CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00086167	-	2 Total pag	ges filed: 31
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFI	CE USE ONLY
OFFICEHOLDER NAME	The Honorable	Jolanda				
					Date Received	
						NICALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	1
	Jo	Jones				
4 CANDIDATE /	ADDRESS / PO BOX; AF	T / SUITE #; CIT	TY;	ZIP CODE	Date Hand-deliv	vered or Date Postmarked
OFFICEHOLDER	10709 Marsha Lane					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77024				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Dr.	Uchenna				
	NICKNAME	LAST		SUFFIX		
		Jones-Conley		M.D.		
		2				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE)	AP	T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	3759 Heritage Colony	0 00/11 22/102),	<i>,</i> u			
ADDRESS	5755 Hentage Colony					
(Residence or Business)						
	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER	(832) 276-2224		EXTENSION			
PHONE	(002) 270-2224					
8 REPORT						
TYPE	January 15	X 30th day before	e election	Runoff	15th day af	ter campaign treasurer
					appointmen	t (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Repor	rt (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	09/26/2024	1	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	strict 147		State Representa		147
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	· · · · · ·	Version V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 31

13 C / OH NAME	Jones, Jolanda (The	Honorable)	14 Filer ID (l 00086167	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. <i>These expenditures may have been made without the candidate's or off consent.</i> Candidates and officeholders are required to report this information only if they receive							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	S					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,315.66				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 175.90				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,788.04				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 123,194.02				
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 penalty true and correct and includes all under Title 15, Election Code.						
			orable Jolanda Jones					
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid	, this the	day				
of	, 20, to ce	rtify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath				
Forms provided by Te	was Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 31 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Jones, Jolanda (The Honorable) 00086167 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 6,315.66 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,414.38 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 4,373.66 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/31	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
		nda (The Honorable)			00086167	
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	09/20/2024	Cathy, Lewis				\$100.00
		6 Contributor address; City; State; Zip Code		1		
	Driveland ener	Houston, TX 77048		<u> </u>		
8	Principal occu Not Employe	upation / Job title (See Instructions)	9 Employer (See Instructions Not Employed	S)		
				—		
	Date		D#:)		Amount of Contribution (\$)	÷==== ==
	07/22/2024	Charles, Armstrong				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77006				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>م</u>		
	EXECUTIVE		CAII	5)		
╞				—	· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	#100.00
	09/19/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Coach		Self	-,		
╞	Date	Full name of contributor Out-of-state PAC (II		Т	Amount of Contribution (\$)	
	09/19/2024	Janet, Chafin	J#,		Amount of Continuation (+)	\$100.00
	00,10,2.2					#100
		Houston, TX 77010				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Jackson Walker LLP			
╞	Date	Full name of contributor out-of-state PAC (II	 D#:)	Τ	Amount of Contribution (\$)	
	08/20/2024	Jen, Littlejohn			-	\$100.00
		Contributor address; City; State; Zip Code	·			
		Washington, DC 20011				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	Эd	Not Employed			
1						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/31
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Jones, Jolanda (The Honorable)	00086167
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/19/2024 Linda, Scurlock	\$50.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77045	
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/06/2024 Locke Lord LLP	\$500.00
Contributor address; City; State; Zip Code	
Dallas, TX 75201-2708	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 09/19/2024 Mischa, Benard	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code	φ00.00
Continuator address, City, State, Zip Code	
Houston, TX 77033	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Sales Associate Ross	
Date Full name of contributor X out-of-state PAC (ID#:	Amount of Contribution (\$)
08/30/2024 Phillips 66 PAC	\$1,000.66
Contributor address; City; State; Zip Code	
Bartlesville, OK 74003	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Date Full name of contributor out-of-state PAC (ID#:) 07/12/2024 Sarah, Urban-Jackson	Amount of Contribution (\$) \$50.00
	φ30.00
Contributor address; City; State; Zip Code	
Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Teacher Alief ISD	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

—					1	Total pages Schedule A1:	
