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) 00062100 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Hazel B. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 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. Reginald E. NAME NICKNAME LAST **SUFFIX** McKamie Sr. **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** (713) 465-2889 **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) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 174 Harris Criminal District Court Judge

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Jones, Hazel B. (The	Honorable)	14 Filer ID 00062100	(Ethics Com	mission Filers)
This box is for notice of political contributions accepted or political expenditures made by political concandidate / officeholder. These expenditures may have been made without the candidate's or officeholder. Communication only if they receive notice to consent. Candidates and officeholders are required to report this information only if they receive notice to consent.				eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREACURED ADDRE			
		COMMITTEE CAMPAIGN TREASURER ADDRES	55		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, ,	\$	0.00
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$	3,750.00
EVDENDITUDE	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)		
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$	2,271.99
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	2,005.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Hon	orable Hazel B. Jone	es	
			f Candidate or Officeho		 -
AFFIX NOT	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the sa	aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVEK SH	3 of 19
I	ER NAM	(Ethics Comn	nission Filers)		
I	ME OF	SUBTO	TAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,750.00
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:	5	\$	2,271.99
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	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/19	
2	FILER NAME Jones, Haze	el B. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062100
4	Date 03/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Anastasio Esq., Abigail (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77002		7 Amount of Contribution (\$) \$500.00	
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	
	Lawyer	·	Attorney at Law	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
	Solo Practitio	oner	n/a	,
12	If contributor is	s a child, law firm of parent(s) (if any)		
	n/a		n/a	
=	Date	Full name of contributor)	Amount of Contribution (\$)
	04/19/2024	Cortes Esq., Eduardo (Mr.) Contributor address; City; State; Zip Code Houston, TX 77001		\$250.00
	Contributor's F	I Principal Occupation	Contributor's Job Title	
	Lawyer	•	Attorney at Law	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	ouse (if any)
	Solo Practitio	oner	n/a	
	If contributor is	s a child, law firm of parent(s) (if any)		
	n/a		n/a	
	Date	Full name of contributor)	Amount of Contribution (\$)
	01/22/2024	Dupont II, Thomas (Mr.) Contributor address; City; State; Zip Code Houston, TX 77002		\$1,000.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
Lawyer			Attorney at Law	
Contributor's employer/law firm			Law firm of contributor's sp	ouse (if any)
	n/a		n/a	
If contributor is a child, law firm of parent(s) (if any)				
	n/a		n/a	

MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A	A(J)1
The Instru	ction Guide explains how	to complete this f	orm.	1	ages Schedule A(J)1: '3 Rpt: 5/19	
2 FILER NAME					(Ethics Commissio	n Filers)
Jones, Haze	el B. (The Honorable)			000621	100	
4 Date 04/19/2024	5 Full name of contributor McKamie Sr., Reginald (N)	7 Amount	of Contribution (\$)	\$500.00
	6 Contributor address; City; St Houston, TX 77219	ate; Zip Code				
8 Contributor's	Principal Occupation		9 Contributor's Job Title			
Law			Attorney			
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if any))	
Reginald Mo	Kamie Law Office		n/a			
12 If contributor	is a child, law firm of parent(s) (if a	ny)				
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
01/21/2024	Reginald Sr., McKamie (0	Capt.)				\$500.00
	Contributor address; City; St Houston, TX 77219	ate; Zip Code				
Contributor's	Principal Occupation		Contributor's Job Title	1		
Lawyer			Attorney at Law			
Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any))	
Solo Practiti	oner		n/a			
If contributor	s a child, law firm of parent(s) (if a	ny)				
n/a	. , , , ,		n/a			
Date	Full name of contributor	out-of-state PAC (ID#:_	\	I Amount	of Contribution (\$)	
02/17/2024	Stephens, Elena (Ms.)	Undi-or-state FAC (ID#	J	Amount	or contribution (4)	\$250.00
02,11,2021	Contributor address; City; St	ato: Zin Codo		-		Ψ200.00
	Contributor address, City, St	ate, zip code				
	Aurora, CO 80019					
Contributor's	Principal Occupation		Contributor's Job Title	1		
Certified Pro	ofessional Travel Agent		Travel Agent			
Contributor's	Contributor's employer/law firm Law firm of contributor's			oouse (if any))	
Sculptress Travel n/a			n/a			
If contributor	If contributor is a child, law firm of parent(s) (if any)					
n/a			n/a			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this 1	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/19			
2	FILER NAME Jones, Haze	el B. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062100		
4	Date 06/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Tennant, George (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00			
Q	Contributor's I	Principal Occupation	9 Contributor's Job Title			
o	Lawyer	r incipal occupation	Attorney at Law			
10		employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
10	Solo Practition	• •	n/a	ouse (ii airy)		
12	! If contributor is	s a child, law firm of parent(s) (if any)				
	n/a		n/a			
_	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)		
06/05/2024 Tennant, George (Mr.) Contributor address; City; State; Zip Code		Tennant, George (Mr.)		\$250.00		
	Contributor's F	l Principal Occupation	Contributor's Job Title			
	Lawyer	·	Attorney at Law			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	Solo Practio	ner	n/a			
	If contributor is	s a child, law firm of parent(s) (if any)				
	n/a		n/a			
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Tennant, George (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00		
	Contributorio	Principal Occupation	Contributor's Job Title			
	Lawyer	Principal Occupation	Attorneyn at Law			
Contributor's employer/law firm			Law firm of contributor's spouse (if any)			
Solo Practitioner			n/a	case (ii aii))		
If contributor is a child, law firm of parent(s) (if any)						
	n/a n/a					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
<u> </u>	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 7/19	Jones, Hazel B. (The Honorable)	00062100 (Ethics Commission Filets)
4	Date	5 Payee name	
	05/09/2024	1-800 Flowers.com	
Ļ			
١	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$129.88	Two Jericho Plaza	
		Floor 2	
		Jericho, NY 11753	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
			Flowers Sent to Funeral of Attorney C.
		Brown	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	05/11/2024	1-800 Flowers.com	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.88	Two Jericho Plaza	
	Ψ123.00		
		Floor 2	
		Jericho, NY 11753	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onto Wards/Memorials Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense Flowers Sent to funeral of Attorney
		Lennon Prir	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	02/20/2024	Adobe	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.64	345 Park Avenue	
	Ψ21.04	343 Faik Aveilue	
		San Jose, CA 95110-2704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nerital Expense	el outside of Texas. Complete Schedule T.
	-		tin, TX, officeholder living expense bat renewal fee used for creating, editing,
			uments in pdf format
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
\vdash			

