# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commission 00086167	on Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Jolanda			Date Received	
I W WILL					ELECTRONICA	I I V EII ED
						LLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2024	
	Jo	Jones				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	10709 Marsha Lane					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77024					
	11003(01), 17/17024				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Dr.	Uchenna				
	NICKNAME	LAST		SUFFIX		
		Jones-Conley		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	3759 Heritage Colony					
ADDRESS						
(Residence or Business)	Missouri City, TX 77459					
	IVIISSUUTI CILY, TA 11439					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER	(832) 276-2224					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election R	unoff	15th day after cam	
			💳 -		appointment (office	
	X July 15	8th day before 6	election	ceeded modified porting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year	<del></del>	DOLLOLI	Month Day	Year	
COVERED	01/01/2024	IH	ROUGH	06/30/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	LIP	rimary	Runoff	Other	
		G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I	1	12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 147			,	
	·					
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	Jones, Jolanda (The	te Honorable)  14 Filer ID (Ethics C 00086167			(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditumay have been made without to quired to report this information	the candidate's or offic	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	≣			
_	GENERAL		2500			
	CDECUEIO	COMMITTEE ADDF	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, O	<b>IS</b> DR GUARANTEES OF LOANS	5)	\$	39,437.81
EXPENDITURE TOTALS	JRE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	41.66
	4. TOTAL POLITIC	CAL EXPENDITURES	3		\$	51,080.87
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	137,305.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tı	swear, or affirm, under penalty rue and correct and includes al ınder Title 15, Election Code.			
		_		orable Jolanda Jone Candidate or Officeho		
			Signature of	Candidate of Officerio	iluei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to c	ertify which, witness r	my hand and seal of office.			
Cignotius of -ff	oor administrative	Drinted sees	f officer administration	Tide of office	v odminist - ::	ng ooth
Signature of Offi	cer administering	Finited name 0	of officer administering	Title of office	aummisteri	ng Ualli

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

					3 of 40
	ER NAN	ME landa (The Honorable)	<b>19</b> Filer ID 00086167	(Ethic	es Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	\$	34,437.81		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,000.00
3.		\$			
4.		\$			
5.	X	\$	42,487.15		
6.	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		\$	8,593.72
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	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/40		
2	FILER NAME Jones, Jolan	nda (The Honorable)		3	Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 05/06/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$1,000.00	
_	Dringing Local	Austin, TX 78767	0 Employer (See Instructions				
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#:_Alexander, Willie  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Houston, TX 77088  Principal occupation / Job title (See Instructions)  Employer (See Instruction			)			
	Not Employed Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:)  06/29/2024 Benard, Mischa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Houston, TX 77033					
	Principal occu Sales Assoc	pation / Job title (See Instructions) iate	Employer (See Instructions Ross	)			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Benard, Mischa Contributor address; City; State; Zip Code Houston, TX 77033	)		Amount of Contribution (\$)	\$100.00	
	Principal occu Sales Assoc	pation / Job title (See Instructions) iate	Employer (See Instructions Ross	)			
	Date 02/04/2024	Full name of contributor out-of-state PAC (ID#:_ Bennett, Scott  Contributor address; City; State; Zip Code  Oakland Park, FL 33334	)		Amount of Contribution (\$)	\$18.52	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/8 Rpt: 5/40		
2	FILER NAME Jones, Jolan	FILER NAME Jones, Jolanda (The Honorable)			Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 03/30/2024			7	Amount of Contribution (\$)	\$10.00	
_	<u> </u>	Alexandria, VA 22302	10 - 1 (0 1 1 1				
8	Consultant	ipation / Job title (See Instructions)	Employer (See Instructions     Microsoft	)			
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Blackwell, Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00	
	Dringing occu	Houston, TX 77019 spation / Job title (See Instructions)	Employer (See Instructions				
	Govt affairs	pation / Job title (See Instructions)	NRG Energy	)			
	Date Full name of contributor out-of-state PAC (ID#:)  05/30/2024 Boesel, Minnette  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Houston, TX 77019					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)			
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Bracewell PAC Contributor address; City; State; Zip Code Houston, TX 77002			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_Branch, Theldon Contributor address; City; State; Zip Code Houston, TX 77025			Amount of Contribution (\$)	\$2,500.00	
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions Branch McGowen	)			