	The Instru	ction Guide explains how	v to complete this f	orm.	<u>+</u>	Sch: 3/3 Rpt: 6/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Jones, Jolar	nda (The Honorable)			00086167		
4	Date	5 Full name of contributor)	7	Amount of Contribution (\$)		
	07/01/2024	Saskia, Chiesa					\$5.00
		6 Contributor address; City; S	State; Zip Code		1		
		Chatsworth, CA 91311					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Director		,	Los Angeles Guinea Pig	J R	escue	
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/29/2024	Texas Automobile Dealer					\$1,000.00
		Contributor address; City; S			1		
		-					
		Austin, TX 78701-2181					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			· · · · · · · · · · · · · · · · · · ·				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Texas Democratic Wome					\$1,000.00
		Contributor address; City; S	State; Zip Code		1		
		Austin, TX 78703		1			
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
					—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/30/2024	Texas State Teachers As	sociation - PAC				\$1,000.00
		Contributor address; City; S	tate; Zip Code]		
		Austin TV 79750					
┢	Dringingl occu	Austin, TX 78759	~	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Рппсіраї осси	upation / Job title (See Instructions	5)	Employer (See Instructions	5)		
╞	D -45			<u> </u>	—	to sent of Contribution (ft)	
	Date 07/22/2024	Full name of contributor United Airlines PAC	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ750 00
	0112212024						\$750.00
		Contributor address; City; S					
		Chicago, IL 60606					
<u> </u>	Principal occu	upation / Job title (See Instructions	<u></u>	Employer (See Instructions	L		
	· ····-·		·)		.,		
⊢			!	<u> </u>			
1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/I Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 1/18 Rpt: 7/31	Jones, Jolanda (The Honorable) 00086167							
4	Date 07/07/2024	Payee name Act Blue							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$0.20 PO Box 441146 Somerville, MA 02114								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Processing fees Processing fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/14/2024	Act Blue							
	Amount (\$) Payee address; City; State; Zip Code \$1.98 PO Box 441146 FO Box 441146 FO Box 441146								
	PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/25/2024	Act Blue							
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441146							
		Somerville, MA 02114							
	PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gitt/Awards/Memoria Legal Services The Instruction C	ls Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/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 F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 2/18 Rpt: 8/31		ones, Jolanda (The Honc	00086167						
4	Date 09/22/2024		5 Payee name Act Blue							
6	6 Amount (\$) \$16.20 \$16.20 \$0 Box 441146 Somerville, MA 02114									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if Austin, TX, officeholder living expense Processing fees Check if Austin, TX, officeholder living expense Processing fees						, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
	Date	F	ayee name							
08/24/2024 Allegro Royal Sonesta Chicago										
	Amount (\$) Payee address; City; State; Zip Code \$374.51 171 W. Randolph St Chicago, IL 60601									
	PURPOSE OF EXPENDITURE	(a) (ategory (See Categories listed at ravel Out of District	the top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Nat'l Convention		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
	Date	F	ayee name	-						
	08/02/2024	A	mazon.com							
	Amount (\$) \$10.81		ayee address; City; O Box 81226	State;	; Zip Coc	e				
		S	eattle, WA 98108		i					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at Office Overhead/Rental E)		iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/18 Rpt: 9/31	Jones, Jolanda (The Honorable)	00086167						
4	Date 08/02/2024	5 Payee name Amazon.com							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$148.23	PO Box 81226 Seattle, WA 98108							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
07/24/2024 BB Tx-Orleans									
Amount (\$) Payee address; City; State; Zip Code									
	\$24.64	3939 Richmond Ave Houston, TX 77098							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/26/2024	BB Tx-Orleans							
	Amount (\$) \$128.19	Payee address;City;State;Zip Code3939 Richmond Ave							
		Houston, TX 77098							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Servic	ge Expense Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/18 Rpt: 10/31		Jones, Jolanda (The	Honorable)				00086167	
4	Date	5	Payee name						
	07/23/2024		Biden Victory Fund						
6	Amount (\$)	7	Payee address; Ci	ty; State;	Zip Coo	de			
	\$100.00		1955 Broadway Ste	600					
			Washington, DC 200	77					
8	PURPOSE OF		Category (See Categories		edule)	(b) Description			
	EXPENDITURE		Contributions/Donati Candidate/Officehold		ittee			ide of Texas. Com , officeholder living	
			Canuluale/Onicenoid		lillee	Donation	, i <i>r</i> ,	, onicensider innig	expense
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder r	name C	Dffice soug	ght		Office he	ld
	Date		Payee name						
	07/29/2024		Biden Victory Fund						
Amount (\$) Payee address; City; State; Zip Code									
	\$1,000.00		1955 Broadway Ste	600					
			Washington, DC 200	77					
	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donati	ons Made By				ide of Texas. Com	
	LAFENDITORE		Candidate/Officehold	ler/Political Comm	ittee		ι, TΧ,	, officeholder living	expense
						Donation			
