CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00086182		2 Total pages filed: 37
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Venton C.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LACT		CUETIV	07/14/2023
	NICKNAME	LAST Jones		SUFFIX Jr.	0171-4/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	1075 Griffin Street West				Receipt # Amount
ADDRESS	Suite 212				
Change of Address	Dallas, TX 75215				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>
TREASURER	Mr.	Scott		1411	
NAME	IVII.	Coott			
	NICKNAME	LAST		SUFFIX	
		Jones			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1075 Griffin Street West				
	Suite 212				
(Residence or Business)	Dallas, TX 75215				
Z CAMBAION	4DE4 00DE - BUON	UE AU MADED - E	VTENCION		
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION		
PHONE	(337) 258-7601				
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		Oth day before	olastian \Box	Eveneded modified	appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2023	TH	IROUGH	06/30/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	PI	rimary	Runoff	Other
		│ ∏G	eneral	Special	
				ш	
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)
	State Representative Dist	rict 100			
	1			1	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Jones Jr., Venton C.	The Honorable)	14 Filer ID 00086182	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been ma officeholders are required to report thi	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASURI	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (C ES OF LOANS, OR CONTRIBUTIONS		\$ 20.39
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	\$ 8,925.39
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 50,370.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 8,271.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			inder penalty of perjury, that the acc d includes all information required t ction Code.	
			Γhe Honorable Venton C. Jones	s Jr.
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal o	of office.	
Signature of office	cer administering	Printed name of officer administe	ring Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 37
18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Jones Jr., Venton C. (The Honorable)	00086182	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		000000000000000000000000000000000000000
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,575.39
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 23,900.70
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 26,469.56
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/37		
2	FILER NAME Jones Jr., Ve	enton C. (The Honorable)		3	Filer ID (Ethics Commission 00086182	on Filers)
4	Date 06/26/2023	5 Full name of contributor out-of-state PAC (ID#:) Ben E. Keith Company Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Fort Worth, TX 76201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Blackridge Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
		,		,		
	Date Full name of contributor out-of-state PAC (ID#:) Carter, Madeline (Mandy) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Durham, NC 27702				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Mandy Carter Consulting			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 Driver, Tonya Contributor address; City; State; Zip Code Bryan, TX 77802-5898			Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions) Employer (See Education Education)		
	Date Full name of contributor out-of-state PAC (ID#:) 106/30/2023 Hamilton, Christopher Contributor address; City; State; Zip Code Austin, TX 78759-8706			Amount of Contribution (\$)	\$100.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Texas Health Action)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/37		
2	FILER NAME Jones Jr., Ve	enton C. (The Honorable)		3	Filer ID (Ethics Commission 00086182	n Filers)
4	Date 06/27/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Lanagan, Lindsay Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#: 06/23/2023 Lester, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75236				
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions UTSW)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu Nonprofit	pation / Job title (See Instructions)	Employer (See Instructions Fair Park First)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/20/2023 Medrano, Pauline Contributor address; City; State; Zip Code Dallas, TX 75219-2434			Amount of Contribution (\$)	\$500.00	
	Principal occu Country Trea	pation / Job title (See Instructions) asurer	Employer (See Instructions Dallas County)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/37			
2	FILER NAME Jones Jr., Ve	enton C. (The Honorable)		3	Filer ID (Ethics Commission 00086182	on Filers)	
4	Date 06/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
_	Deignaignal annu	San Antonio, TX 78201	D. Faralayar (God Instructions				
8	Manager	pation / Job title (See Instructions)	Employer (See Instructions) DaVita)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2023 TEXPAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ Warner, Michael Contributor address; City; State; Zip Code Houston, TX 77021)		Amount of Contribution (\$)	\$500.00	
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Spencer Fane)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Whitmire & Munoz Poltiical Fund Contributor address; City; State; Zip Code Houston, TX 77007				Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
