CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commission 00086167	n Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Jolanda			Date Received	
"""					ELECTRONICA	I I V EII ED
						LLITILLD
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Jo	Jones				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	10709 Marsha Lane					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77024					
'	110031011, 177 17024				Date Processed	
					Date Imaged	
E CAMPAIGN	MC (MDC (MD	FIDOT		N 41		
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Dr.	Uchenna				
		LAST		SUFFIX		
		Jones-Conley		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT / S	SUITE #; CITY;	STA ⁻	TE; ZIP CODE
TREASURER ADDRESS	3759 Heritage Colony					
(Residence or Business)	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(832) 276-2224					
8 REPORT		-	_	_		
TYPE	X January 15	30th day before	election Ru	noff	15th day after cam appointment (office	paign treasurer eholder onlv)
	July 15	8th day before e	election	ceeded modified	Final Report (Attac	
]		orting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	ROUGH	12/31/2024		
	10/21/2021			12/01/202		
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
LE LE CHON	Month Day Year		rimary	Runoff	Other	
	,			_	ш	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)		1	2 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 147				
	1		I			
		GO T	O PAGE 2			
		GO 1	O FAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Jones, Jolanda (The	Honorable)	14 Filer ID 00086167	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made withou officeholders are required to report this informati	t 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		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 46,654.00	
EXPENDITURE TOTALS					
	4. TOTAL POLITIC		\$ 22,110.10		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 118,195.58	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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 Jolanda Jone	s	
		Signature	of Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 33

					3 01 33
18 FIL	ER NAN	ME	19 Filer ID	(Ethic	cs Commission Filers)
Jo	nes, Jo	anda (The Honorable)	00086167		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			GOD TO TALL A WING GIVE
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,550.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	104.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	19,784.43
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		\$	2,325.67
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/33	
2	FILER NAME Jones, Jolan	da (The Honorable)				3	Filer ID (Ethics Commission 00086167	n Filers)
4	Date 12/13/2024	5 Full name of contributor Anderson, Ricky6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77074 pation / Job title (See Instructions) [n Empl	oyer (See Instructions	<u></u>		
_	Attorney	pation / 300 title (See Instructions			erson & Smith PC	<u></u>		
	Date 10/28/2024	Full name of contributor Associated General Contr Contributor address; City; St					Amount of Contribution (\$)	\$500.00
	Dringing! aggs	Austin, TX 78768	, I	Emple	over (Coe Instruction	<u></u>		
	Principal occu	pation / Job title (See Instructions		Empio	oyer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Bearden, Troy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Trinity, TX 75862						
	Principal occu Not Employe	pation / Job title (See Instructions ed)		oyer (See Instructions Employed	5)		
	Date 12/10/2024	Full name of contributor Beer Alliance of Texas PA Contributor address; City; St Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Emplo	oyer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor Benard, Mischa Contributor address; City; St Houston, TX 77033	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Sales Assoc	pation / Job title (See Instructions iate)	Emplo	oyer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/33	
2	FILER NAME Jones, Jolan	da (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 12/13/2024	 Full name of contributor	•)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77004 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	<u>:)</u>		
_	Not Employe			Not Employed	•)		
	Date 12/02/2024	Full name of contributor out-of-state PAC Branch, Theldon Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77025 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Executive	pation / Job title (See Instructions)		Branch McGowen	P)		
	Date 12/13/2024	Full name of contributor out-of-state PAC Brown, Jeremy Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Elgin, TX 78621					
	Principal occu Government	pation / Job title (See Instructions) Employee		Employer (See Instructions Harris County	s)		
	Date 12/14/2024	Full name of contributor out-of-state PAC Bullock, Lois Contributor address; City; State; Zip Code Houston, TX 77021	•			Amount of Contribution (\$)	\$350.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC Burkes-Jones, Trina Contributor address; City; State; Zip Code Houston, TX 77049	(ID#:)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Law enforce	pation / Job title (See Instructions) ment		Employer (See Instructions Harris County	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	7(IS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/33	=
2	FILER NAME Jones, Jolan	da (The Honorable)			3	Filer ID (Ethics Commission Filers) 00086167	
4	Date 12/14/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$100.0	–
8	Principal occu Lawyer	Houston, TX 77035 pation / Job title (See Instructions)	9	Employer (See Instructions Calhoun Meredith	 - s)		
	Date 12/01/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.0	= 0
	Principal occu	Houston, TX 77210 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		_
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Chevron Employees Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,500.0	– 0
