CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00086167		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Jolanda			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CUETIV	07/17/2023	(LLTTTLLD
	NICKNAME Jo	LAST Jones		SUFFIX	0171172020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	10709 Marsha Lane				Receipt #	Amount
Change of Address	Houston, TX 77024				Date Processed	
					Date Flocessed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME	Dr.	Uchenna				
NAIVIE						
	NICKNAME	LAST		SUFFIX		
		Jones-Conley		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3759 Heritage Colony					
(Residence or Business)						
(ricelacines of Eucliness)	Missouri City, TX 7745	9				
7 CAMPAIGN	AREA CODE PH	HONE NUMBER E	EXTENSION			
TREASURER	(832) 276-2224	IONE NOMBER E	EXTENSION			
PHONE	(032) 210-2224					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	
	X July 15	8th day before 6	election	Exceeded modified	appointment (office Final Report (Atta	
	X July 15	Builday before	Election	reporting limit	Final Report (Atta	CII C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	01/01/2023		IROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar P	rimary	Runoff	Other	
		│ ∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	State Representative D	District 147				
	<u> </u>			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	3 C / OH NAME Jones, Jolanda (The Honorable) 14 Filer ID 00086167						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without a equired to report this information	the candidate's or offic	ceholder's kn	owledge or	
Additional Pages	COMMITTEE TYPE						
	GENERAL COMMITTEE ADDRESS SPECIFIC						
		COMMITTEE CAM	PAIGN TREASURER NAME				
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS	, ,						
		CAL CONTRIBUTION PLEDGES, LOANS, (NS OR GUARANTEES OF LOANS	5)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITIC	CAL EXPENDITURES	S		\$	24,212.66	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	99,689.53	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		t	l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
			The Hon	orable Jolanda Jone	es		
		-	Signature of	Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
				, this the		day	
	, 20, to c		my hand and seal of office. of officer administering	Title of office	er administeri	ng oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 19
l	ER NAN nes, Jol	AE anda (The Honorable)	19 Filer ID 00086167	(Ethics Commission Filers)
l	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 19,457.31
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 4,755.35
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	d 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: 1/3 Rpt: 4/19	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	05/22/2023	CDC of Freedmen's Town
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$285.00	1401 Andrews Street
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for sign
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/18/2023	Campos, Elizabeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.70	1028 Rigsby
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chair gift
		Gridin gint
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	B
	Date	Payee name Craig Weahington Law
	05/22/2023	Craig Washington Law
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 306
		Bastrop, TX 78602
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Investigation committee legal fees
	Operation ONE VIII II	Our Highest (Office health a name of the constitution of the const
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 (order a category pot 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: 2/3 Rpt: 5/19	Jones, Jolanda (The Honorable) 00086167								
4	Date	5 Payee name								
	06/30/2023	Grant Martin Campaigns								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$991.39	2383 Bush St								
		San Francisco, CA 94115								
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								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	02/13/2023	Haywood, Kory								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,000.00	7020 Dillon St								
		Houston, TX 77061								
	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.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Housing stipend								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Date	Payee name								
	02/21/2023	Jones, Jolanda								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,745.92	2525 Binz								
	+ =,									
		Houston, TX 77004								
	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								
		Schedule G reimbursements								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T.1 C.1.1 =:	1
1	Total pages Schedule F1: Sch: 3/3 Rpt: 6/19	2 FILER NAME Jones, Jolanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086167
4	Date	5 Payee name
•	02/21/2023	Jones, Jolanda
6	Amount (\$) \$3,254.60	7 Payee address; City; State; Zip Code 2525 Binz
	ψ0,204.00	2020 51112
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Schedule G reimbursements
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2023	Lynn Stucky Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.70	400 West Oak Street, Ste. 106
		Denton, TX 76201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chair gift
		Chair gift
