CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		Filer ID (Ethics Commiss 00086167	sion Filers)	2 Total pages file 24	
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable J	olanda			Date Received	
''''					ELECTRONICAL	I V EII ED
						LI FILLD
		AST		SUFFIX	10/28/2024	
	Jo J	ones				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CITY	/ ;	ZIP CODE	Date Hand-delivered or [Date Postmarked
OFFICEHOLDER MAILING	10709 Marsha Lane					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77024					
	Tiousion, 17 17024				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		IRST		MI		
NAME	Dr. U	chenna				
	NICKNAME LA	AST		SUFFIX		
	Jo	ones-Conley		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	3759 Heritage Colony					
(Residence or Business)	Missouri City, TX 77459					
	Wilsouti City, 17 17439					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(832) 276-2224					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	
			–		appointment (office	
	July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	ROUGH	10/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	Pri	imary	Runoff	Other	
	11/05/2024	ΧGe	eneral	Special		
				<u>—</u>		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative District	147		State Representa		
				,		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Jones, Jolanda (The	Honorable)	14 Filer ID 00086167	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political commod candidate / officeholder. These expenditures may have been made without the candidate's or officehold consent. Candidates and officeholders are required to report this information only if they receive notice (S)				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 11,750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 19,439.87	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 126,954.11	
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 a under Title 15, Election Code.			
		The Hon	orable Jolanda Jone	s	
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER S	3 of 24
	ER NAM		19 Filer ID	(Ethics C	ommission Filers)
		landa (The Honorable)	00086167		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	11,553.75
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	7,886.12
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/24		
2	FILER NAME Jones, Jolan	da (The Honorable)		3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 10/11/2024	e 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$1,000.00
_		Houston, TX 77027		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78768-2185 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
		, , , , , , , , , , , , , , , , , , , ,	p, c. (c.c	,		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Charter Schools Now PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date Full name of contributor x out-of-state PAC (ID#: C00248716) 10/08/2024 Comcast Corporation PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 09/27/2024				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/24		
2	FILER NAME Jones, Jolan	da (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 09/30/2024	5 Full name of contributor out-of-state PAC (ID#:) Houston Pilots PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$500.00	
		Deer Park, TX 77536						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date Full name of contributor x out-of-state PAC (ID#: C00027342) 10/01/2024 IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)		Employer (See Instructions	:) 			
	Timelpar occu	pation / 305 title (See matractions)		Employer (See manucuons	')			
	Date 10/16/2024	Full name of contributor Kelley, Rusty Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701			<u> </u>			
	Principal occu Public Affairs	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date Full name of contributor		00476978)		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/14/2024 Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746					Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBU	S	SCHEDULE A1		
	The Instru	ction Guide explains how to complete t	1 Total pages Sch Sch: 3/3 Rpt: 6			
2	FILER NAME Jones, Jolan	da (The Honorable)		3 Filer ID (Ethics 00086167	Commission Filers)	
4	Date 10/15/2024				ibution (\$) \$1,000.00	
0	Dringing oggu	New York, NY 10001	0 Employer (See Instruction	20)		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	15)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Texas Optometric PAC Contributor address; City; State; Zip Code		Amount of Contr	ibution (\$) \$1,000.00		
		Austin, TX 78705-2004	1	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/14/2024	Full name of contributor out-of-state PAC Texas Podiatric PAC Contributor address; City; State; Zip Code	(ID#:)	Amount of Contr	ibution (\$) \$500.00	
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Texas Trial Lawyer Association PAC Contributor address; City; State; Zip Code Austin, TX 78767	(ID#:)	Amount of Contr	ibution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/16/2024				ibution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/15 Rpt: 7/24	Jones, Jolanda (The Honorable) 00086167	
4	Date	5 Payee name	
	10/06/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	PO Box 441146	
		Somerville, MA 02114	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Processing fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	'	
	Date	Payee name	
	10/20/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	PO Box 441146	
l		Somerville, MA 02114	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Processing fees	
l		1 Toccssing ices	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Dougo nama	_
	10/01/2024	Payee name Aid to Victims of Domestic Abuse	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1001 Texas Ave, Ste 600	
	φ30.00	1001 Texas Ave, Sie 000	
		Haveton TV 77000	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event ticket	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 2/15 Rpt: 8/24	Jones, Jolanda (The Honorable) 00086167				
4	Date	5 Payee name				
	10/08/2024	Brothers Taco House				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$9.74	1604 Dowling Street				
		Houston, TX 77003				
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				
		Staff meals				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	10/21/2024	Costco - Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$8.50	3836 Richmond				
		Houston, TX 77027				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense				
		Expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH	-t				
	Date	Payee name				
	10/22/2024	Costco - Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$15.16	3836 Richmond				
		Houston, TX 77027				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder living expense Fuel				
		i dei				
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 3/15 Rpt: 9/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/15/2024	Costco - Houston
6	Amount (\$) \$26.60	7 Payee address; City; State; Zip Code 3836 Richmond
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		T del
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	10/16/2024	Costco - Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.49	3836 Richmond
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/08/2024	Costco - Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.84	3836 Richmond
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/15 Rpt: 10/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/01/2024	Costco - Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.46	3836 Richmond
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense
		Fuel
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/30/2024	Costco - Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.48	3836 Richmond
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Fuel
		, 33
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2024	Domino's
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.10	3607 Old Spanish Trail
	,	
		Houston, TX 77021
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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	l Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide	nse Printin Salarie	ŭ	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 5/15 Rpt: 11/24	Jones, Jo	landa (The Honorable	<u></u>				00086167	
4	Date	5 Payee nam	ie						
	10/01/2024	Frenchey'	S						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code				
	\$14.06	4403 Eas	t Fwy						
		Houston,	TX 77020						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erage Expense	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.