action Guide explains how to complete th	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/37	
enton C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086182
 Full name of contributor	ID#:)	7 Amount of Contribution (\$) \$1,000.00
Austin, TX 78701		
upation / Job title (See Instructions)	9 Employer (See Instruction	s)
	ction Guide explains how to complete the enton C. (The Honorable) 5 Full name of contributor out-of-state PAC (Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	enton C. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jones Jr., Venton C. (The Honorable) 00086182 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/22/2023 Blackridge \$350.00 | Email Marketing 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 9/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	01/17/2023	ADP Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.47	1 Adp Blvd
		Roseland, NJ 07068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense User Fee
		036.1760
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/01/2023	ADP Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.03	1 Adp Blvd
	400.00	-
		Roseland, NJ 07068
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		User Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to belieff G/Of	
	Date	Payee name
	02/16/2023	ADP Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.21	1 Adp Blvd
		Roseland, NJ 07068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense User Fee
		0361166
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/24 Rpt: 10/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	03/16/2023	ADP Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.21	1 Adp Blvd
		Roseland, NJ 07068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		User Fee
		000.1.00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/17/2023	ADP Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$84.21	1 Adp Blvd
		'
		Roseland, NJ 07068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense User Fee
		03611 66
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/16/2023	ADP Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$84.21	1 Adp Blvd
		Roseland, NJ 07068
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense User Fee
		USEI FEE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 3/24 Rpt: 11/37	2 FILER NAME Jones Jr., Venton C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086182
4	Date	5 Payee name
	06/16/2023	ADP Inc.
6	Amount (\$) \$84.21	7 Payee address; City; State; Zip Code 1 Adp Blvd Roseland, NJ 07068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense User Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2023	ATX Flags
	Amount (\$)	Payee address; City; State; Zip Code
	\$673.20	5214 Burleson Rd
		#100
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol Office Supplies
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	02/09/2023	Aleksander Gallery
	Amount (\$)	Payee address; City; State; Zip Code
	\$192.52	1803 Northridge Dr
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Capitol Office Supplies
		Capitol Office Supplies
	Complete ONU V if allow	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		ittee L	egal Services	Salarie	s/Wage	es/Contract Labor		OTHER (enter a	a category not listed above)	
	·			he Instruction Gu	iide explains how to	compl	lete this form.				
1	Total pages Schedule F1:	2 FII	LER NAME					3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 4/24 Rpt: 12/37	Jo	ones Jr., Ve	nton C. (The H	lonorable)				00086182		
4	Date	5 Pa	ayee name								
	03/24/2023	l	leksander G	Sallery							
6	Amount (\$)	7 Pa	ayee address	; City;	State; Zip (Code					
	\$746.92	18	303 Northric	dge Dr							
				· ·							
		۸.	ustin, TX 78	772							
Ļ	P. P. C.					100					
8	PURPOSE OF				ne top of this schedule)	(b)	Description		:d4.T O	onless Cale adula T	
	EXPENDITURE	l Ot	ffice Overhe	ead/Rental Exp	ense		=		, officeholder livin	plete Schedule T.	
							Capitol Office			g capenios	
9	Complete ONLY if direct	Can	ndidate/Office	eholder name	Office s	aught			Office h	old.	
9	expenditure to benefit C/OI		ididate/Office	enoluei name	Office 3	Jugiit			Office II	eiu	
_											
	Date	l	ayee name								
	04/20/2023	Al	leksander G	Sallery							
	Amount (\$)	Pa	ayee address	; City;	State; Zip	Code					
	\$660.32	18	303 Northrid	lge Dr							
		Aι	ustin, TX 78	3723							
	PURPOSE	<u> </u>				(h)	Description				
	OF	l		Categories listed at the Memorials Exp	ne top of this schedule)	(5)	_ :	outsi	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE	6	III/Awaius/i	nemonais Exp	ense		<u> </u>		, officeholder livin		
							Memorial Fra	ame	for Constit	uent	
	Complete ONLY if direct		ndidate/Office	eholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date	Pa	ayee name								
	01/09/2023	l	loft Austin D	owntown							
_	Amount (\$)	.	avee address		State; Zip (- Odo					
	\$162.31	l	nyee address 09 E 7th St	o, City,	State, Zip (Joue					
	\$102.51	10	J9 ⊑ 7111 St								
		Αι	ustin, TX 78	3701							
	PURPOSE	(a) Ca	ategory (See	Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	Tr	avel Out of	District						plete Schedule T.	
							Parking	ı, TX,	, officeholder livin	g expense	
							raikiliy				
_	Operation ONE VIII II	<u> </u>	1:-11- 10.00	. b = 1 d =	O.C.				6‴ :	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		naidate/Office	eholder name	Office s	ought			Office h	eia	
	The strategy of the strategy o										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cr