	Principal occu	San Ramon, CA 94583 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 11/04/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.0	– 3
	Principal occu Consultant	Houston, TX 77288 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cook, Francis Contributor address; City; State; Zip Code Houston, TX 77021				Amount of Contribution (\$) \$500.0	– 3
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Cook Worldwide	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/33	
2	FILER NAME Jones, Jolan	da (The Honorable)			3 Filer ID (Ethics Commission Fi 00086167	lers)
4	Date 12/11/2024	5 Full name of contributorDaniels, Anthony6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$500.00
		Huntsville, AL 35810				
8	Principal occu Policy Maker	pation / Job title (See Instructions	9	Employer (See Instructions State of Alabama	s)	
	Date 12/13/2024	Full name of contributor Douglas, James Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	500.00
	Principal occu	Houston, TX 77021 pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Professor	,		Texas Southern Univers		
	Date 12/14/2024	Full name of contributor E&E Construction Contributor address; City; St.	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Humble, TX 77396				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)	
	Date 12/09/2024	Full name of contributor Greenberg Traurig PAC Contributor address; City; St Albany, NY 12207	■ out-of-state PAC (ID#: ate; Zip Code	C00266585)	Amount of Contribution (\$)	5500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)	
	Date 12/10/2024	Full name of contributor HOMEPAC of TX Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$)	s250.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)	
			,			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	complete this form	1.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/33	
2	FILER NAME Jones, Jolan	da (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 12/12/2024	 5 Full name of contributor on Harris, Michael 6 Contributor address; City; State; Z 			7	Amount of Contribution (\$)	\$1,000.00
_		Houston, TX 77002	1-				
8	Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Harris Law Firm)		
	Date 12/12/2024	Full name of contributor on the definition of th	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	· · ·		Not Employed				
	Date 12/04/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/01/2024	Full name of contributor on Holland and Knight Texas PAC Contributor address; City; State; Z				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor on Houston Associated General Contributor address; City; State; Zontributor, TX 77092)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/33	
2	FILER NAME Jones, Jolan	nda (The Honorable)		3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 12/11/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$7,000.00
_	Dringing Logg	Houston, TX 77027	D. Employer (Co.) Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Jones Jr, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77081 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Legacy 44 PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78756				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Mack, Jalene Contributor address; City; State; Zip Code Sugar Land, TX 77479			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/33
2	FILER NAME Jones, Jolan	da (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4	Date 12/11/2024	 Full name of contributor	: <u>C00225342</u>)	7 Amount of Contribution (\$) \$500.00
		Richmond, VA 23219		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 12/11/2024	Full name of contributor	:)	Amount of Contribution (\$) \$250.00
	Dringingless	Houston, TX 77219	Francis var (Cala Instructions	<u> </u>
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Law Office of Reginald I	
	Date 12/01/2024	Full name of contributor X out-of-state PAC (ID# Molina Healthcare Inc,.PAC Contributor address; City; State; Zip Code Long Beach, CA 90802	:C00430256	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ;)
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID# Oncor Texas Political Action Committee Contributor address; City; State; Zip Code Dallas, TX 75201		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID# PHARM PAC Contributor address; City; State; Zip Code Austin, TX 78757	· :)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) ()

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/33	
2	FILER NAME Jones, Jolan	ida (The Honorable)			3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 12/09/2024	Full name of contributor Red Rock Texas PACContributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/14/2024	Full name of contributor Roberts, Sean Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Dringing ogg	Houston, TX 77004		Employer (See Instructions	<u>,,</u>		
	Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Roberts Markland LLP	5)		
	Date 12/14/2024	Full name of contributor Russell Esq., Dylan Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Missouri City, TX 77459					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sorrels Law	5)		
	Date 12/01/2024	Full name of contributor Sam, Deandre Contributor address; City; Sta Houston, TX 77021	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu President / C	pation / Job title (See Instructions)		Employer (See Instructions A-Rocket Moving & Store		e	
	Date 12/11/2024	Full name of contributor Sanders, Vincent Contributor address; City; Sta Houston, TX 77071	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Systems Pla	pation / Job title (See Instructions) nner		Employer (See Instructions Houston METRO	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/33	
2	FILER NAME Jones, Jolan	da (The Honorable)		3	Filer ID (Ethics Commission 00086167	on Filers)
4	Date 12/10/2024	 Full name of contributor out-of-state PAC (ID TALAPAC) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