SCHEDULE F1

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

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

Fees Office Offi

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

	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: 2/12 Rpt: 8/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	03/19/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110-2704
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
		Adobe Acrobat fee
		/ Masse / Masse Notes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
F	Date	Payee name
	01/19/2024	Adobe
H	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110-2704
	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
		Adobe Acrobat for reviewing, preparing, submitting
		campaign materials/documents
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/19/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110-2704
	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
		Adobe Acrobat monthly fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 7 1 0 1 1 5	<u> </u>	_
1 Total pages Schedule F1:		
Sch: 3/12 Rpt: 9/19	Jones, Hazel B. (The Honorable) 00062100	
4 Date	5 Payee name	
06/20/2024	Adobe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$21.64	345 Park Avenue	
	San Jose, CA 95110-2704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Adobe Acrobat monthly fee	
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold	_
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	=
01/19/2024	Chick Fil A	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$22.73	7007 FM 1960 Rd. W	
	Houston, TX 77069	
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 Beverage for staff breakfast/lunch	
	Develage for stall breaklastitution	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data	Davida warna	_
Date	Payee name Dominals	
03/20/2024	Domino's	
Amount (\$)	Payee address; City; State; Zip Code	
\$51.90	804 Main Street	
	Houston, TX 77002	
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 Food for Star Drug Court Friends and Family Day	
	Food for Star Drug Court Friends and Family Day	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Forms provided by Tayas F	thics Commission www.athics state ty us Varsion V// 1.0 d278ah	

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		
1	Total pages Schedule F1:		
	Sch: 4/12 Rpt: 10/19	Jones, Hazel B. (The Honorable) 00062100	
4	Date	5 Payee name	
	06/07/2024	Frank's Pizza	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.50	417 Travis Street	
Ļ		Houston, TX 77002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Court Staff Lunch Meeting	
L			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	02/13/2024	H.E.B.	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$109.31	10919 Louetta Rd.	
		Houston, TX 77070	
	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	
		174th Court -Staff Lunch Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OH	H	
	Date	Payee name	=
	04/16/2024	HARRIS COUNTY DEMOCRATIC PARTY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	4619 Lyons Avenue	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	ĺ
		Candidate/Officeholder/Political Committee	ונ
		Judicial Candidates	,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			-
			_