	_// _// _// _//					—	, TX,	officeholder living	g expense
						Staff meals			
_	Complete ONLY if direct	Candidata/O	fficoholder name	Office	Ought			Office he	old
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office s	ougnt			Office no	eiu
	Date	Payee nam	ne						
	10/18/2024	Grant Mai	tin Campaigns						
	Amount (\$)	Payee add	ress; City;	State; Zip	Code				
	\$8,566.33	2383 Bus	h St						
		San Franc	cisco, CA 94115						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		g Expense	,					plete Schedule T.
	LA LADITORL					_		officeholder living	
						Printing, post	.aye	t, mailing ar	iu website
_	Complete ONLY if direct	Candidata/C	fficeholder name	Office s	Ought			Office he	ald
	expenditure to benefit C/O		miceriolaei Hairle	Office S	ougiil			Onice ne	ciu
 	Data								
	Date	Payee nam							
	10/10/2024	HEB - 756		O: : =:	<u> </u>				
	Amount (\$)	Payee add		State; Zip	Code				
	\$40.31	0055 500	JTH FREEWAY						
		Houston,	TX 77004						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expens						plete Schedule T.
						Office supplie		officeholder living	g expense
						Onice Supplie	.3		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	Ollapt			Office he	əld
	expenditure to benefit C/Ol		meendaer name	Office 5	ougiit			Onice He	oiu

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 12/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/07/2024	HEB - 756
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.60	6055 SOUTH FREEWAY
		Houston, TX 77004
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
Ļ	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	10/03/2024	HEB - 756
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.37	6055 SOUTH FREEWAY
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
		Since Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
┕		
	Date	Payee name
	10/07/2024	Halal Guys
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.28	3008 Ella Blvd
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to benefit C/OI	'
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	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: 7/15 Rpt: 13/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/01/2024	Hilton Hotel Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$308.44	1600 Pacific
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging - Dallas Co Democrats event
		Loughing Danas Go Democrats event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	House of Pies
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.07	3112 Kirby Drive
	Ψ00.01	STIL MIBY BING
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Dayso name
	10/15/2024	Payee name Jack & Jill Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2450 Louisiana Street Suite 400 Box 872
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scholarship fund
		Constant with
	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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 14/24	Jones, Jolanda (The Honorable) 00086167
4 Date	5 Payee name
10/04/2024	King's BBQ
6 Amount (\$) \$12.06	7 Payee address; City; State; Zip Code 521 W Main St La Porte, TX 77571
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 Staff meals
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Kulture
Amount (\$) \$28,22	Payee address; City; State; Zip Code 701 Avenda de Americas
Ψ20.22	701 Avenua de Americas
	Houston, TX 77010
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meals
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/24/2024	LAZ Parking
Amount (\$)	Payee address; City; State; Zip Code
\$10.83	1610 Caroline
	Houston, TX 77002
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 Parking
Complete ONLY if direct expenditure to benefit C/OF	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 Salaries (Contract Labor

	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: 9/15 Rpt: 15/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	09/30/2024	Lorenzo Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.39	1011 Akard St
		Dallas, TX 75215
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
		Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionality to benefit C/Or	
	Date	Payee name
	09/30/2024	Lorenzo Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.41	1011 Akard St
		Dallas, TX 75215
	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
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/01/2024	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.44	12404 E Fwy
		Houston, TX 77015
	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
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	Priler NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 16/24	Jones, Jolanda (The Honorable) 00086167
4 Date 5	Payee name
09/30/2024	Lyft
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$44.19	1455 Market St #400
	San Francisco, CA 94107
8 PURPOSE (a	a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Taxi service
	Taxi service
O Committee ONII V if allowed	Our district Office helds
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Pappasito's
Amount (\$)	Payee address; City; State; Zip Code
\$90.32	2536 Richmond
	Houston, TX 77007
PURPOSE (a	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 Staff meals
	Stall meals
Complete ONLY if direct	Condidate/Officeholder name Office courts Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
10/25/2024	Ray's BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$61.74	3929 Old Spanish Trail Ste 300
	Houston, TX 77021