	Complete ONLY if direct		andidate/Officeholder r	ame C	Office sou	aht		Office he	ald
	expenditure to benefit C/OI					gin		Office fie	
	Date		Payee name						
	07/03/2024		Chipotle						
	Amount (\$)		Payee address; Ci	y; State;	Zip Co	de			
	\$14.83		2625 Louisiana						
			Houston, TX 77006		i				
	PURPOSE OF		Category (See Categories		edule)	(b) Description	0	ide of Taylor Or	plata Sabadula T
	EXPENDITURE		Food/Beverage Expe	ense				ide of Texas. Com , officeholder living	
						Staff meal	,,	,	
-	Complete ONLY if direct		andidate/Officeholder r	name C	Office soug	ght		Office he	eld
	expenditure to benefit C/OI					-			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polinig Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/18 Rpt: 11/31								
4	Date 09/03/2024	Payee name City of Austin							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.90 301 W 2nd Street Austin, TX 78701								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
OF Transportation Equipment And Related EXPENDITURE Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/02/2024	Costco - Houston							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$37.34	3836 Richmond Houston, TX 77027							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/30/2024	Costco - Houston							
	Amount (\$) \$20.72	Payee address; City; State; Zip Code 3836 Richmond							
		Houston, TX 77027							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 6/18 Rpt: 12/31		Jones, Jolanda (The Honorable)				00086167			
4	Date 09/04/2024		5 Payee name Costco - Houston							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$16.53 \$3836 Richmond Houston, TX 77027									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	09/10/2024		Costco - Houston							
	Amount (\$) Payee address; City; State; Zip Code \$17.59 3836 Richmond Houston, TX 77027									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Transportation Equipment And Related Expense	dule) (de of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	09/24/2024		Dallas County Democrats							
	Amount (\$) \$250.00		Payee address; City; State; 1414 N Washington	Zip Cod	e					
			Dallas, TX 75204							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit	,			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/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 F1:	2	·			3	Filer ID (Ethics Commission Filers)		
-	Sch: 7/18 Rpt: 13/31		Jones, Jolanda (The Honorable)				00086167		
4	Date 07/08/2024		Payee name Donate to Dems - Act Blue						
6	Amount (\$) \$400.00								
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
07/08/2024 Eventbrite									
	Amount (\$) \$208.00								
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77055 Category (See Categories listed at the top of this sche Event Expense	dule)	Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense eting - Improv event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	07/01/2024		Frenchey's						
	Amount (\$) \$24.39		Payee address; City; State; 4403 East FwY	Zip Co	le				
			Houston, TX 77020						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	dule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		

			EXPENDITURE CATEGOR	RIES FOF	BC	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T			Travel in District Travel Out of District	pment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 8/18 Rpt: 14/31		Jones, Jolanda (The Honorable)					00086167	
4	Date	5	Payee name						
	08/30/2024		GLBT Caucus						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$500.00		PO Box 66664						
			Houston, TX 77006						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel		de of Texas. Complet	
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee			, TX,	officeholder living exp	pense
						Donation			
_	Complete ONLY if direct		Condidate/Officeholder.nome)ffico cour	~ bt			Office held	
9	expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ynt			Office field	
	Date		Payee name						
	09/09/2024		GLBT Caucus						
	Amount (\$) Payee address; City; State; Zip Code								
	\$100.00		PO Box 66664	·					
			Houston, TX 77006						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complet	
			Candidate/Officeholder/Political Comm	ittee			, IX,	officeholder living exp	pense
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht			Office held	
	expenditure to benefit C/OI				5				
	Date		Payee name						
	09/26/2024		Grant Martin Campaigns						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$5,422.67		2383 Bush St	•					
			San Francisco, CA 94115						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Complet	
						Digital marke		officeholder living exp	pense
							ang	1	
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held	
	expenditure to benefit C/OI							000 11010	
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
T	Sch: 9/18 Rpt: 15/31	Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167				
4	Date	5 Payee name					
	07/03/2024	HEB - 756					
6	Amount (\$) \$26.86	7 Payee address; City; State; Zip Code 26.86 6055 SOUTH FREEWAY Houston, TX 77004					
8	PURPOSE	(a) Category (a) a statistic transmission (b) Description					
U	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Control of the state of t						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/24/2024	HEB - 756					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$51.33	6055 SOUTH FREEWAY Houston, TX 77004					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/04/2024	HEB - 756					
	Amount (\$) \$83.64	Payee address; City; State; Zip Code 6055 SOUTH FREEWAY					