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 13/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	01/24/2023	Bed Bath and Beyond
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$370.45	1201 Barbara Jordan Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Capitol Office Supplies
		Capitor Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	1201 Barbara Jordan Blvd
		Ste 100
		Austin, TX 78723
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2023	Brittney for Carrollton
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.42	4229 Hunt Drive
		#4807
		Carrollton, TX 75010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to Brittney for Carrollton
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/24 Rpt: 14/37 Jones Jr., Venton C. (The Honorable) 00086182 4 Date Payee name 01/17/2023 Capitol Gift Shop 6 Amount (\$) Payee address; State; Zip Code \$408.74 1100 Congress Ave Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2023 Capitol Gift Shop Amount (\$) Payee address; City; State; Zip Code \$195.00 1100 Congress Ave Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2023 Fenoglio Boots Amount (\$) Payee address: City: State; Zip Code \$623.19 2709 N Main St Fort Worth, TX 76164 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gift for Staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing mmittee Legal Services Salaries The Instruction Guide explains how to a	g Exper s/Wage	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 15/37		Jones Jr., Venton C. (The Honorable)		00086182
4	Date	5	Payee name		
	01/31/2023		Frost Bank, Inc.		
6	Amount (\$)	7	Payee address; City; State; Zip 0	Code	:
	\$5.00		6312 La Vista Dr		
			Dallas, TX 75214		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Monthly Account Fee
					Monthly Account Fee
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ought	t Office held
٦	expenditure to benefit C/O		candidate/Officerolder name Office st	ougni	di Onice nelu
\vdash	Date	Г	Payee name		
	02/28/2023		Frost Bank, Inc.		
	Amount (\$)	┝	Payee address; City; State; Zip C	Codo	
	\$5.00		6312 La Vista Dr	Coue	•
	Ψ5.00		0012 La Visia Di		
			Dallas, TX 75214		
	DUDDOOF	(-)		10.	N -
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees		Check if Austin, TX, officeholder living expense
					Monthly Account Fee
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ought	t Office held
	experiulture to benefit C/Or	_			
	Date		Payee name		
	03/01/2023		Frost Bank, Inc.		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$2,698.40		6312 La Vista Dr		
			Dallas, TX 75214		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Reimbursement for February Hotel Stay
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	<u> </u>	t Office held
	expenditure to benefit C/O			5	
Eor	ms provided by Tayas F	thic	es Commission was athics state to	/ IIC	Version V2.5.1.a18ea2ca