	MONET	ARY POLITICAL (		SCHEDUI	SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/40	
2	FILER NAME Jones, Jolan	ida (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 04/30/2024	<ul><li>5 Full name of contributor Castex Tatum, Martha</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
8	Principal occu Council Men	Houston, TX 77035 pation / Job title (See Instruction	s)	Employer (See Instructions     City of Houston	<u> </u> s)		
	Date 05/06/2024	Full name of contributor  Combined Law Enforcem  Contributor address; City; S  Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 04/30/2024	Full name of contributor Davis, Dannette  Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$1,000.00
	Deireciant	Pearland, TX 77581		Faralassa (Caralastassticas			
	Principal occu Principal	pation / Job title (See Instruction	S)	Employer (See Instructions Kay Davis Associates	5)		
	Date 05/15/2024	Full name of contributor Friends of Baylor MED Contributor address; City; S Houston, TX 77010	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 05/15/2024	Full name of contributor Greater Houston Builders Contributor address; City; S Houston, TX 77064				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/40	
2	FILER NAME Jones, Jolan	da (The Honorable)			3	Filer ID (Ethics Commission 00086167	n Filers)
4	Date 04/02/2024	<ul> <li>Full name of contributor</li></ul>	,		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
		,,		, ,, (	,		
	Date 05/30/2024	Full name of contributor out-of-state PAC Haley, Anthony  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions			
	Consultant	pation / Job title (See Instituctions)		HMWK LLC	')		
	Date 05/06/2024	Full name of contributor  out-of-state PAC Houston Federation of Teachers COPE Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 04/30/2024	Full name of contributor out-of-state PAC Hughes, Erica Contributor address; City; State; Zip Code Pearland, TX 77584		)		Amount of Contribution (\$)	\$99.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date  O6/10/2024  Full name of contributor out-of-state PAC (ID#:)  IBAT PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			<b>,</b>				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/40			
2	FILER NAME Jones, Jolan	ida (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)		
4	Date 05/06/2024	<ul><li>5 Full name of contributor</li><li>IBEW PAC Voluntary Fur</li><li>6 Contributor address; City; S</li></ul>		,	7	Amount of Contribution (\$)	\$750.00		
		Washington, DC 20001							
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)				
	Date 06/10/2024	Full name of contributor  Mayberry, Sharone  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Houston, TX 77004 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>				
	OWNER	(000	,	MAYBERRY HOMES	,				
	Date 02/03/2024	Full name of contributor Mumby, Richard Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$4.63		
		New York, NY 10003			L				
	Principal occu Not Employe	pation / Job title (See Instructions ed	s) 	Employer (See Instructions Not Employed	5)				
	Date 05/15/2024	Date Full name of contributor X out-of-state PAC (ID#: C00366559 )		)		Amount of Contribution (\$)	\$3,000.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	Date 05/04/2024	Full name of contributor Neely, Carmen Contributor address; City; S New York, NY 10031	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00		
	Principal occu Nonprofit ad	pation / Job title (See Instructions ministrator	5)	Employer (See Instructions Harlem Pride	5)				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/40		
2	FILER NAME Jones, Jolan	nda (The Honorable)		3	Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 05/06/2024	<ul> <li>Full name of contributor</li></ul>	C00513549 )	7	Amount of Contribution (\$)	\$1,000.66	
8	Principal occu	Bartlesville, OK 74003  upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
	i illicipai occu	pation 7 sob title (See instituctions)	2 Employer (See Instructions	,			
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Pittenger, Mona Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Fort Lauderdale, FL 33308  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			<u> </u>			
	Retired	pation 7 oob title (eee motione)	Retired	,			
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Ross, Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00	
		Houston, TX 77227					
	Principal occu Transportation	pation / Job title (See Instructions) on	Employer (See Instructions Groendyke	)			
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_ Ross, Eric Contributor address; City; State; Zip Code Houston, TX 77227	)		Amount of Contribution (\$)	\$10.00	
	Principal occu Transportation	upation / Job title (See Instructions) on	Employer (See Instructions Groendyke	)			
	Date 04/03/2024	Full name of contributor out-of-state PAC (ID#:_Skarda, Jeffrey  Contributor address; City; State; Zip Code  Houston, TX 77006			Amount of Contribution (\$)	\$35.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/40		
2	FILER NAME Jones, Jolan	ida (The Honorable)				3	Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 04/30/2024	<ul><li>5 Full name of contributor</li><li>Smith, Brian</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$1,000.00	
_	Dringing! aggs	Houston, TX 77004	\		Employer (Coo Instructions	_			
8	Construction	pation / Job title (See Instructions Manager	)		Employer (See Instructions Brian Smith Construction		nspection Inc.		
	Date 05/06/2024	Full name of contributor TSA PAC Contributor address; City; St Austin, TX 78701			)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>			
	Date 05/06/2024	Full name of contributor Texas AFT - COPE Fund Contributor address; City; St Austin, TX 78704	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)			
	Date 06/07/2024	Full name of contributor Texas Sands Pac Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$4,000.00	
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)			
	Date 05/06/2024	Full name of contributor Texas Trial Lawyer Assoc Contributor address; City; St Austin, TX 78767					Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>			
			1						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/40		
2	FILER NAME Jones, Jolan	nda (The Honorable)		3	Filer ID (Ethics Commission 00086167	ion Filers)	
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77057		L			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#: Vallot, Colette Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$500.00	
		Dallas, TX 75219					
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	s)			
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#: Wilson, Gerald Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00	
		Park Row, TX 77450					
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Cardinal Memorial Acqu	•	tion Company		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Womack, Gerald Contributor address; City; State; Zip Code  Houston, TX 77004	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Womack Development	<u> </u> 			

## 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: 12/40 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Jolanda (The Honorable) 00086167 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 05/02/2024 Argentina, James \$5,000.00 Event venue and catering 7 Contributor address; City; State; Zip Code Pearland, TX 77581 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) **Public Relations** HillDay 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)**

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 13/40	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	03/31/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441146
		Somerville, MA 02114
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CC processing fees
		3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/14/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441146
	Ψ0.40	1 0 20% 441140
		Somerville, MA 02114
	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  CC processing fees
		CC processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_	Date	Payee name
	04/21/2024	Payee name Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.15	PO Box 441146
	Ψ20.13	1 0 000 441140
		Somerville, MA 02114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CC processing fees
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising 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

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 co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 14/40	Jones, Jolanda (The Honorable)	00086167
4 Date	5 Payee name	<u> </u>
04/28/2024	Act Blue	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$39.50	PO Box 441146	
	Somerville, MA 02114	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		CC processing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/O	n 	
Date	Payee name	
05/05/2024	Act Blue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$219.20	PO Box 441146	
	Somerville, MA 02114	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		CC processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
Date	Payee name	
06/02/2024	Act Blue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$79.00	PO Box 441146	
	Somerville, MA 02114	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		CC processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
experience to benefit 6/0	••	

#### SCHEDULE F1

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

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

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	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: 3/7 Rpt: 15/40	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	06/30/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441146
		Somerville, MA 02114
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CC processing fees
		a s processing read
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	<u> </u>
	Date	Payee name
	06/10/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.38	PO Box 81226
		Seattle, WA 98108
	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
		Office Supplies
		Since Supplied
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davisa nama
	06/24/2024	Payee name Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	PO Box 81226
		Seattle, WA 98108
	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  Office Supplies
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
L		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 4/7 Rpt: 16/40	Jones, Jolanda (The Honorable)  00086167
4	Date	5 Payee name
	06/24/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.35	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	
	Date	Payee name
	01/12/2024	Fellowship United District Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	2702 Emancipation Ave
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 Silation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/30/2024	Grant Martin Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,974.87	2383 Bush St
		San Francisco, CA 94115
	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 and on-line advertising
_	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 -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Mount of the Control of the Control

l	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: 5/7 Rpt: 17/40	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	01/22/2024	Jolanda, Jones
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,694.95	2525 Binz
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sch. G reimbursements - July 1 to Dec. 31, 2023
		3cm. G reimbursements - July 1 to Dec. 31, 2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	06/11/2024	Jolanda, Jones
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$8,465.10	2525 Binz
	φο, 100.110	2020 2012
		Houston, TX 77004
┝	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Sch. G reimbursement - Jan. 1 to May 31, 2024
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- Composition to bostom Group	
l	Date	Payee name
	01/22/2024	Lone Star Strategies
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$3,000.00	10709 Marsha Ln
		Houston, TX 77024
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Compliance and recordkeeping services July-Dec
		2023
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions Made B 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/Political Committee Credit Card Payment			mittee I	Legal Services Salaries/Wages/Contract Labor OTHER (enter a The Instruction Guide explains how to complete this form.					strict category not listed above)			
·				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 6/7 Rpt: 18/40	:	Jones, Jolanda (The Honorable)						00086167			
4	Date	5 F	Payee name									
	06/30/2024	1	_one Star St	rategies								
6	Amount (\$)	├	Payee addres		State:	Zip Co	do					
ľ	\$3,000.00	l	L0709 MAR	-	State,	Zip Co	uc					
	Φ3,000.00	-	LUTUS IVIAN	SHA LANE								
			HOUSTON,	TX 77024								
8	PURPOSE	(a) (	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Consulting E			,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							<b>—</b>		officeholder living		
								•	and	recordkeep	oing services Jan-Ju	ine
								2023				
9	Complete ONLY if direct		andidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/24/2024	l	Office Depot									
			· ·		Ctata	7in Co	al a					
	Amount (\$)	l	Payee addres	•	State;	Zip Co	ue					
	\$124.74	5	5134 Richm	ona Ave								
		+	Houston, TX	77056								
	PURPOSE	(a) (	Category (Sei	e Categories listed at t	he ton of this scher	dule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Ex		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	- Chief Cromeach tental Expense				Check if Austin, TX, officeholder living expense						
								Office Supplie	es			
	Complete ONLY if direct		andidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	-	Payee name									
	02/06/2024	l	Olusgun, Jel	kavinfa								
		_			04-4	7:- 0-	-1-					
	Amount (\$)	l	Payee addres		State;	Zip Co	ae					
	\$250.00		L433 Elgin S	ot.								
		+	Houston, TX	77004								
	PURPOSE	(a) (	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								Blockwalking				
	Complete ONLY if direct		andidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 19/40	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	02/02/2024	Smokie Phillips Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 32104
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/10/2024	Space Cowboy
_	Amount (\$)	Payee address; City; State; Zip Code
	\$237.71	100 W. Cavalcade
	Φ231.11	100 W. Cavalcade
		Houston, TX 77009
	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  Event
		Event
	Operation ONLY if allowed	On didn't 10ff a halden game.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2024	Texas Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 12943
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense 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	/Wages/Contract Labor		OTHER (enter a category not listed above)
			The Instruction Guide explains how to o	complete this form.		
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 20/40		Jones, Jolanda (The Honorable)			00086167
4	Date	5	Payee name			
	05/07/2024		7 Spice Cajun Seafood			
6	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$36.77		11011 Shadow Creek Pkwy			
l	Reimbursement from					
	X political contributions intended		Pearland, TX 77584			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>7</b> c	heck if travel outside of Texas. Complete Schedule T.
	OF	``	Food/Beverage Expense		jc	heck if Austin, TX, officeholder living expense
	EXPENDITURE			Staff meals		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
L	C/O/1					
	Date		Payee name			
	04/24/2024		811 Louisiana Parking			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$18.00		811 Louisiana			
	Reimbursement from					
	X political contributions intended		Houston, TX 77002			
H	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related		С	heck if Austin, TX, officeholder living expense
	LAFLINDITORL		Expense	Parking		
Г		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
⊨		_				
	Date		Payee name			
L	04/27/2024	L	Austin Taco Project			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$28.90		500 E. 4th St			
	Reimbursement from political contributions					
	intended		Austin, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	⊒ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		С	heck if Austin, TX, officeholder living expense
				Staff meals		
L						
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held
1	C/OH					
一						
I						

#### SCHEDULE **G**

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense F Contributions/ Donations Made By - Candidate/Officeholder/Political Committee L			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Transportatior Travel in Distri Travel Out of I			
Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 2/21 Rpt: 21/40		Jones, Jolan	nda (The Honorable)			00086167	7	
4	Date	5	Payee name						
	04/16/2024		BB Tx-Orlea	ans					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$23.56	ľ	3939 Richm						
	Reimbursement from								
	political contributions intended		Houston, T〉	K 77098					
8	PURPOSE	(a	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	Check if travel ou	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Bever	age Expense			Check if Austin, T	X, officeholder living expense	
	_/					Staff meals			
9	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeh	nolder name		Office sought		Office held	
	C/OH								
	Date		Payee name						
	04/11/2024		Barnaby's						
Amount (\$) Payee add				ddress; City; State; Zip Code					
	\$24.36	1801 Binz St							
	Reimbursement from								
	X political contributions intended		Houston, TX	X 77004					
	PURPOSE OF		Category (Se	ee Categories listed at the top of this sch	edule)	Description	<b>⊒</b>	tside of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Bever	age Expense		L	Check if Austin, T	X, officeholder living expense	
						Staff meals			
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeh	nolder name		Office sought		Office held	
	C/OH								
	Data	_							
	Date 04/06/2024		Payee name	) actron					
		L	Buc-ee's - B	·					
	Amount (\$)		Payee addres		Zip Co	ode			
	\$33.88		1700 Hiwy 7	71, E					
	Reimbursement from political contributions								
	X political contributions intended		Bastrop, TX	78602					
	PURPOSE	Γ	Category (Se	ee Categories listed at the top of this sch	edule)	Description	Check if travel ou	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Transportati	ion Equipment And Related	i		Check if Austin, T	X, officeholder living expense	
	LAFENDITORE		Expense			Fuel			
		Ca	ndidate/Officeh	nolder name		Office sought		Office held	
	expenditure to benefit C/OH								
L	С/ОП								

#### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - cal Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains 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 G:	2	FILER NAME				3 Filer ID (Ethics Commission Filer	s)
	Sch: 3/21 Rpt: 22/40		Jones, Jolano	la (The Honorable)			00086167	
4	Date	5	Payee name					
	04/06/2024		Buc-ee's - Ba	strop				
6	Amount (\$) \$4.35	ı	Payee address 1700 Hiwy 71					
	Reimbursement from political contributions intended		Bastrop, TX 7	'8602				
8	PURPOSE	(a)	Category (See	Categories listed at the top of t	his schedule)	(b) Description	Check if travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE		Food/Beveraç	ge Expense		L	Check if Austin, TX, officeholder living expense	
						Staff meals		
_	Complete ONLY if direct	Car	ndidate/Officeho	ldor namo		Office sought	Office held	
9	expenditure to benefit C/OH	Can	ididate/Oniceno	ider name		Office Sought	Office field	
	Date		Payee name					
	01/09/2024		Buc-ee's Enn	is				
Amount (\$) Payee address; City; State; Zip Code								
	\$34.59	.59 1402 S IH 45						
	X Reimbursement from political contributions intended		Ennis, TX 751	119				
	PURPOSE OF		Category (See	Categories listed at the top of t	his schedule)	Description	Check if travel outside of Texas. Complete Schedu	ule T.
	EXPENDITURE		Transportation Expense	n Equipment And Re	elated	Fuel	Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Officeho	lder name		Office sought	Office held	
	Date		Payee name					
	01/09/2024		Buc-ee's Enn	is				
	Amount (\$) \$37.64	ı	Payee address 1402 S IH 45	; City;	State; Zip	Code		
	Reimbursement from political contributions intended		Ennis, TX 751	119				
	PURPOSE OF			Categories listed at the top of t	•	Description	Check if travel outside of Texas. Complete Schedu	ule T.
	EXPENDITURE		Transportation Expense	n Equipment And Re	elated	Fuel	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officeho	lder name		Office sought	Office held	