		Houston, TX 77004					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
_	Sch: 10/18 Rpt: 16/31	Jones, Jolanda (The Honorable)	00086167				
4	Date 07/10/2024	Payee name HEB					
6	Amount (\$) \$185.20	7 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies					
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	08/05/2024 Halal Guys						
	Amount (\$) \$36.31	Payee address; City; State; Zip Code \$36.31 3008 Ella Blvd Houston, TX 77008					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/19/2024	Harris Co Democratic Party					
	Amount (\$) \$500.00	Payee address;City;State;ZipCode4619 Lyons Ave					
		Houston, TX 77020					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 11/18 Rpt: 17/31	Jones, Jolanda (The Honorable)	00086167			
4	Date	Payee name				
	09/19/2024	Honey Sheeps Car Wash				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$48.99	3616 Old Spanish Trail				
		Houston, TX 77021				
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	EXPENDITORE	Expense Check if Austin	n, TX, officeholder living expense			
		Car wash				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/09/2024	House of Pies				
	Amount (\$) Payee address; City; State; Zip Code					
	\$20.00	3112 Kirby Drive				
	\$20.00	STTS KIDY DIVE				
		Houston, TX 77098				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
			n, TX, officeholder living expense			
		Staff meals				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
-	Date	Pavea nama				
		Payee name				
	08/27/2024	Luby's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$15.67	12404 E Fwy				
		Houston, TX 77015				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.			
	EXPENDITORE		n, TX, officeholder living expense			
		Staff meal				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 12/18 Rpt: 18/31	Jones, Jolanda (The Honorable)	00086167				
4	Date 07/05/2024	5 Payee name Luigi's Pizzeria					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$14.79						
8	DUDDOSE						
ð	OF EXPENDITURE						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/20/2024	Lyft					
	Amount (\$) Payee address; City; State; Zip Code						
	\$9.26	1455 Market St #400 San Francisco, CA 94107					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/20/2024	Lyft					
	Obj/20/2024 Lyit Amount (\$) Payee address; City; State; Zip Code \$13.54 1455 Market St #400						
		San Francisco, CA 94107					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 13/18 Rpt: 19/31	Jones, Jolanda (The Honorable)	00086167				
4	Date	Payee name					
	08/20/2024	Lyft					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.79	1455 Market St #400					
		San Francisco, CA 94107					
8	PURPOSE OF	(b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Taxi service	,				
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	08/20/2024	Lyft					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.89 1455 Market St #400						
		San Francisco, CA 94107					
	PURPOSE OF	(b) Category (See Categories listed at the top of this schedule)	utside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Taxi service					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/26/2024	Lyft					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$75.00	1455 Market St #400					
		San Francisco, CA 94107					
	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
		Expense Check if Austin, Airport transfe	TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
-	Sch: 14/18 Rpt: 20/31	Jones, Jolanda (The Honorable)	00086167				
4	Date 08/26/2024	Payee name Lyft					
6	Amount (\$) \$30.50	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94107					
8	PURPOSE OF EXPENDITURE	OF Transportation Equipment And Related					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date 07/22/2024	Payee name Payne, Everett					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 14032 Grover Creek Dr Houston, TX 77303					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if austin, TX, officeholder living expense Scholarship - Bagieris Violet Award			stin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	08/20/2024	Pizano's Pizza					
	Amount (\$) \$33.40	Payee address; City; State; Zip Code 864 N. State Street Chicago, IL, 60610					
		Chicago, IL 60610					
	PURPOSE OF EXPENDITURE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)	s)					
Sch: 15/18 Rpt:21/31Jones, Jolanda (The Honorable)00086167	· ·					
Date 5 Payee name						
09/09/2024 Post Oak Parking						
Amount (\$) 7 Payee address; City; State; Zip Code						
\$23.80 1600 W Loop S						
Houston, TX 77027						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE Event Expense Event Expense Event Expense Event Expense Event Expense Event Expense Event Eve						
Check if Austin, 1X, officenolder living expense						
Parking						
	_					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	$ \rightarrow$					
Date Payee name						
08/22/2024 Rosatis Pizza						
Amount (\$) Payee address; City; State; Zip Code						
\$6.68 176 N Wells St						
Chicago, IL 60606						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF F Complete Schedule I						
EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Trip food						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\neg					
expenditure to benefit C/OH						
Date Payee name	=					
08/23/2024 Rosatis Pizza						
Amount (\$) Payee address; City; State; Zip Code						
\$6.68 176 N Wells St						
Chicago, IL 60606						
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.						
Check if Austin, 1X, officenolder living expense						
Trip meal						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide expl	C F F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 16/18 Rpt: 22/31		Jones, Jolanda (The Honorable)					00086167	
4	Date	5	Payee name						
	08/25/2024		Rosatis Pizza						
6	Amount (\$)	7	Payee address; City; S	State;	Zip Cod	e			
	\$6.68		176 N Wells St						
			Chicago, IL 60606						
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schodu		b) Description			
	OF		Food/Beverage Expense	lis scheut	uie)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense	
						Trip meal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held	
	Date		Payee name						
08/26/2024 Rosatis Pizza									
Amount (\$) Payee address; City; State; Zip Code									
	\$12.80 176 N Wells St								
			Chicago, IL 60606						
	PURPOSE OF		Category (See Categories listed at the top of th	nis schedu	ule)	b) Description	outoi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense	
						Trip meal			
						·			
	Complete ONLY if direct	с С	andidate/Officeholder name	Off	fice soug	ht		Office held	
	expenditure to benefit C/OF								
-	Date	1	Payee name						
	08/26/2024		Payee name Rosatis Pizza						
				Nete:	Zin Cad	-			
	Amount (\$)			state;	Zip Cod	e			
	\$13.35		176 N Wells St						
			Chicago, IL 60606						
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedu	ule) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
							, TX,	, officeholder living expense	
						Trip meal			
	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nittee Gift/Awards	age Expense /Memorials Expense	Office Overhea Polling Expense Printing Expense Salaries/Wages	se s/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 F1:	ILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 23/31	ones, Jolanda (Th	e Honorable)			00086167
4	Date	ayee name				
	07/01/2024	Shape Community	Center			
6	Amount (\$)	Payee address; C	ity; State;	Zip Code		
	\$75.00	.955 Broadway Ste	600			
		louston, TX 77004				
8	PURPOSE		s listed at the top of this sch	(b)	Description	
	OF	Contributions/Dona				outside of Texas. Complete Schedule T.
	EXPENDITURE		der/Political Comm	ittee	Check if Austin	n, TX, officeholder living expense
					Donation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder	name C	Office sought		Office held
	Date	ayee name				
07/29/2024 Uber						
	Amount (\$) Payee address; City; State; Zip Code					
	\$35.31					
	\$35.31 1455 Market St #400					
		San Francisco, CA	94103			
	PURPOSE	Category (See Categorie	s listed at the top of this sche	edule) (b)	Description	
	OF EXPENDITURE		pment And Related	I		outside of Texas. Complete Schedule T.
	-	Expense				ı, TX, officeholder living expense
					Taxi service	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sought		Office held
	Date					
	08/19/2024	Payee name Jber				
_						
	Amount (\$)	-		Zip Code		
	\$5.29	.455 Market St #40	0			
		San Francisco, CA	94103			
	PURPOSE	Category (See Categorie	s listed at the top of this sche	edule) (b)	Description	
	OF EXPENDITURE		pment And Related	I		outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense				n, TX, officeholder living expense
					Taxi service	
L						
	Complete ONLY if direct	andidate/Officeholder	name C	Office sought		Office held
	expenditure to benefit C/OI					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 18/18 Rpt: 24/31	Jones, Jolanda (The Honorable)	00086167					
4	Date 08/20/2024	Payee name Uber						
6	Amount (\$) \$28.35	7 Payee address; City; State; Zip Code 3.35 1455 Market St #400 San Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE	OF Transportation Equipment And Related						
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
09/20/2024 Walgreens								
	Amount (\$) Payee address; City; State; Zip Code \$28.69 5202 Almeda							
		Houston, TX 77004						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense S					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/22/2024	Walker, Amari						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2345 Bering Dr						
		Houston, TX 77057						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. TX, officeholder living expense Bagieris Violet Award					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/P Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex de By - Gft/Awards/Memorials Expense Printing E	bayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense opense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule Sch: 1/7 Rpt: 25/31	G: 2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167					
4 Date 08/07/2024	5 Payee name Allegro Royal Sonesta Chicago						
6 Amount (\$) \$1,498 X Reimbursement from political contributions intended		171 W. Randolph St					
8 PURPOSE OF EXPENDITURE	OF Travel Out of District						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held Office held							
Date	Payee name						
07/29/2024	Cava						
Amount (\$) \$36 X Reimbursement from political contributions intended	Austin, TX 78701						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meals					
Complete <u>ONLY</u> if dire expenditure to benefit C/OH	ct Candidate/Officeholder name	Office sought Office held					
Date 07/10/2024	Payee name Circle K Austin						
Amount (\$) \$7	Amount (\$) Payee address; City; State; Zip Code \$7.15 2453 Bastrop Hwy						
X Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel					