SCHEDULE F1

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

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

	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: 5/12 Rpt: 11/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	05/02/2024	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$332.80	1111 Bagby Street
		#200
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense HBA - Tickets to Houston Bench Bar Dinner
		HBA - TICKELS to Houston Bench Bai Diffile
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/07/2024	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.61	7630 FM 1960
		Houston, TX 77070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Picture Frame of 2024 Court Staff Photo Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expanse.
		Check if Austin, TX, officeholder living expense Picture Frame for Courtroom Court Staff Photo
		Ticture Traine for Court of Court Stain Thoto
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/01/2024	Origin Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
		Ruston, LA 71273
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Monthly banking fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office O Polling E ense Printing Salaries	verhea Expense Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_	Total names Calcadula F1.	2 FILED NAM			····p··		_	Files ID	(Ethica Commission Filora)
1	Total pages Schedule F1: Sch: 6/12 Rpt: 12/19		⊨ zel B. (The Honorabl	e)			3	Filer ID 00062100	(Ethics Commission Filers)
4	Date	5 Payee name	<i>j</i>						
	02/01/2024	Origin Ban							
6	Amount (\$) \$5.00	7 Payee addro P.O. Box 1 Ruston, LA	325	State; Zip C	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (a) Accounting	See Categories listed at the top	o of this schedule)	(b)	_	, TX,	de of Texas. Comp officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught			Office he	ld
	Date	Payee name							
	03/01/2024	Origin Ban	k						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$5.00	P.O. Box 1 Ruston, LA							
	PURPOSE OF EXPENDITURE	(a) Category (a) Accounting	See Categories listed at the top g/Banking	o of this schedule)	(b)	=	, TX,	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office so	ught			Office he	ld
	Date 01/01/2024	Payee name Origin Ban							
	Amount (\$) \$5.00	Payee addr P.O. Box 1 Ruston, LA	325	State; Zip C	ode				
	PURPOSE			***	(h)	Description			
	OF EXPENDITURE	Accounting	See Categories listed at the top	o of this schedule)		Check if travel	, TX,	de of Texas. Comp officeholder living fee	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office so	ught			Office he	ld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet 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: 7/12 Rpt: 13/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	03/01/2024	Origin Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
		Ruston, LA 71273
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
		Monthly Banking fee
		monthly banding loc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/21/2024	Origin Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
		Ruston, LA 71273
	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 Monthly Banking fee
		Monthly Banking icc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/20/2024	Origin Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
	Ψ3.00	1.0. box 1323
		Ruston, LA 71273
	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
		Monthly Bank fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cab - dul - E4	· · · · · · · · · · · · · · · · · · ·	lore)
1	Total pages Schedule F1: Sch: 8/12 Rpt: 14/19	2 FILER NAME Jones, Hazel B. (The Honorable) 3 Filer ID (Ethics Commission File 00062100	iers)
4	Date	5 Payee name	
	01/27/2024	Panera Bread	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$155.17	1705 W. Gray	
		Suite 100	
		Houston, TX 77019	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Bench Bar Committee - Lunch Planning Meetin	
		2024 Criminal Section of Bench Bar Conference	е
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/27/2024	Paypal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.48	2211 N. 1st Street	

		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Paypal usage fee	
		Paypai usage iee	
_	Operation ONLY if allowed	Out tild to 10 ff and to be described as market.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/05/2024	Paypal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.48	2211 N. 1st Street	
		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Paypal usage fee	
		, apparating	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 15/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	05/09/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.48	2211 N. 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal usage fee
		r dypur dadge ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	04/19/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	2211 N. 1st Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Paypal usage fee
		r aypai usage iee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	2.	
	Date	Payee name
	03/02/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.95	2211 N. 1st Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA LADITORL	Check if Austin, TX, officeholder living expense
		Paypal usage fee
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 16/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	02/17/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.48	2211 N. 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal usage fee
		. a, par acago roc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payros namo
	03/20/2024	Payee name Subway
	Amount (\$) \$108.64	Payee address; City; State; Zip Code 1100 Louisiana
	\$108.04	1100 Louisiana
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Star Drug Court Friends and Family Day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	02/14/2024	Target
		-
	Amount (\$) \$25.31	Payee address; City; State; Zip Code 6801 FM 1960 Road West
	Φ25.31	6801 FIVI 1960 ROAU West
		Houston, TX 77069
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		174th Court Staff Luncheon Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/12 Rpt: 17/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	03/19/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.66	6801 FM 1960 Road West
		Houston, TX 77069
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Items for Star Drug Court - Friends and Family Day
		Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date 04/24/2024	Payee name Torget
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.16	6801 FM 1960 Road West
		Houston, TX 77069
	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.
		Coffee outgot, are one of a far lurger
		Coffee, sugar, cream etc. for Jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	05/21/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.07	6801 FM 1960 Road West
		Houston, TX 77069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Coffee output live for item are a constant.
		Coffee supplies for jury room
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 18/19	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	05/31/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Judicial Education Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual Judicial Conference
Ļ	0 1: 01:14 7 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2024	Vistaprint
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.82	275 Wyman St
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign cards/flyers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ı		

Hand As of The Last Day of The Reporting Perio	COUEDITE IVI
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 19/19
2 FILER NAME Jones, Hazel B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062100
Description of Asset n/a	
II/a	