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/01/2023	Pharms, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	10915 Carlton
		Houston, TX 77047
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Precinct Chair meeting
		Fredirict Chair freeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	· 	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/12 Rpt: 7/19	2 FILER NAM Jones, Jo	ME landa (The Honorable)			3 Filer ID (Ethics Commission Filers) 00086167
4	Date	5 Payee nan	 ne			<u> </u>
	05/24/2023	Bigs				
6	Amount (\$)	7 Payee add	ress; City; State	; Zip Co	ode	
	\$17.39	13489 IH	35			
	Reimbursement from political contributions intended	Moore, T	K 78057			
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transport	ation Equipment & Related E	Expense		Check if Austin, TX, officeholder living expense
					Fuel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought	Office held
	Date	Payee nam	ne			
	06/02/2023	Buc-ee's	- Bastrop			
	Amount (\$)	Payee add	ress; City; State	; Zip Co	ode	
	\$30.91	1700 Hiw	y 71, E			
	Reimbursement from political contributions intended	Bastrop, ⁻	TX 78602			
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transport	ation Equipment & Related E	Expense	L	Check if Austin, TX, officeholder living expense
					Fuel	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Offic	ceholder name		Office sought	Office held
	Date	Payee nam	ne			
	06/02/2023	Buc-ee's	- Bastrop			
	Amount (\$)	Payee add	ress; City; State	; Zip Co	ode	
	\$6.55	1700 Hiw	y 71, E			
	X Reimbursement from political contributions intended	Bastrop, ⁻	TX 78602			
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bev	erage Expense		L L	Check if Austin, TX, officeholder living expense
					Staff meal	
	Complete ONLY if direct	Candidate/Offic	reholder name		Office sought	Office held
	expenditure to benefit C/OH	Candidate/Offic	ocholder Hame		Onice Sougift	Office field

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains h		kpense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not liste	d above)
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commis	ssion Filers)
	Sch: 2/12 Rpt: 8/19	Jones, Jola	ında (The Honorable)			00086167	
4	Date	5 Payee name					
	05/27/2023	Buc-ee's Ka	aty				
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	de		
	\$18.88	27700 Katy	Fwy, Ste 40				
	X Reimbursement from political contributions intended	Katy, TX 77	7494				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Con	nplete Schedule T.
	OF EXPENDITURE	Transportat	tion Equipment & Related Ex	kpense		Check if Austin, TX, officeholder living	g expense
	-				fuel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held	
	Date	Payee name					
	05/27/2023	Buc-ee's Ka	aty				
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de		
	\$4.52	27700 Katy	Fwy, Ste 40				
	Reimbursement from political contributions intended	Katy, TX 77	7494				
	PURPOSE OF	Category (S	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Con	
	EXPENDITURE	Food/Bever	rage Expense		_	Check if Austin, TX, officeholder living	g expense
					staff meal		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	 Candidate/Office	holder name		Office sought	Office held	
	Date	Payee name					
	05/29/2023	Capitol Gift	Shop				
	Amount (\$)	Payee addre	• • • • • • • • • • • • • • • • • • • •	Zip Co	de		
	\$150.47	1400 Cong	ress E1.006				
	Reimbursement from political contributions intended	Austin, TX	78701				
	PURPOSE OF	Category (s	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Con	
	EXPENDITURE	Gift/Awards	s/Memorials Expense		L	Check if Austin, TX, officeholder living	g expense
					Gifts		
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH	Caradato/Onice	noiso namo		Omee sought	Office ficial	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 3/12 Rpt: 9/19	2 FILER N. Jones, 3	AME Jolanda (The Honorable)			3 Filer ID (Ethics Commission Filers) 00086167
4	Date	5 Payee na	ame			
	06/27/2023	Circle K				
6	Amount (\$)	7 Payee ad	ddress; City; State	; Zip Co	ode	
	\$9.46	2453 Ba	astrop Hwy			
	X Reimbursement from political contributions intended	Austin, ⁻	TX 78617			
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transpo	ortation Equipment & Related E	Expense		Check if Austin, TX, officeholder living expense
	-				Fuel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	fficeholder name		Office sought	Office held
	Date	Payee na	ame			
	06/14/2023	Circle K				
	Amount (\$)	Payee ad	ddress; City; State	; Zip Co	ode	
	\$14.69	2453 Ba	astrop Hwy			
	X Reimbursement from political contributions intended	Austin, ⁻	TX 78617			
	PURPOSE OF	Category	(See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transpo	ortation Equipment & Related E	Expense	Fuel	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held
	Date	Payee na	ame			
	06/03/2023	Circle K				
	Amount (\$)	Payee ad	ddress; City; State	; Zip Co	ode	
	\$4.28	2453 Ba	astrop Hwy			
	Reimbursement from political contributions intended	Austin, ⁻	TX 78617			
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transpo	ortation Equipment & Related E	Expense		Check if Austin, TX, officeholder living expense
					Fuel	
	Complete ONLY if direct	Candidata/Of	ficeholder name		Office sought	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluale/OI	ncenduel Hattle		Office sought	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains h	ow to co	mplete this form.					