0	Dringing oggu	Austin, TX 78759	Employer (See Instructional)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 12/10/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
				,		
	Date 12/10/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (IE Tamez, Adriana Contributor address; City; State; Zip Code Houston, TX 77023	D#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Administration	pation / Job title (See Instructions)	Employer (See Instructions Tejano Center	ns)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (IET Texas Charter Schools Now PAC Contributor address; City; State; Zip Code Austin, TX 78767	D#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/33	
2	FILER NAME Jones, Jolan	ıda (The Honorable)	3	Filer ID (Ethics Commission 00086167	on Filers)	
4	Date 12/11/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Daine in all a second	Austin, TX 78704	2 Faralassa (Caralassa tasta at			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Agfund.Inc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Waco, TX 76702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Orthopaedic PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyer Association PAC Contributor address; City; State; Zip Code Austin, TX 78767			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/33	
2	FILER NAME Jones, Jolar	nda (The Honorable)	3	Filer ID (Ethics Commiss 00086167	ion Filers)	
4 Date 12/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Vistra State Energy Leaders PAC 6 Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
_		Irving, TX 75039				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Wade, Gary Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$500.00	
		Houston, TX 77045				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Omni Pipe Solutions	s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

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: 15/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Jolanda (The Honorable) 00086167 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 12/10/2024 Montford, John \$104.00 Catering 7 Contributor address; City; State; Zip Code San Antonio, TX 78257 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) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/10 Rpt: 16/33	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	12/11/2024	823 Congress Lot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.98	109 E 9th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Dayso nama
	12/15/2024	Payee name Act Blue
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.68	PO Box 441146
		Somerville, MA 02114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CC processing fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	11/05/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$223.21	PO Box 441146
		Somerville, MA 02114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CC processing fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 17/33	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	10/27/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.25	PO Box 441146
		Somerville, MA 02114
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 CC processing fees
		CC processing rees
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$646.22	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/27/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.67	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Office supplies
_	Complete ONU V if alice	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 18/33	Jones, Jolanda (The Honorable)	00086167
4	Date	5 Payee name	<u> </u>
	10/31/2024	Amegy Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code)
	\$5.50	1075 Augusta Dr	
		Houston, TX 77057	
8	PURPOSE) Description
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	5	Check if Austin, TX, officeholder living expense
			Transaction fee
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	<u>'</u>		
	Date	Payee name	
	11/15/2024	BB Tx-Orleans	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.91	3939 Richmond Ave	
		Houston, TX 77098	
	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 meal
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/03/2024	CVS - DC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.41	1001 16th St NW	
		Washington, DC 20036	
	PURPOSE) Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	J 1	Check if Austin, TX, officeholder living expense
			Snack - NBCSL conference
	0 1. 2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/10 Rpt: 19/33	2 FILER NAME Jones, Jolanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086167
4	Date 12/04/2024	5 Payee name Capitol Gift Shop
6	Amount (\$) \$58.41	7 Payee address; City; State; Zip Code 1400 Congress E1.006 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Gift
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 12/12/2024	Payee name Cava
	Amount (\$) \$37.02	Payee address; City; State; Zip Code 1515 Congress Austin, TX 78701
	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 meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/13/2024	Payee name Costco - Houston
	Amount (\$) \$27.06	Payee address; City; State; Zip Code 3836 Richmond
		Houston, TX 77027
	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 Fuel
	Complete ONLY if direct expenditure to benefit C/O	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 Comm

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 20/33	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	11/27/2024	Costco - Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.90	3836 Richmond
		Houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/16/2024	Fadi's
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.45	1801 Binz Suite 130
		Houston, TX 77004
	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 meal
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
F	Date	Payee name
	12/31/2024	Grant Martin Campaigns
H	Amount (\$)	Payee address; City; State; Zip Code
	\$126.56	2383 Bush St
	7220.00	2000 2001 O.
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Website
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Printii Salari		se s/Contract Labor		Travel Out of D OTHER (enter)
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/10 Rpt: 21/33	l	anda (The Honorable	e)				00086167		,
4	Date	5 Payee name	e							
	11/04/2024	HEB - 756								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code					
	\$94.58	6055 SOU	TH FREEWAY							
		Houston, 7	TX 77004							
8	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expens	se					mplete Schedule T.	
						Office supplie		, officeholder livir	ig expense	
						Omoc Supplic	00			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	Sought			Office h	neld	
ľ	expenditure to benefit C/O		necholder flame	Office	sougrit			Office i	iciu	
_	D :	Γ								
	Date	Payee nam								
	11/29/2024	House of F								
	Amount (\$)	Payee addr		State; Zip	Code					
	\$35.10	3112 Kirby	Drive							
		Houston, 7	TX 77098							
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	l	erage Expense						mplete Schedule T.	
							ı, TX	, officeholder livir	ng expense	
						Staff meal				
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Д.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office h	ield	
	- cxportantaro to portoni e/o.									
	Date	Payee nam	е							
	11/29/2024	Jolanda, J	ones							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$4,373.66	2525 Binz								
		Houston, 7	TX 77004							
	PURPOSE		See Categories listed at the top	of this schodule)	(b)	Description				
	OF	1	ayment/Reimbursem	•			outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE			- -		_		, officeholder livir		
						Schedule G	exp	enses July	1 to September 2	6
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office h	neld	
	,									

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 22/33	Jones, Jolanda (The Honorable)	00086167
4 Date	5 Payee name	<u>'</u>
11/26/2024	Jones, Jolanda	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$7,886.12	2525 Binz	
	Houston, TX 77004	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Schedule G September 21 to October 26
• • • • • • • • • • • • • • • • • • • •		0" 11
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	ght Office held
·		
Date	Payee name	
12/31/2024	Lone Star Strategies	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$3,000.00	10709 MARSHA LANE	
	HOUSTON, TX 77024	
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 Compliance & Bookkeeping July - December 2024
Complete ONLY if direct	Candidate/Officeholder name Office sout	aht Office held
expenditure to benefit C/O		
Date	Payee name	
11/29/2024	Office Depot	
Amount (\$)	Payee address; City; State; Zip Cod	10
\$83.86	5134 Richmond Ave	
φου.σσ	S164 (Monimond / We	
	Houston, TX 77056	
DUDDOCE		(In) Decree
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	Onice Overneau/Rental Expense	Check if Austin, TX, officeholder living expense
		Office supplies
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht 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 Commit 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	
_	Tatal as a second of Education Education	<u> </u>
_	Total pages Schedule F1: Sch: 8/10 Rpt: 23/33	2 FILER NAME Jones, Jolanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086167
4	Date	5 Payee name
	11/20/2024	Pappadeaux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$173.74	2525 S Loop West
		Houston, TX 77045
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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	12/16/2024	Sno Dreamz
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	3402 Scott Street
		Houston, TX 77004
	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
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	St. Mary's Catholic Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.00	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
	LXI LINDITORL	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft G/O	•

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa Legal Se	rds/Memorials Ex ervices struction Guid			kpens /ages	se s/Contract Labor		Travel Ou OTHER (ut of Dis	strict category not li	sted above)
1	Total pages Schedule F1:	2 FILER	NAME						3	Filer ID		(Ethics Cor	nmission Filers)
	Sch: 9/10 Rpt: 24/33	Jones	s, Jolanda (T	he Honorab	ole)					00086	167		
4	Date	5 Payee	name						_				
	11/22/2024	Texas	House Der	mocratic Cau	ucus								
6	Amount (\$)	7 Payee	address;	City;	State;	Zip Co	de						
	\$1,500.00	РО В	ox 12453										
		Austir	n, TX 78711										
8	PURPOSE	(a) Catego	ory (See Categ	ories listed at the t	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE			nations Mad	•			Check if travel					T.
		Candi	idate/Officer	nolder/Politic	cal Commi	ittee		Check if Austir Dues	1, TX,	officeholde	er living	g expense	
								Dues					
9	Complete ONLY if direct	Candida	ate/Officehold	er name		Office sou	aht			Off	ice he	ald.	
_	expenditure to benefit C/OI		ate/Officeriold			mee sou	9111			Oil			
	Date	Payee	name										
	11/07/2024	Texas	House Der	nocratic Cau	ucus								
	Amount (\$)	Payee	address;	City;	State;	Zip Co	de						
	\$1,000.00	PO B	ox 12453										
		Austir	n, TX 78711										
	PURPOSE	(a) Catego	ory (See Categ	ories listed at the t	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE			nations Mad				Check if travel					T.
		Candi	date/Officer	nolder/Politic	ai Commi	ittee		Check if Austir Dues	1, 17,	, onicenoide	ar iiviriç	j expense	
								Duoo					
	Complete ONLY if direct	<u>I</u> Candida	ate/Officehold	er name	0	Office sou	ght			Off	ice he	eld	
	expenditure to benefit C/OI	H											
	Date	Payee	name										
	10/28/2024	Uber											
	Amount (\$)	Payee	address;	City;	State;	Zip Co	de						
	\$4.49	1455	Market St #	400									
		San F	rancisco, C	A 94103									
	PURPOSE	(a) Catego	ory (See Categ	ories listed at the t	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE			μuipment An	d Related	l		Check if travel				•	T.
		Exper	ıse					Check if Austir	1, IX,	officenoide	ar living	g expense	
	Complete ONLY if direct	L Candida	ate/Officehold	er name	0	Office sou	ght			Off	ice he	eld	
	expenditure to benefit C/O			-	_		J						
_													

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					ges/Contract Labor	Travel Out o OTHER (ent	f District er a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 25/33		Jones, Jolanda (The Hor	orable)			0008616	57
4	Date	5	Payee name					
	11/27/2024		Valvoline Instant Oil Cha	nge				
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е		
	\$131.15		3404 S. Shepherd					
			Houston, TX 77098					
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sched	dule) (I	b) Description		
	OF EXPENDITURE		Transportation Equipmer		34.0)	Check if travel		Complete Schedule T.
	EXPENDITORE		Expense			_	n, TX, officeholder I	iving expense
						Maintenance		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Of	fice sough	nt	Office	e held
	expenditure to benefit C/O	Н						

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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above))	
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	1E			3 F	iler ID	(Ethics Commission F	ilers)
	Sch: 1/8 Rpt: 26/33	Jones, Jol	anda (The Honorable)				000861	67	
4	Date	5 Payee nam	e						
	12/04/2024	1	Hilton - DC - Twigs						
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode				
	\$44.50	1919 Con	necticut Ave Nw,						
	Reimbursement from								
	X political contributions intended	Washingto	on, DC 20009						
8	PURPOSE OF	(a) Category	See Categories listed at the top of this scl	nedule)	(b) Description	=		outside of Texas. Complete So	
	EXPENDITURE	Food/Beve	erage Expense		L	Che	eck if Austin	ı, TX, officeholder living expens	e
					NBCSL - meal				
9	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought			Office held	
	C/OH								
	Date	Doves nom	•						
	12/02/2024	Payee nam Hilton - D0							
				. 7in C	- 4 -				
	Amount (\$) \$22.30	Payee address; City; State; Zip Code 1919 Connecticut Ave Nw,							
		1919 COLL	recticut Ave NW,						
	Reimbursement from political contributions		B 0 00000						
	intended	Washingto	on, DC 20009						
	PURPOSE OF		See Categories listed at the top of this scl	nedule)	Description	=		outside of Texas. Complete Son, TX, officeholder living expens	
	EXPENDITURE	Food/Beve	erage Expense		L		CK II AUSUII	i, 17, unicendider living expens	C
					NBCSL - meal				
	Complete ONLY if direct	Condidate/Office	ahaldar nama		Office sought			Office hold	
	Complete ONLY if direct expenditure to benefit	Candidate/Onic	enoluel name		Office sought			Office held	
	C/OH								
	Date	Payee nam	e						
	12/01/2024	Hilton - DO							
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode				
	\$22.30	1919 Con	necticut Ave Nw,						
	Reimbursement from								
	X political contributions intended	Washingto	on, DC 20009						
	PURPOSE OF	Category	See Categories listed at the top of this scl	nedule)	Description	=		outside of Texas. Complete So	
	EXPENDITURE	Food/Beve	erage Expense		L L	Che	ck if Austin	ı, TX, officeholder living expens	е
					NBCSL - meal				
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought			Office held	
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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)

			The Instruction Guide explains how to c	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME		3 Filer ID	(Ethics Commission F	ilers)
	Sch: 2/8 Rpt: 27/33		Jones, Jolanda (The Honorable)		000861	67	
4	Date	5	Payee name				
	12/02/2024		Hilton - DC				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$27.70		1919 Connecticut Ave Nw,				
	Reimbursement from political contributions intended		Washington, DC 20009				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel	outside of Texas. Complete Sci	hedule T.
	OF EXPENDITURE		Food/Beverage Expense		Check if Austin	n, TX, officeholder living expense	е
				NBCSL - meal			
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name	Office sought		Office held	
	Date		Payee name				
	12/02/2024		Hilton - DC				
	Amount (\$)	H	Payee address; City; State; Zip C	ode			
	\$37.95		1919 Connecticut Ave Nw,				
	Reimbursement from						
	X political contributions intended		Washington, DC 20009				
	PURPOSE	Г	Category (See Categories listed at the top of this schedule)	Description	Check if travel	outside of Texas. Complete Sci	hedule T.
	OF EXPENDITURE		Food/Beverage Expense		Check if Austin	n, TX, officeholder living expense	е
				NBCSL - meal			
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought		Office held	
	C/OH						
	Date		Payee name				
	12/07/2024		Hilton - DC				
	Amount (\$)	H	Payee address; City; State; Zip C	ode			
	\$921.81		1919 Connecticut Ave Nw,				
	Reimbursement from						
	X political contributions intended		Washington, DC 20009				
	PURPOSE	Г	Category (See Categories listed at the top of this schedule)	Description	Check if travel	outside of Texas. Complete Sci	hedule T.
	OF EXPENDITURE		Travel Out of District		Check if Austin	n, TX, officeholder living expense	е
				Lodging - NBCS	SL conference	е	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name	Office sought		Office held	

SCHEDULE G

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 The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transporta Travel in D Travel Out			
		<u> </u>	S HOW to CC	ompiete tins form.	_					
1	Total pages Schedule G: Sch: 3/8 Rpt: 28/33	2 FILER N Jones,	IAME Jolanda (The Honorable)			ı	Filer ID 000861	(Ethics Commission Filers) 67		
4	Date	5 Payee n	ame							
	11/02/2024	IStorag								
6	Amount (\$)	7 Payee a	ddress; City; Stat	e; Zip Co	ode					
	\$140.00	5503 A	lmeda Road							
	Reimbursement from political contributions intended	Housto	n, TX 77004							
8	PURPOSE	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description	Ch	eck if travel	l outside of Texas. Complete Schedule	T.	
