FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082446 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable DaSean A. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Jones CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tony NAME NICKNAME LAST **SUFFIX** Eiland **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (859) 552-6009 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 180 Harris Supreme Court Justice Place 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Jones, DaSean A. (T	ne Honorable)	14 Filer ID 00082446	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political experience. These expenditures may have been made with officeholders are required to report this inform	hout the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDDECC		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Edililo			
	ME			
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 3,125.00
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 10,065.67
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 37,527.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			enalty of perjury, that the ac des all information required ode.	
		The H	Ionorable DaSean A. Jor	nes
		Signati	ıre of Candidate or Officeho	older
AFFIX NO	ГARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of office	2.	
Signature of offic	er administering oath	Printed name of officer administering oa	th Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 15
	s, Da	Sean A. (The Honorable)	19 Filer ID 00082446	(Ethics Cor	mmission Filers)
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				OTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,125.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	10,065.67
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	TARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/15
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
Jones, DaS	ean A. (The Honorable)			00082446
4 Date 02/19/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$1,000.00	
	Houston, TX 77054			
8 Contributor's	Principal Occupation		9 Contributor's Job Title	
Attorney			Attorney	
	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
Corral Firm				
12 If contributor	is a child, law firm of parent(s) (i	f any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/01/2024			\$500.00	
	Houston, TX 77002			
Contributor's	Principal Occupation		Contributor's Job Title	
Lawyer			Lawyer	
	employer/law firm		Law firm of contributor's sp	pouse (if any)
Corral Firm				
If contributor i	is a child, law firm of parent(s) (i	f any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/01/2024			\$50.00	
	Contributor address; City; Houston, TX 77011	State; Zip Code		
Contributor's	Principal Occupation		Contributor's Job Title	
Academic Advisor		Academic Advisor		
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)	
University of Houston				
If contributor	is a child, law firm of parent(s) (i			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/15
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Jones, DaSe	ean A. (The Honorable)				00082446
4	1 Date 02/14/2024 5 Full name of contributor out-of-state PAC (ID#:) Harriet, Elder 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		DC, WA 20011				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Unemployed	I		Unemployed		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Unemployed	I				
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/14/2024 Havran, Jay Contributor address; City; State; Zip Code				\$300.00	
_	Cantuila utaula I	Dallas, TX 75219		Contributor's Job Title		
	Treasurer	Principal Occupation		Treasurer		
		employer/law firm emocrats of Dallas		Law firm of contributor's sp	ous	se (II any)
			f \			
	If contributor is	s a child, law firm of parent(s) (i	t any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	01/31/2024	Hedman, Marcus	•			\$100.00
		Contributor address; City; Houston, TX 77054	State; Zip Code			
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
			Law firm of contributor's sp	oous	se (if any)	
	Marcus Hedman Law					` ,
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/15
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Jones, DaSe	ean A. (The Honorable)				00082446
4	1 Date 02/01/2024 5 Full name of contributor 0ut-of-state PAC (ID#:) Mandell, George 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		Milton, MA 02186				
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	_	
	Unemployed	·		Unemployed		
10		employer/law firm		11 Law firm of contributor's sp	าดนร	se (if any)
	Unemployed				, , ,	(i. di.ly)
12		s a child, law firm of parent(s) (if	any)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/18/2024 Parker, Samarla Contributor address; City; State; Zip Code Houston, TX 77027				\$50.00	
_	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	melpai Occupation		Attorney		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Harris Count	• •		Law iiiiii oi continutioi 3 3	Jou	se (ii diriy)
		s a child, law firm of parent(s) (if	· anv)			
	ii contributor i	s a crima, law iiriri or parcria(s) (ii	ally)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	01/29/2024	Sexton, Sydney				\$25.00
		Contributor address; City; Houston, TX 77071	State; Zip Code		•	
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s		oous	se (if any)		
	Sexton law firm, pllc					
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			_
1	Total pages Schedule F1: Sch: 1/9 Rpt: 7/15	2 FILER NAME Jones, DaSean A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082446	
4	Date	5 Payee name	_
	02/16/2024	Act Blue	
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 366 Summer St	
	42,000.00		
_	DUDDOCE	Somerville, MA 02144	
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	
		Software	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/20/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	366 Summer St	
	φοσο.σσ	ood Gammer Gt	
		Somerville, MA 02144	
	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	
		Software	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	02/24/2024	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$193.17	1 Apple Parkway	
	4100.11	27 April 7 anniay	
		Cupertino, CA 94024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	_/\\ _!\\\	Check if Austin, TX, officeholder living expense	
		Advertising	
	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 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 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: 2/9 Rpt: 8/15	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	_
l	02/22/2024	Block Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$98.00	1455 Market Street	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Merchant Fee	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	'		_
l	Date	Payee name	
L	01/31/2024	Brown, Oliver	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	414Southwest Freeway #390	
l			
l		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Consulting	
l		Consuming	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	_
l	02/16/2024	Brown, Oliver	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	4141 Southwest Freeway #310	
l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
l		Houston, TX 77027	
⊢	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Consulting	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft G/OI	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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

e Travel in Distriction
Travel Out of Distriction
Travel Out of Distriction
Travel OTHER (entersise)