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID (Et	thics Commission Filers)		
	Sch: 4/12 Rpt: 10/19	Jones, Jola	nda (The Honorable)			0	0086167			
4	Date	5 Payee name				·				
	05/20/2023	Circle K								
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	de					
	\$5.06	2453 Bastro								
	Reimbursement from									
	X political contributions intended	Austin, TX	78617							
Ļ					(b) December -	7.05		de effectes Consulate Colorada I		
8	PURPOSE OF	1	ee Categories listed at the top of this sche		(b) Description	=		de of Texas. Complete Schedule T. officeholder living expense		
	EXPENDITURE	i ransportat	tion Equipment & Related Ex	kpense	fuel	_ one	ak ii Audun, 174,	oniceriolaer living expense		
					iuei					
Ļ	Opening the ONII Wife discort							£6: -		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		O	ffice held		
	C/OH									
	Date	Payee name								
	06/01/2023	City of Aust								
_	Amount (\$)	Payee addre		Zip Co	ide					
	\$20.00	301 W 2nd	. , ,	2.p 00						
		001 11 2.10	0.1.001							
	Reimbursement from political contributions intended	Austin TV	70701							
		Austin, TX								
	PURPOSE OF	1	ee Categories listed at the top of this sche		Description _			de of Texas. Complete Schedule T. officeholder living expense		
	EXPENDITURE	i ransportai	tion Equipment & Related Ex	cpense	Parking		,			
					raiking					
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought			ffice held		
	expenditure to benefit	Candidate/Office	noidei name		Office Sought		O	nice neid		
	C/OH									
	Date	Payee name								
	06/14/2023	Coco's								
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	de					
	\$7.22	1910 Guad	alupe St							
	Reimbursement from									
	X political contributions intended	Austin, TX	78701							
\vdash	PURPOSE		ee Categories listed at the top of this sche	dule)	Description	Cher	ck if travel outsing	de of Texas. Complete Schedule T.		
	OF	1	rage Expense	aaioj		_		officeholder living expense		
	EXPENDITURE	1 000,2010	ago Exponed		Staff meal	_				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		0	ffice 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Pollling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)		
		_	The Instruction Guide explains I	now to co	emplete this form.			
1	Total pages Schedule G:	2 FILER NAME	≣			3	iler ID	(Ethics Commission Filers)
	Sch: 5/12 Rpt: 11/19	Jones, Jola	nda (The Honorable)			(0008616	67
4	Date	5 Payee name						
	06/16/2023	Costco						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$101.70	3836 Richn		·				
	Reimbursement from							
	political contributions intended	Houston, T	X 77027					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF	Event Expe	ense			Che	ck if Austin	, TX, officeholder living expense
	EXPENDITURE	· ·			Parade supplies			
9	expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Date	Payee name						
	06/16/2023	Costco						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde			
	\$70.33	3836 Richn		p = 0.0				
		0000 11101111	3030 Michinolia					
	X Reimbursement from political contributions intended	Houston, T	X 77027					
	PURPOSE	Category (S	ee Categories listed at the top of this sche	edule)	Description [Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	ck if Austin	, TX, officeholder living expense
					Supplies			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	06/29/2023	Fashion Rh	inestone					
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode			
	\$216.37	9700 Harwi	n Ste 155					
	Reimbursement from							
	X political contributions intended	Houston, T.	X 77036					
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	ck if Austin	, TX, officeholder living expense
	LXI LINDITORL				t-shirts for staff			
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
_	СОП							

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Fayinent		The Instruction Guide explains I	now to co	emplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filer	rs)
	Sch: 6/12 Rpt: 12/19	Jones, Jola	nda (The Honorable)			0	0008616	7	
4	Date	5 Payee name				•			
	06/09/2023	Fashion Rh	inestone						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$30.29	9700 Harwi	n Ste 155						
	Reimbursement from								
	X political contributions intended	Houston, T	X 77036						
8	PURPOSE OF	' ' ' '	ee Categories listed at the top of this sche	edule)	(b) Description	=		utside of Texas. Complete Sched	lule T.
	EXPENDITURE	Office Over	head/Rental Expense		L	Che	ck if Austin,	TX, officeholder living expense	
					hats for staff				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Davies name							
	06/27/2023	Payee name Gabriela's S	South						
		Payee addre		7: 0					
	Amount (\$)		Zip Co	ode					
	\$53.55		9600 S IH 35 Frontage Rd						
	X Reimbursement from political contributions	B500							
	intended	Austin, TX	78748						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description			utside of Texas. Complete Sched	lule T.