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Political Committee Legal Services Credit Card Payment The Instruction Guide expla	ins how to complete this form.
1 Total pages Schedule F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/24 Rpt: 16/37 Jones Jr., Venton C. (The Honorabl	e) 00086182
4 Date 5 Payee name	'
03/31/2023 Frost Bank, Inc.	
6 Amount (\$) 7 Payee address; City; St.	ate; Zip Code
\$5.00 6312 La Vista Dr	
Dallas, TX 75214	
8 PURPOSE (a) Category (See Categories listed at the top of this	schedule) (b) Description
OF EXPENDITURE Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Account Fee
9 Complete ONLY if direct Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/OH	
Date Payee name	
04/28/2023 Frost Bank, Inc.	
Amount (\$) Payee address; City; St	ate; Zip Code
\$5.00 6312 La Vista Dr	
Dallas, TX 75214	
PURPOSE (a) Category (See Categories listed at the top of this	schedule) (b) Description
OF EXPENDITURE Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Account Fee
Complete ONLY if direct Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/OH	
Date Payee name	
05/31/2023 Frost Bank, Inc.	
Amount (\$) Payee address; City; St	ate; Zip Code
\$5.00 6312 La Vista Dr	
Dallas, TX 75214	
PURPOSE OF (a) Category (See Categories listed at the top of this	' I <u>—</u>
EXPENDITURE Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Account Fee
Complete ONLY if direct Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 17/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	05/31/2023	Frost Bank, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	6312 La Vista Dr
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Account Fee
		Monthly Account 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	06/26/2023	Frost Bank, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	6312 La Vista Dr
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Wire Transfer Fee
	Complete ONLY if direct	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	_	
	Date	Payee name
	06/30/2023	Frost Bank, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	6312 La Vista Dr
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Account Fee
		Monthly Account Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onto a category not listed above)