#### SCHEDULE G

(Ethics Commission Filers)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

OTHER (enter a category not listed above)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Travel in District

Filer ID

(b) Description

Fuel

00086167

Travel Out of District

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Sch: 4/21 Rpt: 23/40 Jones, Jolanda (The Honorable) Date Payee name 04/07/2024 Buc-ee's Katy 6 Amount (\$) Payee address; City; State; Zip Code \$24.72 27700 Katy Fwy, Ste 40 Reimbursement from political contributions intended Х Katy, TX 77494

(a) Category (See Categories listed at the top of this schedule)

Transportation Equipment And Related

Expense

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

C/OH

8

**PURPOSE** 

OF

**EXPENDITURE** 

Date	Payee name		
04/28/2024	Buc-ee's Katy		
Amount (\$) \$36.49  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee address; City; State; Zip C 27700 Katy Fwy, Ste 40  Katy, TX 77494  Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description [Fuel	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
05/24/2024	Cafe Ginger		
Amount (\$) \$19.27  Reimbursement from political contributions intended	Payee address; City; State; Zip C 1574 W Gray St, Houston, TX 77019	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description [ Staff meals	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

### SCHEDULE G

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

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/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)				
		1		cplains how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)			
	Sch: 5/21 Rpt: 24/40	Jones, Jol	anda (The Honorable)			00086167			
4	Date	5 Payee name	9						
	05/16/2024	Capitol Gri	II						
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State: Zip Co	ode				
-	\$6.50	1400 Cond							
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	X Reimbursement from political contributions intended	Austin, TX	78701						
8	PURPOSE	(a) Category (	See Categories listed at the top o	f this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense			
	LAI LINDITORL				Staff meals				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held			
	Date	Payee name							
	05/20/2024	1 1	- Vard Johnson Campa	ian					
	Amount (\$)	<b>1</b>		State, Zip Ct	oue				
	\$2,500.00	PO Box 92	:5115						
	X Reimbursement from political contributions intended	Houston, 7	X 77292						
	PURPOSE	Category (	See Categories listed at the top o	f this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		ns/Donations Made B			Check if Austin, TX, officeholder living expense			
		Candidate.	ndidate/Officeholder/Political Committee Donation for radio advertising						
		Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	Date	Payee name	9						
	04/24/2024	Chevron							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$25.01	927 W. Ala	ıbama St						
	Reimbursement from								
	X political contributions intended	Houston, 7	X 77006						
	PURPOSE	Category (	See Categories listed at the top o	f this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		tion Equipment And R	telated	l L	Check if Austin, TX, officeholder living expense			
		Expense			Fuel				
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit C/OH								

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By -		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 25/40	Jones, Jola	nda (The Honorable)			00086167
4	Date	5 Payee name				
	05/09/2024	Chick Fil A				
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State	e; Zip Co	ode	
	\$39.75	1	eda-Genoa Rd			
	Reimbursement from					
	X political contributions intended	Houston, T	X 77075			
8	PURPOSE			ab a du la)	(h) Description [	Check if travel outside of Texas. Complete Schedule T.
°	OF		ee Categories listed at the top of this so	rnedule)	(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	F000/Bever	age Expense		Staff meals	
					Stan meas	
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit	Candidate/Onice	noider flame		Office sought	Office field
	C/OH					
	Date	Payee name				
	05/16/2024	Circle K				
	Amount (\$)	Payee addre	ss; City; State	e; Zip Co	ode	
	\$4.55	2453 Bastro	op Hwy			
	Reimbursement from					
	X political contributions intended	Austin, TX	78617			
-	PURPOSE	_	ee Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	' '	ion Equipment And Relate	•		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Expense	ion Equipment / tha relate	·u	Fuel	_
	Complete ONLY if direct	<u>I                                    </u>	holder name		Office sought	Office held
	expenditure to benefit				· ·	
	C/OH					
	Date	Payee name				
	04/17/2024	Discount Ti	re			
	Amount (\$)	Payee addre	ss; City; State	e; Zip Co	ode	
	\$985.82	5214 Engle	ford			
	Reimbursement from					
	X political contributions intended	Houston, T	X 77054			
	PURPOSE	Category (s	ee Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transportat	ion Equipment And Relate	ed	[	Check if Austin, TX, officeholder living expense
	LAI LINDITORE	Expense			Tires	
		Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit C/OH					
$\vdash$						