	OF EXPENDITURE	Food/Bever	age Expense		L	Che	ck if Austin,	TX, officeholder living expense	
					Staff meeting				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
_	Date	Dayoo nama							
	06/15/2023	Payee name Gloria's							
_			co: City: State:	Zip Co	ndo.				
	Amount (\$) \$55.91	Payee addre	ss; City; State; ana, Ste 100	Zip Cc	oue				
		2010 Louisi	ana, Ste 100						
	X Reimbursement from political contributions intended	Houston, T	X 77006						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	utside of Texas. Complete Sched	lule T.
	OF EXPENDITURE	Food/Bever	age Expense			Che	ck if Austin,	TX, officeholder living expense	
					Staff meeting				
L									
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
\vdash									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/	Nages/Contract Labor		OTHER (enter a category no	ot listed above)
	Credit Card r ayment		The Instruction Guide explains how to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Co	mmission Filers)
	Sch: 7/12 Rpt: 13/19		Jones, Jolanda (The Honorable)			00086167	
4	Date	5	Payee name				
	06/09/2023		HEB - 756				
6	Amount (\$)	7	Payee address; City; State; Zip Co	nde			
Ĭ	\$55.66	ľ	6055 SOUTH FREEWAY	540			
			0000 000 III NEE III N				
	Reimbursement from political contributions intended		Houston TV 77004				
		<u> </u>	Houston, TX 77004	I			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	heck if travel outside of Texas heck if Austin, TX, officeholde	
	EXPENDITURE		Food/Beverage Expense	Ctoff massls] c	neck ii Austin, 17, onicenoide	i living expense
				Staff meals			
_	Operation ONE V if dispose		adidata (Office la lalar y a rea	0#:		O#:	
9	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held	a
	C/OH						
	Date		Payee name				
	06/02/2023		HEB				
	Amount (\$)	┢	Payee address; City; State; Zip Co	nde			
	\$55.28		1000 E 41st St	540			
			1000 1 1101 01				
	Reimbursement from political contributions intended		Auctin TV 70751				
		┡	Austin, TX 78751	T =			
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description _	_	heck if travel outside of Texas heck if Austin, TX, officeholde	
	EXPENDITURE		Food/Beverage Expense	Staff meals] ~	nook ii 7 laaan, 774, amaanalaa	g expense
				Stall meats			
	Complete ONLY if direct	Cal	ndidate/Officeholder name	Office sought		Office held	<u></u>
	expenditure to benefit	Cai	ididate/Onicendider name	Office Sought		Office field	u
	C/OH						
	Date		Payee name				
	06/14/2023		Hertz.com				
	Amount (\$)	H	Payee address; City; State; Zip Co	ode			
	\$45.94		PO Box 26120				
	Reimbursement from						
	X political contributions intended		Oklahoma City, OK 73119				
	PURPOSE	┢	Category (See Categories listed at the top of this schedule)	Description	1 c	heck if travel outside of Texas	s. Complete Schedule T.
	OF		Transportation Equipment & Related Expense	l =	₹ .	heck if Austin, TX, officeholde	
	EXPENDITURE		Transportation Equipment a Related Expense	Car rental	-		
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held	d
	expenditure to benefit			3			
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	Expense /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 G:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 14/19		Jones, Jolanda (The Honorable)		00086167
4	Date 05/21/2023	5	Payee name Hertz.com		
6	Amount (\$) \$479.63	7	Payee address; City; State; Zip C PO Box 26120	Code	
	X political contributions intended		Oklahoma City, OK 73119		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Car rental	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate/Officeholder name	Office sought	Office held
	Date		Payee name		
	05/16/2023		Hertz.com		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$183.75		PO Box 26120		
	Reimbursement from political contributions intended		Oklahoma City, OK 73119		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense	Car rental	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name	Office sought	Office held
	Date 06/28/2023		Payee name Hertz.com		
	Amount (\$) \$91.88		Payee address; City; State; Zip C PO Box 26120	Code	
	Reimbursement from political contributions intended		Oklahoma City, OK 73119		
	PURPOSE OF		Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description _	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE			car rental	_
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name	Office sought	Office held

SCHEDULE G

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 Salaries/Manage/Control

	Candidate/Officeholder/Politica Credit Card Payment	ıl Co	mmittee Legal Services Salaries/N The Instruction Guide explains how to co	Vages/Contract Labor omplete this form.		OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 9/12 Rpt: 15/19		Jones, Jolanda (The Honorable)			00086167			
4	Date	5	Payee name						
	06/02/2023		Hinze's						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$19.43		2101 Hiway 36 S.						
	Reimbursement from								
	X political contributions intended		Sealy, TX 77474						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	70	heck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense		g	heck if Austin, TX, officeholder living expense			
	EXPENDITORE			Staff meals					
9	·	Cai	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
		_					-		
	Date		Payee name						
	05/31/2023	L	Lin Asian Dim Sum				_		
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$140.16		1203 W 6th St						
	Reimbursement from political contributions								
	x political contributions intended		Austin, TX 78701						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			heck if Austin, TX, officeholder living expense			
				Staff meals					
							_		
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Date		Payee name				-		
	06/11/2023		Next Level Valet						
	Amount (\$)	┝	Payee address; City; State; Zip Co	nde			-		
	\$10.93		12848 Queensbury Ln #208						
	Reimbursement from								
	X political contributions intended		Houston, TX 77024						
	PURPOSE	┝		Description [7.0	those if traval autoids of Toyas Complete Schodule T	-		
	OF		Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description	=	theck if travel outside of Texas. Complete Schedule T. Theck if Austin, TX, officeholder living expense			
	EXPENDITURE		Transportation Equipment & Related Expense	parking	_				
	Complete ONLY if direct	L Cai	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit			SS Sought		255514			
	C/OH						-		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Pollir By - Gift/Awards/Memorials Expense Printi			ing Expense Travel tring Expense Travel			avel in District avel Out of District HER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains h	ow to co	mplete this form.						
1	Total pages Schedule G: Sch: 10/12 Rpt: 16/19	2 FILER NAME	nda (The Honorable)			1	Filer ID 0008616	(Ethics Commission	ı Filers)		
4	•		Tua (The Honorable)				0000010				
4	Date 06/12/2023	5 Payee name Office Depo	t								
6	Amount (\$)	7 Payee addres	ss; City; State;	Zip Co	de						
	\$162.87	5134 Richm	ond Ave								
	Reimbursement from political contributions intended	Houston, T〉	< 77056								
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel o	outside of Texas. Complete	Schedule T.		
	OF EXPENDITURE	Office Overl	nead/Rental Expense			Ch	eck if Austin,	TX, officeholder living expe	ense		
	EXI ENDITORE										
9	Complete ONLY if direct expenditure to benefit	L Candidate/Officeh	nolder name		Office sought			Office held			
	C/OH										
	Date	Payee name									
	06/08/2023	Pride Houst	on								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,166.00	PO Box 540425 Houston, TX 77254									
	Reimbursement from political contributions intended										
	PURPOSE	_			Description	T Ch	and if traval	outside of Toyon Complete	Sahadula T		
OF			e Categories listed at the top of this sche IS/Donations Made By	dule)	Description [=		outside of Texas. Complete TX, officeholder living expe			
	EXPENDITURE		Officeholder/Political Committee	ttee	Sponsorship	_					
	Complete ONLY if direct expenditure to benefit	Candidate/Officeh	nolder name		Office sought			Office held			
	C/OH										
	Date	Payee name									
	06/02/2023	Quiktrip Elgi	in								
	Amount (\$)	Payee addres	ss; City; State;	Zip Co	de						
	\$33.33	1222 W Hw	y 290								
	Reimbursement from political contributions intended	Elgin, TX 78	3621								
	PURPOSE	Category (Se	e Categories listed at the top of this sche	dule)	Description	Ch	eck if travel o	outside of Texas. Complete	Schedule T.		
	OF EXPENDITURE	Transportati	on Equipment & Related Ex	pense		Ch	eck if Austin,	TX, officeholder living expe	ense		
					Fuel						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	nolder name		Office sought			Office held			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee I	-ood/Beverage Expense Gift/Awards/Memorials E .egal Services The Instruction Gui	Expense		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule G:	2 F	ILER NAME					3	Filer ID (Ethics	Commission Filers)
L	Sch: 11/12 Rpt: 17/19	J	Jones, Jolan	da (The Honora	ble)				00086167	
4	Date	ı	Payee name							
	06/16/2023	5	Simply Scen	ts Candle Co						
6	Amount (\$)	ı	Payee addres		State;	Zip Co	de			
	\$43.30	5	5217 Almeda	a Rd						
	Reimbursement from political contributions intended	F	Houston, TX	77004						
8	PURPOSE OF	(a) C	Category (See	e Categories listed at the	e top of this sche	edule)	(b) Description	_		Texas. Complete Schedule T.
	EXPENDITURE		Office Overh	ead/Rental Exp	ense		L	Ch	eck if Austin, TX, office	holder living expense
							Office supplies			
9	Complete ONLY if direct	Cand	didate/Officeh	older name			Office sought		Office	held
9	expenditure to benefit C/OH	Cariu	indate/Officer	oiuti Haille			Onice Sought		Onice	: IIGIU
	Date	F	Payee name							
	05/31/2023	ا ر	JPS Store							
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de			
	\$9.04	5	500 E 4th St	reet						
	Reimbursement from political contributions intended		Austin, TX 7	8701						
	PURPOSE	l	'	e Categories listed at the	•	edule)	Description	=		Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overh	ead/Rental Exp	ense		L	Ch	eck if Austin, TX, office	enolder living expense
							shipping			
	Complete ONLY if direct expenditure to benefit	Cand	didate/Officeh	older name			Office sought		Office	held
	C/OH									
	Date	F	Payee name							
	05/26/2023	ı	JS Post Offi	ce						
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de			
	\$63.00	4	4110 Almeda	a Rd						
	Reimbursement from political contributions intended		Joueten TV	77004						
			Houston, TX				D	7		
	PURPOSE OF	ı		e Categories listed at the ead/Rental Exp		edule)	Description [_	eck if travel outside of eck if Austin, TX, office	Texas. Complete Schedule T. cholder living expense
	EXPENDITURE	`	Jilloe Ovelli	eau/Nemai Exp	CIISC		Stamps	_		
							·			
	Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate/Officeh	older name			Office sought		Office	held

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				Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E			Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	·	
	Credit Card Payment		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commiss	ion Filers)	
	Sch: 12/12 Rpt: 18/19		Jones, Jolan	nda (The Honorable)				00086167		
4	Date	5	Payee name				<u> </u>			
	06/03/2023		United Airlin	ies						
6	Amount (\$)	 -	Payee addres	ss; City; State	; Zip Co	ndo				
٥	\$1,297.80	'	77 West Wa		, Ζιρ Οι	oue				
			TT VVCSL VVC	icker Drive						
	Reimbursement from political contributions intended		Chicago, IL	60601						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	nedule)	(b) Description X	χ Ch	eck if travel outside of Texas. Compl	lete Schedule T.	
	OF	<u> `</u>	Travel Out o				Ch	eck if Austin, TX, officeholder living e	xpense	
	EXPENDITURE					Airfare to attend	Nati	ional Organization of Bla	ck Elected	
						Officials conferer	nce	in San Juan, PR		
9	Complete ONLY if direct	Cai	ndidate/Officeh	nolder name		Office sought		Office held		
	expenditure to benefit C/OH					ooo oodg.it		000 1.0.0		
	Date		Payee name							
	05/29/2023		Walmart							
Amount (\$)			Payee address; City; State; Zip Code							
	\$60.41		710 E Ben V	•	,p o.					
	X Reimbursement from political contributions intended		Austin, TX 7	' 8704						
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Comp		
	OF EXPENDITURE		Food/Bevera	age Expense			Ch	eck if Austin, TX, officeholder living e	xpense	
	-					Staff meals				
		Cai	ndidate/Officeh	nolder name		Office sought		Office held		
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
	06/02/2023		Whataburge	er Elgin						
	Amount (\$)	Γ	Payee addres	ss; City; State	; Zip Co	ode				
	\$19.36		1392 W Hw	y 290						
	Reimbursement from									
	X political contributions intended		Elgin, TX 78	3621						
	PURPOSE	_	Category (Se	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Comp		
	OF EXPENDITURE		Food/Bevera	age Expense		L	Ch	eck if Austin, TX, officeholder living e	xpense	
	- -					Staff meal				
L						<u> </u>				
		Cai	ndidate/Officeh	nolder name		Office sought		Office held		
	expenditure to benefit C/OH									
\vdash										

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Jolanda (The Honorable) 00086167 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Jones, Jolanda 8 Departure city or name of departure location 06/18/2023 Houston 9 Destination city or name of destination location 06/20/2023 San Juan, PR 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane To attend NOBEL women's conference