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/24 Rpt: 18/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	06/30/2023	Frost Bank, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	6312 La Vista Dr
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Account Fee
		Monthly Account Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payeo namo
	01/06/2023	Payee name Hidden Treasures Christian Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.54	542 N Main St
	Ψ103.34	542 IN INIGITI ST
		Duncanville, TX 75116
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	02/14/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.82	10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Water Dispenser
		Capitol Mater Biopolitos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 19/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	01/24/2023	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.47	6600 S MoPac Expy
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
		Supilor Since Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/23/2023	Human Rights Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$521.50	1640 Rhode Island Ave. N.W.
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Human Rights Campaign Austin Dinner Event
		ridinal rights campaign rids in billion Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 01/23/2023	Payee name
		Jones Jr., Venton (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$674.27	707 Vermont Ave
		Dallas, TX 75216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	-	Check if Austin, TX, officeholder living expense
		Reimbursement for Home Depot Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		,
1	Total pages Schedule F1:	
	Sch: 12/24 Rpt: 20/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	01/23/2023	Jones Jr., Venton (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,667.77	707 Vermont Ave
		Dallas, TX 75216
8	PURPOSE	
ľ	OF	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Capitol Office Electronics
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_		
	Date	Payee name
	02/06/2023	Jones Jr., Venton (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,578.40	707 Vermont Ave
		Dallas, TX 75216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for February Hotel Stay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/23/2023	Legislative Study Group
\vdash		
	Amount (\$)	
	\$500.00	P.O. Box 12943
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Caucus Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioliture to beliefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	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: 13/24 Rpt: 21/37	Jones Jr., Venton C. (The Honorable)	00086182
4	Date	5 Payee name	
	01/09/2023	Lupe Tortilla Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$214.73	701 S Capital of Texas Hwy K Austin, TX 78746	
Ļ	DUDDOCE		
8	PURPOSE OF EXPENDITURE	1 dda/Beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/06/2023	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$160.70	3201 Bee Caves Rd	
		Ste 112	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	LXI LINDITORE		TX, officeholder living expense
		Capitol Office	Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/14/2023	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.65	3201 Bee Caves Rd	
		Ste 112	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		TX, officeholder living expense
		Capitol Office	Supplies
	Complete ONLY if alice at	Candidata/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 22/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	03/22/2023	Michaels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$426.93	3201 Bee Caves Rd
		Ste 112
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
		Cupitor Cinico Cuppinos
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experialtare to belieff C/O	
	Date	Payee name
	01/03/2023	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	655 15th St NW
		Ste 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Database
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/02/2023	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	655 15th St NW
		Ste 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Database
		Linai Database
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to comple	,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 23/37	Jones Jr., Venton C. (The Honorable)	00086182
4	Date	5 Payee name	
	04/21/2023	NGP VAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$319.80	655 15th St NW	
		Ste 650	
		Washington, DC 20005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE		Check if Austin, TX, officeholder living expense Email Database
			Email Dalabase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cince field
H	Date	Payee name	
	05/02/2023	NGP VAN	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.90	655 15th St NW	
	Ψ100.00	Ste 650	
		Washington, DC 20005	
L	PURPOSE		2
	OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Email Database
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI	'	
	Date	Payee name	
L	06/09/2023	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.90	655 15th St NW	
		Ste 650	
		Washington, DC 20005	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Email Database
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
Н			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt: 24/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	01/10/2023	North Italia Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$209.45	500 W 2nd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Dinner
		Stan Dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	01/23/2023	Robert Huff Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$655.00	P.O. Box 280595
		Memphis, TN 38168
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Seal
		State Seal
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	01/13/2023	Sheraton Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$748.10	701 E 11th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for Staff Travel
		Loughing for Staff Traver
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 17/24 Rpt: 25/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
l	03/03/2023	Texas A&M Bookstore
6	Amount (\$) \$135.29	7 Payee address; City; State; Zip Code 2200 W Neal St
		Commerce, TX 75429
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 Capitol Office Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	03/06/2023	Texas A&M Hotel
	Amount (\$) \$149.32	Payee address; City; State; Zip Code 177 Joe Routt Blvd
		College Station, TX 77840
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stay at Texas A&M for Legislative Briefing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/21/2023	Payee name Twitter, Inc.
	Amount (\$) \$90.72	Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Premium Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
Sch: 18/24 Rpt: 26/37 Jones Jr., Venton C. (The Honorable) 00086182	
4 Date 5 Payee name	
02/22/2023 Uber	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$24.57 1515 3rd St	
San Francisco, CA 04150	
San Francisco, CA 94158	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Travel Out of District Travel Out of District	
Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Travel to event	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/23/2023 Uber	
Amount (\$) Payee address; City; State; Zip Code	
\$7.49 1515 3rd St	
San Francisco, CA 94158	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Travel to event	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/23/2023 Uber	
Amount (\$) Payee address; City; State; Zip Code	
\$7.49 1515 3rd St	
San Erangicoa CA 04150	
San Francisco, CA 94158	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas	
Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Travel to event	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	ſ
	ſ