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Acco Cons Conti C	rtising Expense unting/Banking ulting Expense ributions/ Donations Made By andidate/Officeholder/Politica it Card Payment	Committee Legal Services	Office Overse Polling E. Als Expense Printing E.	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)
	7/21 Rpt: 26/40	Jones, Jolanda (The Hone	orable)		00086167
4 Date		5 Payee name			
03/2	6/2024	Fadi's			
6 Amou	unt (\$)	7 Payee address; City;	State; Zip C	ode	
	\$41.09	1801 Binz Suite 130			
ΧI	Reimbursement from political contributions ntended	Houston, TX 77004			
8 P	URPOSE	(a) Category (See Categories listed a	at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
FYE	OF PENDITURE	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
LAF	LNDITOKL			Staff meals	
	nditure to benefit	Candidate/Officeholder name		Office sought	Office held
Date		Payee name			
04/0	8/2024	Fadi's			
Amoı	unt (\$)	Payee address; City;	State; Zip C	ode	
	\$18.93	1801 Binz Suite 130			
ΧI	Reimbursement from political contributions ntended	Houston, TX 77004			
Р	URPOSE	Category (See Categories listed a	at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
EXF	OF PENDITURE	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
				Staff meals	
		2 11 1 10 11 11		0,5	000
	nditure to benefit	Candidate/Officeholder name		Office sought	Office held
Date		Payee name			
02/0	8/2024	Family Dollar			
Amoı	unt (\$)	Payee address; City;	State; Zip Co	ode	
	\$4.65	5110 Almeda Road			
ΧI	Reimbursement from political contributions ntended	Houston, TX 77004			
Р	URPOSE	Category (See Categories listed a	at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
EXF	OF PENDITURE	Office Overhead/Rental E	xpense		Check if Austin, TX, officeholder living expense
				Office supplies	
	nditure to benefit	Candidate/Officeholder name		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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in Dis Travel Out o		
	Credit Cara r ayment	_	The Instruction Guide explains	how to co	emplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/21 Rpt: 27/40	Jones, Jola	nda (The Honorable)			(	0008616	67	
4	Date	<b>5</b> Payee name	5 Payee name						_
	03/26/2024	Family Doll	ar						
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State;	Zip Co	ode				_
	\$30.48	5110 Almed							
	Reimbursement from								
	X political contributions intended	Houston, T	X 77004						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel o	outside of Texas. Complete Schedule	Г.
ľ	OF	1	head/Rental Expense	suuic)		=		TX, officeholder living expense	
	EXPENDITURE	Onice Over	nedd/Nentai Expense		Office Supplies				
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit	our and actor of moo	noider riame		Omoo sought			Cinico noid	
	C/OH								
	Date	Payee name							
	02/20/2024	Family Doll	ar						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				_
	\$30.26	5110 Almed	•	·					
	Reimbursement from								
	x political contributions intended	Houston, T	x 77004						
		_			December 5	7 01-		outside of Tourse Opensulate Oak adults	
	PURPOSE OF		ee Categories listed at the top of this scho	edule)	Description	_		outside of Texas. Complete Schedule TX, officeholder living expense	١.
	EXPENDITURE	Office Over	head/Rental Expense		Office supplies		,	,gp	
					Office Supplies				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	_
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noidei name		Office Sought			Office field	
	C/OH								
	Date	Payee name							=
	03/30/2024	Family Doll	ar						
_	Amount (\$)	Payee addre		Zip Co	nde.				_
	\$11.50	5110 Almed		Zip Cc	de				
		31107111110	aa Road						
	X Reimbursement from political contributions intended	Houston, T	x 77004						
$\vdash$	PURPOSE		ee Categories listed at the top of this sche	adula)	Description	Chr	ock if travel o	outside of Texas. Complete Schedule	_
	OF		head/Rental Expense	edule)	Description	_		TX, officeholder living expense	
	EXPENDITURE	Office Over	neau/Nentai Expense		Office Supplies	_			
					- Sappinoo				
$\vdash$	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				Cinico Sougill			500 Hold	
L	C/OH								
l									

### SCHEDULE G

#### **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/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services  The Instruction Gu	Expense		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule G:	2	FILER NAME	Ī				3	Filer ID (Ethics Commissi	on Filers)
	Sch: 9/21 Rpt: 28/40		Jones, Jola	landa (The Honorable) 00086167						
4	Date	5	Payee name							
	03/11/2024		Family Doll	ar						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$30.48		5110 Almed	la Road						
	Reimbursement from political contributions intended		Houston, T	X 77004						
8	PURPOSE	(a)	Category (s	ee Categories listed at t	he top of this sch	edule)	(b) Description	_	neck if travel outside of Texas. Comple	
	OF EXPENDITURE		Office Over	head/Rental Exp	oense		L	Ch	neck if Austin, TX, officeholder living ex	xpense
							Office supplies			
_	Commiste CNUV'S	<u> </u>	adidata (C.C.	haldau (*			O#:		046	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	noider name			Office sought		Office held	
	Date		Payee name							
	05/09/2024		Fashion Rh	inestone						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$175.30		9700 Harwi	n Ste 155						
	X Reimbursement from political contributions intended		Houston, T	X 77036						
	PURPOSE		Category (s	ee Categories listed at t	he top of this sch	edule)	Description	=	neck if travel outside of Texas. Comple	
	OF EXPENDITURE		Office Over	head/Rental Exp	oense			_	neck if Austin, TX, officeholder living ex	kpense
							Office staff tee sl	nırts	<b>3</b>	
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Office held	
	C/OH									
F	Date	Π	Payee name							
	03/20/2024		Frank's Gril	I						
H	Amount (\$)	$\vdash$	Payee addre		State:	Zip Co	ode			
	\$37.38		5025 Telep							
	Reimbursement from		•							
	X political contributions intended		Houston, T	x 77087						
	PURPOSE	Γ	Category (S	ee Categories listed at t	he top of this sch	edule)	Description	=	neck if travel outside of Texas. Comple	
	OF EXPENDITURE		Food/Bever	age Expense				Ch	neck if Austin, TX, officeholder living ex	kpense
							Staff meals			
		Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit C/OH						-			
ı										

### SCHEDULE G

#### **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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment						/ages/Contract Labor		Travel Out of District OTHER (enter a category no	t listed above)
1	Total pages Schedule G:	2 FIL	LER NAME					3	Filer ID (Ethics Con	nmission Filers)
	Sch: 10/21 Rpt: 29/40	Joi	Jones, Jolanda (The Honorable) 00086167							
4	Date	<b>5</b> Pay	yee name					•		
	05/09/2024	н-	Town Fashio	on						
6	Amount (\$)	<b>7</b> Pay	yee address;	City;	State;	Zip Co	de			
	\$610.26	580	03 Gessner	Rd #E						
	Reimbursement from political contributions intended	Ho	ouston, TX 7	7036						
8	PURPOSE	(a) Cat	ategory (See C	ategories listed at the to	op of this sche	dule)	(b) Description	_	neck if travel outside of Texas.	·
	OF EXPENDITURE	Off	fice Overhea	ad/Rental Expe	nse		L	_	neck if Austin, TX, officeholder	
							Office staff tee s	hirts	s, sweatshirts and ha	ats
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late/Officehold	ler name			Office sought		Office held	I
	Date	Pay	yee name							
	02/19/2024	HE	EB - 756							
	Amount (\$)	Pay	yee address;	City;	State;	Zip Co	de			
	\$84.96	60	55 SOUTH F	FREEWAY						
	Reimbursement from									
	X political contributions intended	Но	ouston, TX 7	7004						
	PURPOSE	Cat	ategory (See C	ategories listed at the to	op of this sche	dule)	Description	Ch	neck if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE	Off	fice Overhea	ad/Rental Expe	nse			Ch	neck if Austin, TX, officeholder	living expense
	EXI ENDITORE						Office supplies			
	Complete ONLY if direct expenditure to benefit	Candid	late/Officeholo	ler name			Office sought		Office held	I
	C/OH									
H	Date	De								
	02/21/2024	1 1	iyee name EB - 756							
_	Amount (\$)		yee address;	City;	State:	Zip Co	ıda			
	\$105.68	I	iyee address, 155 SOUTH F	-	State,	Zip CC	ou C			
	Reimbursement from political contributions intended	Но	ouston, TX 7	7004						
	PURPOSE OF			ategories listed at the to	•	dule)	Description	_	neck if travel outside of Texas.	
	EXPENDITURE	Off	ffice Overhea	ad/Rental Exper	nse		[	Cn	neck if Austin, TX, officeholder	living expense
							Office supplies			
	Complete ONLY if direct	Condid	late/Officeholo	lor nama			Office sought		Office held	1
	Complete ONLY if direct expenditure to benefit C/OH	Cariulu	iate/Onicerioic	ier name			Office sought		Office field	I

### 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/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex			Travel in D Travel Out		·
	Credit Card Fayinent		The Instruction Guide explains h	how to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 11/21 Rpt: 30/40	Jones, Jola	nda (The Honorable)				000861	.67	
4	Date	5 Payee name	5 Payee name						
	04/22/2024	HEB - 756							
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State;	Zip Co	de				
	\$57.13	1 1	TH FREEWAY	p 00					
	·								
	X Reimbursement from political contributions intended	Houston, T	× 77004						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel	l outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	eck if Austir	n, TX, officeholder living ex	pense
	EXPENDITORE				Office Supplies				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	04/16/2024	HEB - 756							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	de				
	\$91.66	6055 SOUT	TH FREEWAY						
	Reimbursement from								
	x political contributions intended	Houston, T	x 77004						
H	PURPOSE	_	ee Categories listed at the top of this sche	ndula)	Description	¬ ch	eck if travel	I outside of Texas. Comple	te Schedule T.
	OF		head/Rental Expense	eduic)		_		n, TX, officeholder living ex	
	EXPENDITURE	Office Over	nedu/Nentai Expense		Office supplies	_			
					ome or print				
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit		Total Hamb		ooo ooug.n				
	C/OH								
	Date	Payee name							
	05/05/2024	HEB - 756							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	de				
	\$62.48	1 1	TH FREEWAY	_,,					
	X Reimbursement from political contributions intended	Houston, T	× 77004						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Ch	eck if travel	l outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	eck if Austir	n, TX, officeholder living ex	pense
	EXI ENDITORE				Office supplies				
		Candidate/Office	nolder name		Office sought			Office held	
	expenditure to benefit C/OH								
_									

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related 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 explain		Expense Wages/Contract Labor	Tra	vel in District vel Out of District HER (enter a category no	ot listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 File	er ID (Ethics Co	mmission Filers)
	Sch: 12/21 Rpt: 31/40	Jones, Jola	anda (The Honorable)			00	086167	
4	Date	<b>5</b> Payee name	<del></del>					
	06/13/2024	HEB - 756						
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip C	ode			
	\$95.91	6055 SOU	TH FREEWAY	•				
	X Reimbursement from political contributions intended	Houston, T	TX 77004					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this s	chedule)	(b) Description	Check	if travel outside of Texas	s. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check	if Austin, TX, officeholde	er living expense
					Office supplies			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	d
	Date	Payee name	9					
	05/17/2024	Hertz.com						
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip C	ode			
	\$45.95	PO Box 26	5120					
	Reimbursement from							
	X political contributions intended	Oklahoma	City, OK 73119					
	PURPOSE	Category (	See Categories listed at the top of this s	chedule)	Description	Check	if travel outside of Texas	s. Complete Schedule T.
	OF EXPENDITURE	Transporta	tion Equipment And Relate	ed		Check	if Austin, TX, officeholde	er living expense
	EXI ENDITORE	Expense			Car rental			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held	d
	C/OH							
	Date	Dayso name	`					
	04/28/2024	Payee name Hilton Hote						
	Amount (\$)	Payee addre		e; Zip C	ode			
	\$785.34	500 E. 4th		.c, 2ip 0	ouc			
	Reimbursement from		-					
	political contributions intended	Austin, TX	78701					
	PURPOSE OF	1	See Categories listed at the top of this s	chedule)	Description	=		s. Complete Schedule T.
	EXPENDITURE	Travel Out	of District		L	Check	if Austin, TX, officeholde	r living expense
					Lodging			
	Operation ONE V. C. F.	0	- la - lal - u - u - u - u		0#:-		65	-1
	Complete ONLY if direct expenditure to benefit	Candidate/Office	enoider name		Office sought		Office held	α
	C/OH							

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

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		Expense Travel Out of District  5/Wages/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 32/40	Jones, Jolanda (The Honorable)	00086167
4	Date	5 Payee name	
	04/06/2024	Hinze's	
6	Amount (\$)	7 Payee address; City; State; Zip C	Code
	\$14.51	2101 Hiway 36 S.	
	Reimbursement from political contributions intended	Sealy, TX 77474	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
•	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Staff meals
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	03/31/2024	House of Pies	
	Amount (\$)	Payee address; City; State; Zip C	Code
	\$16.06	3112 Kirby Drive	
	Reimbursement from political contributions intended	Houston, TX 77098	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Staff meals
		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	-		
	Date	Payee name	
	03/24/2024	House of Pies	
	Amount (\$)	Payee address; City; State; Zip C	Code
	\$16.06	3112 Kirby Drive	
	Reimbursement from political contributions		
	intended	Houston, TX 77098	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	-		Staff meals
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		