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: 3/9 Rpt: 9/15	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	_
l	01/31/2024	Cyber Cinco Graphic Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,500.00	Cinco Ranch	
		Katy, TX 77450	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Advertising/Graphics	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	'		_
l	Date	Payee name	
L	02/05/2024	Eiland CPA Firm	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$200.00	11909 Chanteloup DR	
l			
l		Houston, TX 77047	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Reports	
l		Tropolito	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	_
l	02/12/2024	Facebook	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$0.47	1 Hacker Way	
	****	· · · · · · · · · · · · · · · · · ·	
l		Menlo Park, CA 94025	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Advertising	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft G/OI	·	

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 Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete t	this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/9 Rpt: 10/15	Jones, DaSean A. (The Honorable)		00082446	
4 Date	5 Payee name		•	
02/14/2024	Facebook			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$43.00	1 Hacker Way			
	Menlo Park, CA 94025			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
EXPENDITURE	Advertising Expense	-	Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living e	
		Ad	dvertising	
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held	d
expenditure to benefit C/O	H			
Date	Payee name			
02/16/2024	Facebook			
Amount (\$)	Payee address; City; State; Zip	Code		
\$43.00	1 Hacker Way			
	Menlo Park, CA 94025			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
EXPENDITURE	Advertising Expense	 	Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living e	
		Ad	dvertising	
Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held	d
expenditure to benefit C/O	Н			
Date	Payee name			
02/20/2024	Facebook			
Amount (\$)	Payee address; City; State; Zip	Code		
\$50.00	1 Hacker Way			
	Menlo Park, CA 94025			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription Check if travel outside of Texas. Comple	oto Schodulo T
EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living e	
		Ad	dvertising	
Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held	d
expenditure to benefit C/O	п			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 5/9 Rpt: 11/15	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	02/21/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1 Hacker Way
		Menlo Park, CA 94025
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 Advertising
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Davida marea
	02/15/2024	Payee name
		First Step Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3519 East Walnut Street #3465
		Pearland, TX 77588
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	01/31/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	3432 Scott St
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service ree
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/9 Rpt: 12/15	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	02/20/2024	Herald Publishing Co
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$915.00	3403 Audley St
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Graphic Design
		Graphic Design
_	Commission ONII V if disposit	Condidate/Officeholder name Office appets
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2024	Lightricks
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.99	448 N LaSalle St,
	Ψ55.55	440 N Edodile St,
		Chicago, IL 60654
	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
		Software
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Maclin, Leonard
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.00	
		Houston, TX 77054
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		T-Shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 7/9 Rpt: 13/15	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	
	02/02/2024	Siddiqui, Farhan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$485.00	21938 Provincial Blvd	
		Katy, TX 77450	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertisement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	02/15/2024	Siddiqui, Farhan	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,326.06	21938 Provincial Blvd	
		Katy, TX 77450	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertising	
		The voluments	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	02/24/2024	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$153.06	185 Berry Street	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Merchant Fee	
		WEIGHAR FEE	
_	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/Politica Credit Card Payment	Fees Food/Beverage Expense - Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID (Ethics Commission Filers)	_		
	Sch: 8/9 Rpt: 14/15	Jones, DaSean A. (The Honorable)				00082446			
4	Date	5 Payee name					_		
	01/30/2024	Taylor, Kaleb							
6	Amount (\$)	7 Payee address; City; State;				_			
	\$500.00	Houston, TX 77004							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	A) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Descript Check Campa						
9	Complete ONLY if direct expenditure to benefit C/Oh		fice sought			Office held	_		
	Date	Payee name					=		
	02/08/2024	Taylor, Kaleb							
	Amount (\$)	Payee address; City; State;	Zip Code				-		
	\$500.00	Houston, TX 77004							
	PURPOSE		(b)	Description			_		
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule) (b)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Manager					
	Complete ONLY if direct expenditure to benefit C/Oh		fice sought			Office held	-		
	Date	Payee name					=		
	02/24/2024	Tidal							
Amount (\$) Payee address; City; State; Zip Code \$24.87 799 Broadway							_		
		New York, NY 10003					_		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Event Expense	,	느		le of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/Oh		fice sought			Office held	_		
							_		
_									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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	/ - al Cor	nmittee	Legal Service	Memorials Expe es			Expens Wages	e e /Contract Labor ete this form.		Travel in Distric Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/9 Rpt: 15/15		Jones, Das	Sean A. (T	he Honora	ıble)					00082446		
4	Date	5	Payee name)						•			
	02/16/2024		Zoom										
6	Amount (\$)	7	Payee addre	ess; Cit	.y;	State;	Zip Co	ode					\neg
	\$17.05		55 Almade			or							
			San Jose,	CA 95113									
8	PURPOSE	(a)	Category (S				edule)	(b)	Description				
	OF EXPENDITURE		Office Over	rhead/Rer	ntal Expens	se			<u> </u>			nplete Schedule T.	
									Meeting	Π, ΙΑ,	officeholder livin	g expense	
									Wiccarig				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder n	ame	С	Office sou	l ught			Office h	eld	
	<u> </u>												_
													ŀ