PURPOSE (a	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
Constant China in the	Check if Austin, TX, officeholder living expense Staff meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if Austin, TX, officeholder living expense Staff meals
	Check if Austin, TX, officeholder living expense Staff meals

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 11/15 Rpt: 17/24	Jones, Jolanda (The Honorable) Cettics Commission Files) 00086167
4	Date	5 Payee name
	10/24/2024	Shipley Do-Nuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.99	6655 Ardmore
		Houston, TX 77021
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/21/2024	Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.99	6655 Ardmore
		Houston, TX 77021
	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
		Staff meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/01/2024	Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.45	6655 Ardmore
		Houston, TX 77021
	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 Staff meals
		Stati Heats
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/15 Rpt: 18/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/25/2024	Sno Dreamz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.00	3402 Scott Street
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff meals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2024	Spotlight Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2616 S. Loop W, Ste 335
	+=,000.00	2020 O. 200p 11, 010 000
		Houston, TX 77054
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Radio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 09/30/2024	Payee name St. Manda Catholia Church
		St. Mary's Catholic Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3002 Rosedale St
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	·

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	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: 13/15 Rpt: 19/24	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/17/2024	Sushi House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.42	2390 W Alabama St
		Houston, TX 77041
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 Staff meals
		Stati metals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/15/2024	Sushi House
H	Amount (\$)	Payee address; City; State; Zip Code
	\$36.98	2390 W Alabama St
		Houston, TX 77041
	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 Staff meals
		Stati metals
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/04/2024	UH Alumni Events
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	4800 Calhoun Rd
		Houston, TX 77204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EX. ENDITORE	Candidate/Officeholder/Political Committee
		Ticket for UH Homecoming
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			ide explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER NA	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 14/15 Rpt: 20/24	Jones, J	olanda (The Honora	able)				00086167		
4	Date	5 Payee na	me							
	10/17/2024	Uber								
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode					
	\$29.99	1455 Ma	rket St #400							
		San Frai	ncisco, CA 94103							
8	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				_
	OF EXPENDITURE		rtation Equipment A			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE	Expense	•			_	, TX,	officeholder living	g expense	
						Taxi service				
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ıgnt			Office he	ela	
_										_
	Date	Payee na	me							
	10/15/2024	Uber								
	Amount (\$)	Payee ad	•	State; Zip Co	ode					
	\$23.95	1455 Ma	rket St #400							
		San Frai	ncisco, CA 94103							
	PURPOSE OF	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	EXPENDITURE		rtation Equipment A	and Related				de of Texas. Com officeholder living	plete Schedule T.	
		Expense	!			Taxi service	, 17,	officeriolder living	j expense	
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	<u>l</u> ıght			Office he	eld	_
	expenditure to benefit C/OI				J					
-	Date	Payee na	me							=
	09/30/2024	Uber	inc							
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	nde					_
	\$8.86	-	arket St #400	Otato, Zip ot	Juo					
	40.00									
		San Frai	ncisco, CA 94103							
	PURPOSE				(h)	Description				_
	OF		(See Categories listed at the station Equipment A		(6)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Expense		and related				officeholder living		
						Taxi service				
	Complete ONLY if direct		Officeholder name	Office sou	ıght			Office he	eld	
L	expenditure to benefit C/OI	1 								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction Gi			ages	Contract Labor		Travel Out of Dis	strict category not listed above)	
_	Tatal as a second of Education Education	_	EU ED NIAME		•				_	Ell ID	(Ethica Campaignian E	laus)
1	Total pages Schedule F1: Sch: 15/15 Rpt: 21/24	ı		: nda (The Honor	able)					Filer ID 00086167	(Ethics Commission F	iers)
4	Date	5	Payee name									
	09/30/2024		Uber									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$44.32		1455 Marke	t St #400								
			San Francis	sco, CA 94103								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF			ion Equipment A		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					Check if Austin,	, TX,	officeholder living	j expense	
			•					Taxi service				
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office he	eld	
ľ	expenditure to benefit C/O		oanalate/Oni	ceriolaei riairie		Jinec Sou	giit			Onice in	Jiu .	
	Date		Payee name									
	10/21/2024		Walmart									
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Co	de					
	\$12.43	ı	710 E Ben \		O tatio,	р оо						
	Φ12.43		/ TO E Bell (Wille bivu								
			Austin, TX 7	78704								
	PURPOSE	(a)	Category (se	ee Categories listed at t	ho top of this cohe	odulo)	(b)	Description				
	OF			head/Rental Ex		edule)	(- /	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	ileau/Reiliai Ex	Jense			—		officeholder living		
								Office Supplie				
_	Operation ONLY if allowed	<u> </u>	N - - - - - -) 	14			Off: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Oπi	ceholder name	C	Office sou	gnt			Office h	eia	
	experientare to beneat ever											
İ												
l												

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card F dyment		The Instruction Guide explains I	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAMI	E			3 Fi	iler ID (Ethics C	ommission Filers)		
	Sch: 1/3 Rpt: 22/24	Jones, Jola	ında (The Honorable)			0	0086167			
4	Date	5 Payee name								
	10/24/2024	Bar 5015								
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode					
	\$34.00	5015 Alme	da							
	Reimbursement from									
	X political contributions intended	Houston, T	X 77004							
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	edule)	(b) Description	Chec	k if travel outside of Tex	as. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Chec	k if Austin, TX, officehole	der living expense		
	ZA ZADITORZ				GOTV event					
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office he	eld		
	C/OH									
	Date	Payee name								
	10/16/2024	City of Aus								
	Amount (\$)	Payee addre	Payee address; City; State; Zip Code							
\$6.00 301 W 2nd Street										
	Reimbursement from									
	X political contributions intended Austin, TX 78701									
	PURPOSE	Category (s	iee Categories listed at the top of this sche	edule)	Description	Chec	k if travel outside of Tex	as. Complete Schedule T.		
OF		Transporta	tion Equipment And Related			Chec	k if Austin, TX, officehole	der living expense		
	EXPENDITURE	Expense			Parking					
		Candidate/Office	holder name		Office sought		Office he	eld		
	expenditure to benefit C/OH									
	Date	Davis a name								
	10/17/2024	Payee name Costco - Ho								
_	Amount (\$)	Payee addre		Zip Co	nde.					
	\$21.30	3836 Richn		Zip Cc	ouc					
	Reimbursement from									
	x political contributions intended	Houston, T	X 77027							
	PURPOSE	Category (S	see Categories listed at the top of this sche	edule)	Description	=		as. Complete Schedule T.		
	OF EXPENDITURE		tion Equipment And Related		_ L	Chec	k if Austin, TX, officehole	der living expense		
		Expense			Fuel					
	Commission ONU Wife allows	Canalidate /Off	haldau na na a		Office		0#:1	ماما		
	expenditure to benefit	Candidate/Office	noider name		Office sought		Office he	c iu		
L	C/OH									
		<u> </u>								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explain	ns how to c	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 23/24	Jones, Jola	anda (The Honorable)			00086167			
4	Date	5 Payee name	9						
	10/14/2024	HEB - 756							
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip C	ode				
	\$88.88	6055 SOU	TH FREEWAY						
	Reimbursement from								
	X political contributions intended	Houston, T	X 77004						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Office Ove	rhead/Rental Expense			Check if Austin, TX, officeholder living expense			
	EXPENDITURE		·		Office supplies				
9	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit								
	C/OH								
	Date	Payee name	9						
	10/23/2024	Hertz.com							
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip C	ode				
	\$45.94	1	PO Box 26120						
	,		110						
	X Reimbursement from political contributions	Oldebere	OH . OK 70110						
	intended	Okianoma	City, OK 73119		_				
	PURPOSE OF		See Categories listed at the top of this		Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		tion Equipment And Related	_ L	Check if Austin, TX, officeholder living expense				
		Expense			Rental car				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held			
	C/OH								
	Data								
	Date	Payee name							
	10/04/2024	IStorage							
	Amount (\$)	Payee addre		te; Zip C	ode				
	\$140.00	5503 Alme	da Road						
	Reimbursement from political contributions								
	x political contributions intended	Houston, T	X 77004						
	PURPOSE	Category (s	See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check if Austin, TX, officeholder living expense			
	EXPENDITURE		·		Storage				
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit				-				
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 24/24 Jones, Jolanda (The Honorable) 00086167 Date Payee name 10/24/2024 Urban One Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$7,550.00 24 Greenway Plz Ste 900 Reimbursement from political contributions intended Х Houston, TX 77046 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Radio Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH