FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062100 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Hazel B. NAME Date Received **ELECTRONICALLY FILED** 01/11/2025 NICKNAME LAST **SUFFIX** Jones CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1900 W. Gray MAILING Amount Receipt # **ADDRESS** Unit 131558 Change of Address Houston, TX 77219 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Reginald E. NAME NICKNAME LAST **SUFFIX** McKamie Sr. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1900 W. Gray, Unit 131558 **ADDRESS** (Residence or Business) Houston, TX 77219 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 465-2889 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit

Month

Month

Day

Day

OFFICE HELD (if any)

ELECTION DATE

07/01/2024

Year

Year

Criminal District Court Judge District 174 Harris

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

Primary

General

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

Year

Other

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Jones, Hazel B. (The	Honorable)	14 Filer ID 00062100	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	it the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 3,209.75
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,499.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 384.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Ho	norable Hazel B. Jone	es
		Signature	of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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<u> </u>				3 of 26				
18 FILER NAME Jones, Hazel B. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00062100								
	E SUBTOTALS SCHEDULE	SUBTOT	AL AMOUNT					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,885.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	324.75				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	4,792.42				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	707.49				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL C	SCHEDULE A(J)1			
	The Instru	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/26
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, Haze	l B. (The Honorable)				00062100
4	09/15/2024 Howard Esq., Kevin (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77096				
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Law			Attorney at Law		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Solo Practition			22 24.1 or contains ator o op		(,)
12	If contributor is	s a child, law firm of parent(s) (if any	y)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	10/21/2024	Jones, Hazel (Ms.) Contributor address; City; Stat	e; Zip Code			\$700.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Law			Judge		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	State of Tex					
	If contributor is	s a child, law firm of parent(s) (if an	y)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/09/2024	Pipe Fitters Local Union 21	1			\$1,000.00
		Contributor address; City; Stat Deer Park, TX 77536	e; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if an	y)			

	MONET	ARY POLITICAL	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/26
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, Haze	l B. (The Honorable)				00062100
4	Date 11/05/2024	5 Full name of contributorTennant Esq., George (N6 Contributor address; City; S	•		7	Amount of Contribution (\$) \$500.00
		Pearland, TX 77584				
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	_	
	Law	, ,		Attorney at Law		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Solo Practice					
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/08/2024	W. Clyde, Lemon (Mr.) Contributor address; City; 9 Houston, TX 77057	State; Zip Code			\$175.00
_	Contributor's	l		Contributor's Job Title		
	Law	Principal Occupation		Attorney at Law		
		ampleyer/low firm			2011	on (if any)
	Solo Practice	employer/law firm		Law firm of contributor's sp	Jous	se (ii driy)
			and			
	ii contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/25/2024	Zemlin, Ellen (Ms.)				\$10.00
Contributor address; City; State; Zip Code Jersey City, NJ 07306			•			
H	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title	_	
	Donor Relations Senior Director					
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
The New School						
	If contributor is	s a child, law firm of parent(s) (if	any)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/26 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Hazel B. (The Honorable) 00062100 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/04/2024 Jamail, Allan (Mr.) \$324.75 Campaign Pushcards 7 Contributor address; City; State; Zip Code Houston, TX 77029 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Owner Operator Jamail Sales Owner/Consultant 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Self-employed 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTION	NS (JUDICIAL)		SCHE	DULE B(J)
The Instruction Guide explains	how to complete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Jones, Hazel B. (The Honorable)		3 Filer ID (00062100	Ethics Commiss	sion Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
	out-of-state PAC (ID#:	8 Amount of pledge (\$)	9 In-kind I (If a	d description applicable)
		Check if travel of	l u outside of Texas	s. Complete Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	r's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHE	DULE E	(J)
	The Instructio	n Guide explains how to complete this	form.	1		ages Schedu /1 Rpt: 8/20		
2	FILER NAME Jones, Hazel B.	(The Honorable)		1	Filer ID		ommission F	ilers)
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:			9 Loan A	mount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interes		
						11 Maturit	y Date	
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)	1					
17	Description of Coll	ateral	18 Check if personal funds we	ere c	leposite		al account estructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amour	nt Guarantee	ed (\$)
23	not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	Guarantor's Emplo	over/Law Eirm	26 Law Firm of guarantor's sp	OUIS.	e (if anv	١		
			20 Law Film Or guarantor 5 Sp		o (ii airy			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		Legal Services The Instruction Guide e	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/16 Rpt: 9/26		el B. (The Honorable)				00062100	
4	Date	5 Payee name							
	10/19/2024	Adobe							
6	Amount (\$) \$21.64	7 Payee addre 345 Park A San Jose, (State; Zip Co	ode				
8	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expens			ш			plete Schedule T.
						_		officeholder living	document creations
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld
	Date	Payee name				<u> </u>			
	09/19/2024	Adobe							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$21.64	345 Park A	venue						
			CA 95110-2704		I er -				
	PURPOSE OF		see Categories listed at the top		(b)	Description	outo:	do of Toyon Com	nloto Schodulo T
	EXPENDITURE	Office Over	head/Rental Expens	e		=		officeholder living	plete Schedule T. Jexpense
						Adobe softwa			
L									
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	08/07/2024	Adobe							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$21.64	345 Park A	venue						
		San Jose,	CA 95110-2704						
	PURPOSE OF	1	see Categories listed at the top	•	(b)	Description	_		
	EXPENDITURE	Office Over	head/Rental Expens	e				de of Texas. Com officeholder living	plete Schedule T.
						Adobe softwa			
							-		
	Complete ONLY if direct expenditure to benefit C/Oł		iceholder name	Office sou	ught			Office he	eld

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

1 Total pages Schedule F1: Sch: 2/16 Rpt: 10/26 Jones, Hazel B. (The Honorable) 5 Payee name Adobe 6 Amount (\$) 7 Payee address; City; State; Zip Code \$21.64 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held Payee name 11/19/2024 Amount (\$) Payee address; City; State; Zip Code San Jose, CA 95110-2704 (a) Category (see Categories listed at the top of this schedule) Office overhead/Rental Expense Computer Software for document creation 9 Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Adobe Amount (\$) Payee name Adobe Amount (\$) Payee address; City; State; Zip Code \$21.64 S21.64 Payee address; City; State; Zip Code San Jose, CA 95110-2704 Purpose Office Overhead/Rental Expense (b) Description Office held (b) Description Office held Candidate/Officeholder name Office sought Office held Check if avail outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Sc	rs)
4 Date 07/19/2024 5 Payee name Adobe 6 Amount (\$) 7 Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110-2704 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Computer Software for document creation 9 Complete QNLY if direct expenditure to benefit C/OH Date 11/19/2024 Payee name Adobe Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110-2704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Office Policy In Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense (c) Description Office Overhead/Rental Expense (c) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Candidate/Officeholder name Office sought Office omputer software for creating documen Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct candidate/Officeholder name Office sought Office held	
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Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Computer Software for document creation 9 Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Adobe Amount (\$) Payee name Adobe Amount (\$) Payee address; City; State; Zip Code \$21.64 San Jose, CA 95110-2704 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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe computer software for creating document Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held	
Payee name 11/19/2024 Adobe Amount (\$) Payee address; City; State; Zip Code \$21.64 San Jose, CA 95110-2704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Sought Office sought Office held Office sought Office held Office overhead/Rental Expense	
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Date	
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
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expenditure to benefit C/OH	3
expenditure to benefit C/OH	
Date Pavee name	
12/23/2024 Adobe	
Amount (\$) Payee address; City; State; Zip Code	
\$19.99 345 Park Avenue	
San Jose, CA 95110-2704	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Adobe software for document creation	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 3/16 Rpt: 11/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/21/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$168.53	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Fundraiser Supplies and Decorations
		Campaign and 2000 and 2000 and
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/21/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.42	410 Terry Ave. N
		Seattle, WA 98109
	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
		Campaign Fundraiser Event keychains
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2024	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.81	7007 FM 1960 Rd. W
		Houston, TX 77069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Court Stoff Prool feet
		Court Staff Breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 12/26	Jones, Hazel B. (The Honorable)	00062100
4	Date	5 Payee name	
	09/06/2024	Circle K	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.29	3890 N. Loop 1604 E	
		San Antonio, TX 78247	
8	PURPOSE OF	, -) Description
l	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Travel to Annual Judicial Conference Gas expense
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/24/2024	Frank's Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$57.25	417 Travis Street	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Court Staff/Docket Lunch
			Friends Family - Star Court
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	12/17/2024	H.E.B.	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.39	10919 Louetta Rd.	
l			
		Houston, TX 77070	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Star Drug Court & Court Staff Xmas Luncheon
			supplies and food
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/16 Rpt: 13/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	09/12/2024	Jones, Hazel (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	1200 Franklin
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse for Hotel Expense at Annual Judicial
		Conference San Antonio Texas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/05/2024	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	3904 Bissonet
		Houston, TX 77005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Display Easel for Campaign Fundraiser Poster
		Display Lass for Sampaign Fanataises Foots
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/07/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.45	17711 Tomball Parkway
		Houston, TX 77064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Frames for Judicial Certificates and Awards
		Office Frames for Judicial Certificates and Awards
	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

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	
L	Sch: 6/16 Rpt: 14/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/28/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.72	17711 Tomball Parkway
		Houston, TX 77064
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Labels for Campaign Fundraiser Flyers to cover return address
_	Complete ONE V. F.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	17711 Tomball Parkway
		Houston, TX 77064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		12-month Office Planner
	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	08/24/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.91	17711 Tomball Parkway
		Houston, TX 77064
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pens, tape dispenser; Printing and copy expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/16 Rpt: 15/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/31/2024	Origin Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
		Ruston, LA 71273
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Bank fee
		monary Bank too
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Origin Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	P.O. Box 1325
		Ruston, LA 71273
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Bank fee
		Monthly Bulk lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/31/2024	Origin Bank
		<u> </u>
	Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 1325
	Φ5.00	P.O. box 1323
		Ruston, LA 71273
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Bank fee
	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/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	pense 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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 16/26		Jones, Hazel B. (The Honorable)				00062100
4	Date	5	Payee name				
	07/31/2024		Origin Bank				
6	Amount (\$) \$5.00		Payee address; City; State; P.O. Box 1325 Ruston, LA 71273	Zip Coo	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scher Accounting/Banking	dule)	=		de of Texas. Complete Schedule T. officeholder living expense
					Monthly Banl	k Fe	ee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice soug	yht		Office held
	Date		Payee name				
	11/30/2024		Origin Bank				
	Amount (\$)			Zip Coo	de		
	\$5.00		P.O. Box 1325				
			Ruston, LA 71273				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheel Accounting/Banking	dule)	<u> </u>	ı, TX,	de of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	jht		Office held
	Date		Payee name				
L	12/31/2024	L	Origin Bank				
	Amount (\$) \$5.00	ı	Payee address; City; State; P.O. Box 1325	Zip Coo	de		
			Ruston, LA 71273				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheen Accounting/Banking	dule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ıht		Office held

SCHEDULE F1

Advertising Expense Event E:
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Se

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 9/16 Rpt: 17/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/27/2024	Party City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.50	3225 Southwest Freeway
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Fundraiser Event - Decor -tablecloths
		Campaign Fundraiser Event - Decor -tablectoris
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	11/05/2024	Party City
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.64	3225 Southwest Frwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Balloons for Campaign Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	10/19/2024	Prevention Zone
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5300 N. Braeswood Blvd
		Suite 4-V706
		Houston, TX 77096
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee
		for Change" at Houston Community College
	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Gard Layment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 18/26	Jones, Hazel B. (The Honorable)	00062100
4	Date	5 Payee name	
	12/17/2024	Rays Real Pit BBQ Shack	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$293.39	3929 Old Spanish Trail	
	!	Suite 300	
	!	Houston, TX 77021	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 cod/Ecrolago Expones	el outside of Texas. Complete Schedule T.
	!	l	tin, TX, officeholder living expense Xmas Luncheon
	1		Allido Ediloliosi.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	10/27/2024	Rustika Cafe & Bakery	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3237 Southwest Freeway	
	!		
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!	l	ındraiser Event (deposit amount)
	1		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
Г	Date	Payee name	
	11/05/2024	Rustika Cafe & Bakery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	3237 Southwest Freeway	
	!		
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.
		,	tin, TX, officeholder living expense ampaign Fundraiser Event
	!	(remaining t	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Onice risia
H			

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

hoursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor 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: 11/16 Rpt: 19/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/11/2024	Ruths Roses
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.99	141 W. Front St #412
		Red Bank, NJ 07701
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Judge Zinetta Burney Memorial Flowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Т	Date	Payee name
	10/02/2024	Subway
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.96	1100 Louisiana
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Star Drug Court Friends and Family Day Event
	Consolete CNII V if alice et	Out in the 10th of the later and the 10th of the 10th
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Pavee name
	10/31/2024	TRU INSIGHT MEDIA LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6122 Grey Oaks Drive
		Houston, TX 77050
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graphic design Fundraising Flyer and email blast for
		Fundraising Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/Of	•

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	al 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:		1
	Sch: 12/16 Rpt: 20/26	Jones, Hazel B. (The Honorable) 00062100	
4	Date	5 Payee name	
	08/29/2024	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.50	6801 FM 1960 Road West	
		Houston, TX 77069	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		event supplies for court staff luncheon	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payee name	
	11/12/2024	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.39	6801 FM 1960 Road West	
		Houston, TX 77069	
	PURPOSE		
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Snacks for Star Drug Court Docket	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/30/2024	Texas Center for the Judiciary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	1210 San Antonio Street	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Judicial Education Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		"Dynamics & Effects of Victims of Child Abuse &	
L		Neglect" Required Course	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict i category not liste	d above)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 13/16 Rpt: 21/26		Jones, Haze	el B. (The Hono	rable)					00062100		
4	Date	5	Payee name						_			
	09/04/2024			er for the Judici	iary							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$240.00		1210 San A	ntonio Street								
			Austin, TX 7	'8701								
8	PURPOSE	⊢		e Categories listed at	4h - 4 6 4h i h -	-1-1-1	(b)	Description				
•	OF	``'		e Categories listed at 1 IS/Donations Ma		edule)	(~)	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ittee		ш		officeholder livin		
								Contribution t				
								the Texas Ce	ente	er for the Ju	ulciary 501(c	;)(3)
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	0	ffice sou	ight			Office h	eld	
	experialiture to beriefit C/O											
	Date		Payee name									
	11/05/2024		This is It Re	staurant								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$944.47		2712 Blodge	ette St.								
			Houston, TX	77004								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper					=			plete Schedule T.	
	-							Food & Venu		officeholder living		
								1 000 & Venu	CI	or Campaig	i i unulaisei	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	l Iaht			Office h	eld	
	expenditure to benefit C/O				J		·9···			000	0.0	
	Date	Г	Payee name									
	12/23/2024		Treebeards									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	ndo					
	\$96.00		1117 Texas	•	Siale,	Zip Cc	ue					
	Ψ30.00		IIII TOXUS	/ Wende								
			Houston, T	77002								
	DUDDOCE	(-)					(1-)	5				
	PURPOSE OF	(a)		e Categories listed at t	the top of this sche	edule)	(a)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense						officeholder livin		
								Cakes for Xm	nas	Luncheon		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ight			Office h	eld	
	expenditure to benefit C/Ol	H _					_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/16 Rpt: 22/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	10/25/2024	U.S. Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.53	1500 Hadley Street
		Houston 77002 Namibia
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense U.S. Postal Stamps for Campaign Fundraiser Flyers
		C.G. 1 Ostal Stamps for Gampaight andraiser Hyers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/29/2024	U.S. Postal Service
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$65.58	7717 Louetta Rd.
		Spring, TX 77379
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense U.S. Postal Stamps for Campaign Fundraiser Flyers
		C.S. 1 Ostal Stamps for Gampaign 1 andraiser 1 lyers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	Vistaprint
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.04	275 Wyman St
		Waltham, MA 02451
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flyer Design and Print for Campaign Fundraiser
		Fiyer Design and Finit for Campaign Fundraiser
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 23/26	Jones, Hazel B. (The Honorable) 00062100
4	Date	5 Payee name
	11/04/2024	Walgreens
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 6402 Cypress Creek Pkwy Houston, TX 77069
8	PURPOSE	
ŏ	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Blow-up Poster and Print for Campaign Fundraiser Event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/15/2024	Walmart
	Amount (\$) \$49.66	Payee address; City; State; Zip Code 22605 State Hwy 249
		Tomball, TX 77375
	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 For Court Staff Lunch and Breakfast beverages; coffee, tea etc.; coffee machine cleaning supplies
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Walmart
	Amount (\$) \$26.08	Payee address; City; State; Zip Code 3450 FM 1960 Rd. W
		Houston, TX 77068
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and supplies needed for Campaign fundraiser
	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 Legal Services 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.	OTTLK (enter a cate	gory not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (E	thics Commission Filers)
	Sch: 16/16 Rpt: 24/26	Jones, Hazel B. (The Honorable)			00062100	ŕ
4	Date	5 Payee name				
	12/16/2024	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$72.00	22605 State Hwy 249				
		Tomball, TX 77375	_			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Coffee Machine			outside of Texas. Complete TX, officeholder living exp	
				_	Jury room; jury a	
					, , ,	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght		Office held	
	expenditure to benefit C/OI	1				
	Date	Payee name				
	08/02/2024	Wix.com				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$376.71	500 Terry A. Francois Blvd.				
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense		\Box	outside of Texas. Complete TX, officeholder living exp	
					ebsite Expense	ense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght		Office held	
	expenditure to benefit C/OI	1				

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 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: 1/1 Rpt: 25/26 Jones, Hazel B. (The Honorable) 00062100 Date Payee name 09/06/2024 JW MARRIOTT 6 Amount (\$) Payee address; City; State; Zip Code \$707.49 23808 RESORT PARKWAY Reimbursement from political contributions intended SAN ANTONIO, TX 78261 **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 Travel Out of District **EXPENDITURE** Hotel expense for the Annual Judicial Conference in San Antonio Tx Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

Hand As of The Last Day of The Reporting Period	COUEDINE IVI
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 26/26
2 FILER NAME Jones, Hazel B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062100
1 Description of Asset	
none	