#### SCHEDULE **G**

## 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_	Total manage Calculation		<u> </u>			2 Files ID (Files Course)	
1	Total pages Schedule G: Sch: 14/21 Rpt: 33/40	Jones, 3	AME Jolanda (The Honorable)			3 Filer ID (Ethics Commission Filers) 00086167	
4	Date	Payee na	ame			ı	
	04/02/2024	LA Burg					
6	Amount (\$)	Payee ac	ddress; City;	State; Zip Co	ode		
	\$18.57	3577 N	McGregor				
	Reimbursement from political contributions intended	Houstor	n, TX 77004				
8	PURPOSE	<b>a)</b> Category	(See Categories listed at the top of t	his schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF	, ,	everage Expense	•		Check if Austin, TX, officeholder living expense	
	EXPENDITURE	w, <b>-</b> -					
<u>_</u>	Complete Chinaria	and the	Kinghal Jaw		047	000	
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Of	fficeholder name		Office sought	Office held	
	Date	Payee na	ame				
	04/26/2024	LA Crav					
	Amount (\$)	Payee ad	ddress; City;	State; Zip Co	ode		
	\$60.84	\$60.84 500 E Ben White Blvd					
	X Reimbursement from political contributions intended	Austin,	TX 78704				
	PURPOSE	Category	(See Categories listed at the top of t	his schedule)	Description [	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Be	everage Expense		Staff meals	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Of	ficeholder name		Office sought	Office held	
	Date	Payee na	ame				
	04/17/2024	Luby's					
	Amount (\$)	Payee a		State; Zip Co	ode		
	\$31.52	12404 E	E Fwy				
	Reimbursement from political contributions intended	Houstor	ı, TX 77015				
	PURPOSE	Category	(See Categories listed at the top of t	his schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Be	everage Expense		[	Check if Austin, TX, officeholder living expense	
	LA LIBITOIL				Staff meals		
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Of	ficeholder 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 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/	Wages/Contract Labor		OTHER (enter a category not listed above)	
	Great Gara Fayment		The Instruction Guide explains how to c	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)	1
	Sch: 15/21 Rpt: 34/40		Jones, Jolanda (The Honorable)			00086167	
4	Date	5	Payee name	•			
	04/15/2024		Luigi's Pizzeria				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	_		
	\$32.04		3700 Almeda Rd				
	Reimbursement from						
	x political contributions intended		Houston, TX 77004				
8	PURPOSE	(2)		(b) Description	<del>_</del>	Check if travel outside of Texas. Complete Schedul	
0	OF	l (a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	=	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Podd/Beverage Expense	Staff meals	_		
				Otan means			
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought	_	Office held	
٠	expenditure to benefit	Oui	ididate/emechoider name	Omee sought		Cinice field	
	C/OH						
	Date		Payee name		_		
	05/06/2024		Luigi's Pizzeria				
	Amount (\$)	$\vdash$	Payee address; City; State; Zip C	ode			
	\$40.67		3700 Almeda Rd				
	Reimbursement from						
	x political contributions intended		Houston, TX 77004				
		┝		Description	<del>_</del> _	Check if travel outside of Texas. Complete Schedul	
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	╛	Check if Austin, TX, officeholder living expense	; 1.
	EXPENDITURE		Food/Beverage Expense	Staff meals	_	• •	
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought	_	Office held	
	expenditure to benefit						
	C/OH						
	Date		Payee name				
	05/09/2024		Luigi's Pizzeria				
	Amount (\$)	T	Payee address; City; State; Zip C	ode	_		
	\$14.79		3700 Almeda Rd				
	Reimbursement from						
	X political contributions intended		Houston, TX 77004				
	PURPOSE	┢	Category (See Categories listed at the top of this schedule)	Description	<b>1</b> c	Check if travel outside of Texas. Complete Schedul	
	OF		Food/Beverage Expense		⊒ .	Check if Austin, TX, officeholder living expense	
	EXPENDITURE			Staff meals	_		
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit			· ·			
	C/OH				_		

#### SCHEDULE **G**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E		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 co	omplete this form.	
1	Total pages Schedule G:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 16/21 Rpt: 35/40	Jones	, Jolanda (The Honorable)			00086167
4	Date	<b>5</b> Payee	name			
	04/13/2024	Micha				
6	Amount (\$)	<b>7</b> Pavee	address; City; State;	Zip Co	ode	
	\$34.62	l '	Bissonet			
	Reimbursement from					
	political contributions intended	Houst	on, TX 77005			
8	PURPOSE	(a) Catego	OTY (See Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office	Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Framing supplies	6
9	Complete ONLY if direct expenditure to benefit	Candidate/	Officeholder name		Office sought	Office held
	C/OH					
	Date	Payee	name			
	05/10/2024	Micha	el's			
	Amount (\$)	Pavee	address; City; State;	Zip Co	ode	
	\$46.52	1	Bissonet			
	Reimbursement from					
	x political contributions intended	Houst	on, TX 77005			
	PURPOSE	Catego	OTY (See Categories listed at the top of this scho	edule)	Description [	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office	Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Office framing	
	•	Candidate/	Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
		<u> </u>				
	Date	Payee				
	05/10/2024	Micha				
	Amount (\$)	l '		Zip Co	ode	
	\$4.99	3904	Bissonet			
	X Reimbursement from political contributions intended	Houst	on, TX 77005			
_					December 5	70
	PURPOSE OF	ľ	OV (See Categories listed at the top of this school	edule)	Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office	Overhead/Rental Expense		Office furnishings	<b>-</b>
					Cince furnishings	,
	Complete ONLY if direct	Candidate/	Officeholder name		Office sought	Office held
	expenditure to benefit	Janaidale/	Smoonoider name		Office 30ugin	Since neid
L	C/OH					
l						

### SCHEDULE G

#### **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	Food/Beverage Expense Gift/Awards/Memorials Expenommittee Legal Services The Instruction Guide	Salaries/V	kpense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 17/21 Rpt: 36/40	FILER NAME Jones, Jolanda (The Honorable	)		3 Filer ID (Ethics Commission Filers) 00086167
4	Date	Payee name	,		
	02/09/2024	MicroCenter			
6	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$1,190.69	5305 S. Rice Ave			
	Reimbursement from political contributions intended	Houston, TX 77081			
8	PURPOSE	a) Category (See Categories listed at the top	of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expens	se		Check if Austin, TX, officeholder living expense
	LAPENDITORE			Office Supplies	
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held
	Date	Payee name			
	02/09/2024	MicroCenter			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$107.14	5305 S. Rice Ave			
	Reimbursement from political contributions intended	Houston, TX 77081			
	PURPOSE OF	Category (See Categories listed at the top	of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expens	se	L	Check if Austin, TX, officeholder living expense
				Office supplies	
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held
	Date	Payee name			
	02/02/2024	Office Depot			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$163.07	5134 Richmond Ave			
	X Reimbursement from political contributions intended	Houston, TX 77056			
	PURPOSE	Category (See Categories listed at the top	of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expens	se	L	Check if Austin, TX, officeholder living expense
				Office supplies	
	Operation Children	- did-t-10#- 1		O#:	05.
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held