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 27/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	02/24/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.72	1515 3rd St
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel to event
		Traver to event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.22	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel to event
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┡		
	Date	Payee name
	02/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.05	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel to event
\vdash	Complete CAIL V if allows	Condidate/Officeholder name
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 28/37	Jones Jr., Venton C. (The Honorable)	00086182
4	Date	5 Payee name	1
	03/06/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.29	1515 3rd St	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
		Travel to eve	n, TX, officeholder living expense
		Traver to eve	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Chief Held
-	Date	Payee name	
	03/06/2023	Uber	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.55	1515 3rd St	
	Ψ20.00	1010 014 01	
		San Francisco, CA 94158	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Have out of District	n, TX, officeholder living expense
		Travel to eve	ent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/07/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.22	1515 3rd St	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Thaver out of District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Travel to eve	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
l	Sch: 21/24 Rpt: 29/37	Jones Jr., Venton C. (The Honorable) 00086182						
4	Date	5 Payee name						
l	03/08/2023	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$7.49	1515 3rd St						
l								
l		San Francisco, CA 94158						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		Travel to event						
l								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
l	expenditure to benefit C/OI	DH .						
F	Date	Payee name						
l	03/10/2023	Uber						
Г	Amount (\$)	Payee address; City; State; Zip Code						
l	\$32.95	1515 3rd St						
l								
l		San Francisco, CA 94158						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		Travel to event						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
l	expenditure to benefit C/OI	DH						
Г	Date	Payee name						
l	06/29/2023	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
l	\$25.11	1515 3rd St						
l								
		San Francisco, CA 94158						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		Travel to event						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	DH						
ı								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 22/24 Rpt: 30/37	2 FILER NAME Jones Jr., Venton C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086182
4	Date 01/06/2023	5 Payee name Venton Jones
6	Amount (\$) \$4,502.60	7 Payee address; City; State; Zip Code 1075 Griffin St West Suite 212 Dallas, TX 75215
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for January Hotel Stay
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/04/2023	Payee name WIX.com
	Amount (\$) \$32.47	Payee address; City; State; Zip Code 500 Terry A Francois Blvd FI 6 San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/06/2023	Payee name WIX.com
	Amount (\$) \$32.47	Payee address; City; State; Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 31/37	Jones Jr., Venton C. (The Honorable) 00086182
4	Date	5 Payee name
	03/02/2023	WIX.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.47	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Hosting
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	04/05/2023	WIX.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.47	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Hosting
		Website Hosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	05/02/2023	WIX.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.47	500 Terry A Francois Blvd
		FI 6
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website Hosting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committ Credit Card Payment		Fees Office Overhead/Rental Expense Polling Expense Polling Expense Fit/Meards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Ļ	Tatal as as a C 1 1 1 To	_			ue explains i	iow to comp	iete tilis form.	1-	Ell ID	(Fabine Convenience Fil	-\
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filer	S)
	Sch: 24/24 Rpt: 32/37		Jones Jr., V	enton C. (The H	onorable)				00086182		
4	Date	5	,								
	06/02/2023		WIX.com								
6	Amount (\$) \$32.47	7	FI 6	ss; City; Francois Blvd co, CA 94158	State;	Zip Code					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Advertising l	e Categories listed at the Expense	e top of this sche	edule) (b		ıstin, TX	de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	С	ffice sough			Office he	eld	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment				The Instruction Guide explains I	now to co	omplete this form.				
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	;)	
	Sch: 1/5 Rpt: 33/37		Jones Jr., V	enton C. (The Honorable)			'	00086182		
4	Date	5	Payee name							
	06/01/2023		Aleksander	Gallery						
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode				
	\$1,558.80		1803 Northr	ridge Dr						
Reimbursement from political contributions intended Au			Austin, TX 7	78723						
8	PURPOSE	(a)	Category (se	ee Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedul	le T.	
	OF	(",		head/Rental Expense	,aa.o,	(.,) Decemplian [=	eck if Austin, TX, officeholder living expense		
	EXPENDITURE					Capitol Office Su	— ıpplie	es		
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	holder name		Office sought		Office held		
	C/OH									
	Date		Payee name							
	01/04/2023		Element Downtown Austin							
	Amount (\$)		Payee address; City; State; Zip Code							
\$2,248.80 109 E 7th St										
	Reimbursement from									
	X political contributions intended									
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedu	le T.	
	OF EXPENDITURE		Travel Out of	of District			χ Che	eck if Austin, TX, officeholder living expense		
	ZXI ZXIDITORZ					Lodging Expense	e for	Representative		
	•	Cai	ndidate/Officel	holder name		Office sought		Office held		
	expenditure to benefit C/OH									
		_								
	Date		Payee name	A						
	01/10/2023	L	Element Do	wntown Austin						
	Amount (\$)		Payee addres		Zip Co	ode				
	\$164.66		109 E 7th S	t						
	Reimbursement from political contributions intended		Austin, TX 7	78701						
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedu	le T.	
	OF EXPENDITURE		Travel Out of	of District			X Che	eck if Austin, TX, officeholder living expense		
	EAL ENDITONE					Lodging Expense	e for	Representative		
	Complete ONLY if direct	L Cai	ndidate/Officel	holder name		Office sought		Office held		
	expenditure to benefit C/OH					3				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 34/37 Jones Jr., Venton C. (The Honorable) 00086182 Date Payee name 01/20/2023 Element Downtown Austin Amount (\$) Payee address; City; State; Zip Code \$2,035.28 109 E 7th St Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging Expense for Representative Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2023 **Element Downtown Austin** Amount (\$) Payee address; City; State; Zip Code \$2,573.40 109 E 7th St Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging Expense for Representative Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/18/2023 **Element Downtown Austin** Payee address; City; State; Zip Code Amount (\$) \$2,573.40 109 E 7th St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging Expense for Representative Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 35/37 Jones Jr., Venton C. (The Honorable) 00086182 Date Payee name 03/04/2023 Element Downtown Austin Amount (\$) Payee address; City; State; Zip Code \$2,098.74 109 E 7th St Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging Expense for Representative Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2023 **Element Downtown Austin** Amount (\$) Payee address; City; State; Zip Code \$2,573.36 109 E 7th St Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging Expense for Representative

Complete ONLY if direct expenditure to benefit C/OH

Date

8

Candidate/Officeholder name

Office sought

Office held

Payee name 04/04/2023 **Element Downtown Austin** Payee address; City; State; Zip Code Amount (\$) \$2,573.40 109 E 7th St Reimbursement from Χ political contributions intended Austin, TX 78701

PURPOSE Category (See Categories listed at the top of this schedule) OF Travel Out of District **EXPENDITURE**

Check if travel outside of Texas. Complete Schedule T. Description X Check if Austin, TX, officeholder living expense

Lodging Expense for Representative

Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 4/5 Rpt: 36/37	Jones Jr., V	enton C. (The Honorable)				000861	.82		
4	Date	5 Payee name				1				
	04/19/2023		Element Downtown Austin							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$2,573.40	109 E 7th St								
	Reimbursement from									
	X political contributions intended	Austin, TX 7	8701							
8	PURPOSE		e Categories listed at the top of this sche	dula)	(b) Description	☐ Ch	ock if trave	I outside of Texas. Complete Schedule T.		
ľ	OF	• • • • •		edule)	l`´ ⊨	=		n, TX, officeholder living expense		
	EXPENDITURE	Travel Out o	II DISTIICT		Lodging Expense	_				
					Loughly Expense	e 101	Reple	Senialive		
Ļ										
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeh	older name		Office sought			Office held		
	C/OH									
	Date	B								
		Payee name	waterway Austin							
	05/05/2023 Element Downtown Austin									
Amount (\$) Payee address; City; State; Zip Code										
	\$2,573.40	\$2,573.40 109 E 7th St								
	Reimbursement from									
	X political contributions intended Austin, TX 78701									
	PURPOSE	Category (Se	e Categories listed at the top of this sche	dule)	Description	Ch	eck if trave	l outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Travel Out o	of District			χ Ch	eck if Austi	n, TX, officeholder living expense		
	EXPENDITORE			Lodging Expense	dging Expense for Representative					
	Complete ONLY if direct	Candidate/Officeh	older name		Office sought			Office held		
	expenditure to benefit									
	C/OH									
	Date	Payee name								
	05/20/2023	Element Do	wntown Austin							
	Amount (\$)	Payee addres	ss; City; State;	Zip Co	ode					
	\$2,248.65	109 E 7th St	i.	·						
	Reimbursement from									
	X political contributions intended	Austin, TX 7	8701							
H	PURPOSE	Category (Se	e Categories listed at the top of this sche	dule)	Description	Ch	eck if trave	I outside of Texas. Complete Schedule T.		
	OF	Travel Out o		-	· ·	X Ch	eck if Austi	n, TX, officeholder living expense		
	EXPENDITURE				Lodging Expense	e for	Repres	sentative		
							-			
	Complete ONLY if direct	<u>l</u> Candidate/Officeh	older name		Office sought			Office held		
	expenditure to benefit				2 2 3 3 3 3 5 1 C					
L	C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 37/37 Jones Jr., Venton C. (The Honorable) 00086182 Date Payee name 01/23/2023 Home Depot 6 Amount (\$) Payee address; City; State; Zip Code \$674.27 1200 Barbara Jordan Blvd Reimbursement from political contributions intended Х Austin, TX 78723 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office appliances Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH