donations Made By- candidate/Officeholder/Political Committee         Gift/Awards/Memorials Expense         Printing Expense           andidate/Officeholder/Political Committee         Legal Services         Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 13/20		Jetton, Jacey R. (The Honorable)				00081422
4	Date 04/11/2023	5	Payee name HEB				
6	Amount (\$) \$244.15	7	Payee address; City; State 6900 Brodie Ln Austin, TX 78745	e; Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ge expense for Capitol office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	04/18/2023		HEB				
	Amount (\$) \$280.61		Payee address; City; State 6900 Brodie Ln Austin, TX 78745	e; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ge expense for Capitol office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	05/09/2023		HEB				
	Amount (\$) \$251.62		Payee address; City; State 6900 Brodie Ln	e; Zip Co	de		
			Austin, TX 78745				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ge expense for Capitol office.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			-		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission File	rs)
	Sch: 5/11 Rpt: 14/20		etton, Jacey R. (The Honoral	ble)				00081422	
4	Date 05/16/2023		ayee name EB						
6	Amount (\$) \$245.78		ayee address; City; 900 Brodie Ln	State;	; Zip Cod	е			
		A	ustin, TX 78745						
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to bod/Beverage Expense	op of this sch	edule) (	Check if Austir	n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense age for Capitol Office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	Pa	ayee name						
	01/23/2023	Je	etton, Jacey (The Honorable)	)					
	Amount (\$)	Pa	ayee address; City;	State;	; Zip Cod	e			
	\$7,500.00	1	723 Hearthside Ct.						
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	ategory (See Categories listed at the tr pan Repayment/Reimbursen		edule)		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense ment	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date	Pa	ayee name						
	02/09/2023		acfarlan, Tori						
	Amount (\$) \$1,000.00		ayee address; City; 124 Harvest Bounty Dr	State;	; Zip Cod	e			
		R	chmond, TX 77406						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the tr alaries/Wages/Contract Labo		edule)		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 6/11 Rpt: 15/20	Jetton, Jacey R. (The Honorable)	00081422				
4	Date 03/06/2023	5 Payee name Macfarlan, Tori					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	3424 Harvest Bounty Dr Richmond, TX 77406					
8	PURPOSE	(a) Cotogony (b) Description					
0	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense I				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/24/2023	Macfarlan, Tori					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	3424 Harvest Bounty Dr Richmond, TX 77406					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/11/2023	Macfarlan, Tori					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	3424 Harvest Bounty Dr					
		Richmond, TX 77406					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 16/20		Jetton, Jacey R. (The Honorable)				00081422
4	Date 06/13/2023	5	Payee name Macfarlan, Tori				
6	Amount (\$)	7		Zip Co	de		
Ŭ	\$1,000.00	ľ	3424 Harvest Bounty Dr	Zip 00			
	Φ1,000.00		5424 Harvest bounty bi				
			Richmond, TX 77406				
8	PURPOSE	(2)			(b) Description		
0	OF	(a)	Category (See Categories listed at the top of this schu Salaries/Wages/Contract Labor	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense
					contact labor		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held
	Date		Payee name				
	03/03/2023		Republican Women's Club of Katy				
	Amount (\$)			Zip Co	de		
	.,			Zip Cu	ue		
	\$500.00		9550 Spring Green Blvd.				
			Suite 408-122				
			Katy, TX 77494				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	ittee			, officeholder living expense
					Sponsorship	for	Dinner Event
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name C	Office sou	ght		Office held
-	Date		Payee name				
	04/28/2023		Rotary Club of Katy				
				Zin Co	do		
	Amount (\$)			Zip Co	ue		
	\$265.00		PO Box 70				
			Katy, TX 77492				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Fees	ŕ			ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Annual Rota	γN	lembership Fees
L							
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OF	H					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 17/20		Jetton, Jacey R. (The Honorable)				00081422
4	Date	5	Payee name				
	02/06/2023		Ryan Data and Research				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$2,000.00		PO Box 202675				
			Austin, TX 78720				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Taylor Operation Opherican
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. 4. officeholder living expense
							nse for data and research
					0	•	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ht		Office held
	Date		Payee name				
	05/26/2023		Shipley Donuts				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$232.04		8213 Brodie Land				
			Austin, TX 78745				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. c, officeholder living expense age expense for Capitol office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	) Office sou	ht		Office held
-	Date		Payee name				
	03/20/2023		TDCJ-MAL				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$240.32		PO Box 4013	p 00.			
			Huntsville, TX 77342	i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. c, officeholder living expense Poverty event in district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       / -     Gift/Awards/Memorials Expense			Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/11 Rpt: 18/20		Jetton, Jacey R. (The Honorable)					00081422	
4	Date	5	Payee name						
	05/31/2023		TDCJ-MAL						
6	Amount (\$)	7	Payee address; City; Si	tate; Zip	Code				
	\$430.84		PO Box 4013						
			Huntsville, TX 77342						
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense	o concatio)			outsi	de of Texas. Compl	lete Schedule T.
	EXPENDITORE							officeholder living e	
						gifts for capit members	ol a	and district sta	aff and committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office hel	d
	Date		Payee name						
	06/05/2023		TDCJ-MAL						
	Amount (\$)		Payee address; City; Si	tate; Zip	Code				
	\$214.34		PO Box 4013						
			Huntsville, TX 77342						
	PURPOSE OF		Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Compl officeholder living e	
								-	aff and committee
						members	0.0		
	Complete ONLY if direct		andidate/Officeholder name	Office s	ought			Office hel	d
	expenditure to benefit C/OI	Н			U				
	Date		Payee name						
	01/23/2023		Target						
	Amount (\$)		Payee address; City; Si	tate; Zip	Code				
	\$488.61		5300 S Mo Pac Expressway	· ·					
			Austin, TX 78749						
	PURPOSE OF		Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Compl officeholder living e	
						Supplies for (			expense
							Jup		
-	Complete ONLY if direct		andidate/Officeholder name	Office s				Office hel	d
	expenditure to benefit C/Oł			01100 3	agiit				~
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense by - Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	ILER NAME		3	Filer ID (Ethics Commission Filers)	
	Sch: 10/11 Rpt: 19/20	etton, Jacey R. (The Honorable	e)		00081422	
4	Date	ayee name				
	03/06/2023	exas Conservative Coalition				
6	Amount (\$)	ayee address; City;	State; Zip Code			
	\$2,000.00	O Box 2659				
		ustin, TX 78768				
8	PURPOSE	ategory (See Categories listed at the top	of this schedule) (b)	Description		
	OF EXPENDITURE	ees			tside of Texas. Complete Schedule T.	
				Returning Men	X, officeholder living expense	
				rtotannig mon		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
	04/04/2023	exas Republican Legislative C	aucus			
	Amount (\$)	ayee address; City;	State; Zip Code			
	\$1,000.00	O Box 13305				
	PUPPopp	ustin, TX 78711				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top ees	of this schedule) (D		tside of Texas. Complete Schedule T. 'X, officeholder living expense P <b>CS</b>	
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
	02/27/2023	orchys Tacos				
	Amount (\$)	ayee address; City;	State; Zip Code			
	\$276.57	801 Guadalupe St				
		ustin, TX 78705	- Lee			
	PURPOSE OF	ategory (See Categories listed at the top ood/Beverage Expense	of this schedule)	Description	tside of Texas. Complete Schedule T.	
	EXPENDITURE				X, officeholder living expense erage expense for Capitol Office staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/11 Rpt: 20/20	Jetton, Jacey R. (The Honorable) 00081422
4	Date 02/06/2023	5 Payee name Wall Art Giant
6	Amount (\$) \$226.23	7 Payee address; City; State; Zip Code 2910 Anode Lane Dallas, TX 75220
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense wall art and decor for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H