#### SCHEDULE **G**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sy - Gift/Awards/Memorials Expense Printing Expense Legal Services 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)		
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 18/21 Rpt: 37/40		Jones, Jolanda	(The Honorable)			00086167
4	Date	5	Payee name				
	03/31/2024		Pappadeaux				
6	Amount (\$)	7	Payee address;	City; State	; Zip Co	ode	
	\$22.93		2525 S Loop W	•	, _,		
	Reimbursement from						
	x political contributions intended		Houston, TX 77	7045			
8	PURPOSE	(a)	Category (See Ca	tegories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage	Expense		l L	Check if Austin, TX, officeholder living expense
						Staff meals	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officehold	er name		Office sought	Office held
	Date		Payee name				
	04/10/2024		Pappasito's				
	Amount (\$)		Payee address;	City; State	; Zip Co	ode	
	\$29.17		8 Terminal Roa	ıd			
	Reimbursement from						
	X political contributions intended		Houston, TX 77	7007			
	PURPOSE		Category (See Ca	tegories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage	Expense		L	Check if Austin, TX, officeholder living expense
						Staff meals	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officehold	er name		Office sought	Office held
	Date		Payee name				
	04/12/2024		Pappasito's				
_	Amount (\$)	$\vdash$	Payee address;	City; State	; Zip Co	ode	
	\$20.51		8 Terminal Roa		, , ,		
	Reimbursement from						
	political contributions intended		Houston, TX 77	<b>2</b> 007			
	PURPOSE OF		Category (See Ca	tegories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage	Expense		L	Check if Austin, TX, officeholder living expense
						Staff meals	
L		L					
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officehold	er name		Office sought	Office held

#### SCHEDULE **G**

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awa mmittee Legal Se	verage Expense rds/Memorials Expense	Office Over Polling Experience Printing Experience Salaries/N	xpense Nages/Contract Labor	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: 19/21 Rpt: 38/40		Jones, Jolanda (T	he Honorable)			00086167		
4	Date	5	5 Payee name				•		
	04/24/2024		Pho Saigon						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$12.45	2808 Milam							
	Reimbursement from political contributions intended		Houston, TX 7700	06					
8	PURPOSE	(a)	Category (See Catego	ories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
ľ	OF	("	Food/Beverage E		roudio)	[ [ [	Check if Austin, TX, officeholder living expense		
	EXPENDITURE		1 000/Develage L	крепас		Staff meals	_		
						otan meas			
Ļ	0 1: 0 1: 0	Ļ	"			055	000		
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder ı	name		Office sought	Office held		
	Date		Payee name						
	04/12/2024		Sovereign Service	2S					
Amount (\$)			Payee address; City; State; Zip Code						
	\$25.00		800 Bagby						
	Reimbursement from political contributions intended		Houston, TX 7700	)2					
	PURPOSE		Category (See Catego	ories listed at the top of this sch	nedule)	Description [	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Transportation Eq Expense	uipment And Relate	d	Parking	Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder ı	name		Office sought	Office held		
	Date	Г	Payee name						
	03/30/2024		Spanish Flowers	Restaurant					
	Amount (\$) \$57.08		Payee address; 4701 N. Main	City; State	; Zip Co	ode			
	Reimbursement from political contributions intended		Houston, TX 7700	)2					
	PURPOSE		Category (See Category	ories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Food/Beverage E	xpense		[	Check if Austin, TX, officeholder living expense		
	EN ENDITONE					Staff meals			
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder ı	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

Solicitation/Fundraising Expense Transportation Equipment & Related 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		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed abov	ve)		
1	Total pages Schedule G: Sch: 20/21 Rpt: 39/40	2 FILER NAM Jones, Jol	E anda (The Honorable)			3 Filer ID (Ethics Commission 00086167	n Filers)		
4	Date	<b>5</b> Payee name							
	03/13/2024	Spec's							
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode				
	\$97.78	2410 Smit	n St						
	Reimbursement from political contributions intended	Houston, 1	TX 77002						
8	PURPOSE	(a) Category (	See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Complete	Schedule T.		
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expe	ense		
	EXI ENDITORE				Event supplies				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held			
	Date	Payee name	e						
	04/27/2024	Starbucks	- Austin						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$17.50	500 E 4th	St						
	X Reimbursement from political contributions intended	Austin, TX	78701						
	PURPOSE OF	Category (	See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete			
	EXPENDITURE	Food/Beve	erage Expense		L L	Check if Austin, TX, officeholder living expe	ense		
					Staff meals				
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought	Office held			
	Date	Payee name	<del></del>						
	02/05/2024	U Haul							
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode				
	\$153.45	2802 Old 9	Spanish Trail						
	X Reimbursement from political contributions intended	Houston, 1	TX 77054						
	PURPOSE	Category (	See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete	Schedule T.		
	OF EXPENDITURE	-	ition Equipment And Relate	d	L	Check if Austin, TX, officeholder living expe	ense		
		Expense			Moving truck ren	ital			
	Commission ONU Wife allows	Candidat-10th			Office and the	Office health			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enolder 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/Politica Credit Card Payment		y -		Fees Office Overhead/Rental Expense Food/Beverage Expense Folling Expense Offit/Awards/Memorials Expense Legal Services Salaries/Wages/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 how to complete this form.								
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 21/21 Rpt: 40/40		Jones, Jola	nda (The Honorable)			00086167			
4	Date	5	Payee name							
	01/02/2024			Walmart - Houston						
6	Amount (\$)	7								
ľ	\$122.74	ľ	111 Yale	oo, oity, oitato,	2.p 00	340				
	·		111 1010							
	Reimbursement from political contributions		Houston T	v 77007						
	intended		Houston, T	X 77007		· _				
8	PURPOSE OF	(a)		ee Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Office Over	head/Rental Expense		L L	Check if Austin, TX, officeholder living expense			
						Office supplies				
9	Complete ONLY if direct	Cai	ndidate/Officel	holder name		Office sought	Office held			
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
02/22/2024			Whataburger - Austin							
	Amount (\$)	Payee address; City; State; Zip Code								
\$29.90 2800 Guadalupe										
	Reimbursement from									
	X political contributions intended		Austin, TX 7	78705						
	PURPOSE	┢	Category (se	ee Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF			Food/Bever		cudic)		Check if Austin, TX, officeholder living expense			
	EXPENDITURE		1 OOG/Bevel	age Expense		Staff meals	_			
	Complete ONLY if direct	Cai	ndidate/Officel	holder name		Office sought	Office held			
	expenditure to benefit	Ou.		noider fidine		Omeo cought	Cinide Held			
	C/OH									
	Date	Г	Payee name							
	04/06/2024		Whataburge	er Elgin						
_	Amount (\$)	┢	Payee addres	ss; City; State;	Zip Co	nde				
	\$9.52		1392 W Hw		_,, 00	<del></del>				
			1002 11 111	<i>y</i> 200						
	Reimbursement from political contributions intended		Clarie TV 70	2021						
		L	Elgin, TX 78	3021						
	PURPOSE OF		• • • • • • • • • • • • • • • • • • • •	ee Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Bever	age Expense		L L	Check if Austin, TX, officeholder living expense			
						Staff meals				
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officel	holder name		Office sought	Office held			
	C/OH									
$\vdash$										