Complete <u>ONLY</u> if dire expenditure to benefit C/OH	t Candidate/Officeholder name	Office sought Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense 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: Sch: 2/7 Rpt: 26/31	2 FILER NAME Jones, Jolanda (The Honorable)	:	3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 08/30/2024	5 Payee name Circle K Austin			
6 Amount (\$) \$3.74 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2453 Bastrop Hwy Austin, TX 78617			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date 07/06/2024	Payee name Costco - Houston			
Amount (\$) \$14.56 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3836 Richmond Houston, TX 77027			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description	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	expenditure to benefit			
Date 07/31/2024	Payee name Hertz.com			
Amount (\$) \$58.61	Amount (\$) Payee address; City; State; Zip Code \$58.61 PO Box 26120 FO Box 26120 FO Box 26120			
X Reimbursement from political contributions intended	Oklahoma City, OK 73119			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description	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	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense ixpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 3/7 Rpt: 27/31	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 08/31/2024	5 Payee name Hertz.com		
6 Amount (\$) \$45.94 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Car rental	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 07/09/2024	Payee name Hertz.com		
Amount (\$) \$91.88 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Car rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit		
Date 07/02/2024	Payee name IStorage		
Amount (\$) \$140.00	bunt (\$) Payee address; City; State; Zip Code \$140.00 5503 Almeda Road		
Reimbursement from political contributions intended	Houston, TX 77004		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
F	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense berhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District xpense Travel Out of District vages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 4/7 Rpt: 28/31	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167	
4	Date 08/02/2024	5 Payee name IStorage		
6	Amount (\$) \$140.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5503 Almeda Road		
8	PURPOSE OF EXPENDITURE	Houston, TX 77004 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
	09/02/2024	IStorage		
	Amount (\$) \$140.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 0 5503 Almeda Road		
L		Houston, TX 77004		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
L	Date	Payee name		
	07/27/2024	Le Meridien NO		
	Amount (\$) \$43.57	Payee address; City; State; Zip Code 333 Poydras St		
	X Reimbursement from political contributions intended	New Orleans, LA 70130		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to attend	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling I y - Gift/Awards/Memorials Expense Printing	epayment/Reinbursement Solicitation/Fundraising Expense Dverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 5/7 Rpt: 29/31	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 07/03/2024	5 Payee name Momentum Audi		
6 Amount (\$) \$294.83 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15865 Katy Fwy Houston, TX 77904		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Repair	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 07/27/2024	Payee name Uber		
Amount (\$) \$40.16 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Taxi service	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held			
Date 07/18/2024	Payee name United Airlines		
Amount (\$) \$490.92	Payee address; City; State; Zip Code .92 77 West Wacker Drive		
X Reimbursement from political contributions intended	Chicago, IL 60601		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Airfare to attend	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E2 /- Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/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: Sch: 6/7 Rpt: 30/31	2 FILER NAME Jones, Jolanda (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086167
4	Date 07/24/2024	5 Payee name United Airlines		
6	Amount (\$) \$200.71 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 77 West Wacker Drive Chicago, IL 60601		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	07/25/2024	United Airlines		
	Amount (\$) \$590.96 Reimbursement from political contributions	Payee address; City; State; Zip Code 5 77 West Wacker Drive		
	intended	Chicago, IL 60601		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/06/2024	Payee name United Airlines		
	Amount (\$) \$49.00	Payee address; City; State; Zip Code 77 West Wacker Drive		
	Reimbursement from political contributions intended	Chicago, IL 60601		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Git/Awards/Memorials Expense Printing B	bayment/Reimbursement rerhead/Rental Expense xpense 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: Sch: 7/7 Rpt: 31/31	2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 09/25/2024	5 Payee name United Airlines		
6 Amount (\$) \$466.95 X political contributions intended	7 Payee address; City; State; Zip Code 77 West Wacker Drive Chicago, IL 60601		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/21/2024	Payee name Walgreens		
Amount (\$) \$20.00 Reimbursement from political contributions		ode	
PURPOSE OF EXPENDITURE	Chicago, IL 60606 Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	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