	OF EXPENDITURE	Office (Overhead/Rental Expense			Ch	eck if Austir	n, TX, officeholder living expense		
	LAFENDITORE	EXPENDITURE			Storage					
9	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office souce					ought Office held				
	Date	Payee n	ame							
	12/02/2024	IStorag								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$140.00	5503 Almeda Road								
	Reimbursement from political contributions intended Houston, TX 77004									
	PURPOSE	Categor	Y (See Categories listed at the top of this s	chedule)	Description [Ch	eck if travel	l outside of Texas. Complete Schedule	T.	
	OF EXPENDITURE	Office (Overhead/Rental Expense		Storage	Ch	eck if Austir	n, TX, officeholder living expense		
_	Complete ONLY if direct	Candidato/C	fficabolder name		Office sought			Office held		
	expenditure to benefit C/OH	Candidate/C	incenduel name		Office Sought			Office field		
	Date	Payee n	ame							
	12/07/2024	Lyft								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8.56	1455 Market St #400								
	Reimbursement from political contributions intended	San Fra	ancisco, CA 94107							
	PURPOSE	Categor	y (See Categories listed at the top of this s	chedule)	Description	Ch	eck if travel	l outside of Texas. Complete Schedule	T.	
	OF EXPENDITURE		ortation Equipment And Relate	ed		Ch	eck if Austir	n, TX, officeholder living expense		
		Expens	se		Transportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/C	fficeholder name		Office sought			Office held		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services	Office O Polling E e Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide ex	cplains how to c	complete this form.				
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 4/8 Rpt: 29/33		Jones, Jolanda (The Honorable)			00086167			
4	Date	5	Payee name						
12/08/2024 National Black Caucus of State Legislatures									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code								
	\$200.00		444 North Capitol Street, NW, St	uite 622					
	Reimbursement from political contributions intended		Washington, DC 20001						
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
Ü	OF	اس	Contributions/Donations Made B		(b) Description	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Candidate/Officeholder/Political	•	Donation	_			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	Date		Payee name						
	12/17/2024		Shipley Do-Nuts						
Amount (\$)			Payee address; City; State; Zip Code						
\$7.38			6655 Ardmore						
	Reimbursement from								
	X political contributions intended		Houston, TX 77021						
	PURPOSE		Category (See Categories listed at the top o	f this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense			
					Staff meal				
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought	Office held			
	C/OH								
	Date		Payee name						
	12/01/2024		Uber						
	Amount (\$)	\vdash	Payee address; City;	State: Zip C	code				
	\$3.50		1455 Market St #400	, ,					
	Reimbursement from								
	X political contributions intended		San Francisco, CA 94103		<u> </u>				
	PURPOSE OF		Category (See Categories listed at the top o		Description	Check if Avetin TV, officeholder living avenue.			
EXPENDITURE			Transportation Equipment And R Expense	Related	L	Check if Austin, TX, officeholder living expense			
					Transportation				
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH	Cai	Madate/Officeriolaer Harrie		Office Sought	Office field			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM	 E			3	Filer ID (Ethics Commission Filers)		
	Sch: 5/8 Rpt: 30/33	Jones, Jola	anda (The Honorable)				00086167		
4	Date	5 Payee name	<u> </u>						
	12/02/2024	Uber							
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip C	ode				
	\$17.94	1455 Mark	•						
	Reimbursement from political contributions intended	San Franci	sco, CA 94103						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this s	chedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Transporta Expense	tion Equipment And Relate	ed	Transportation	Che	eck if Austin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	12/04/2024	Uber							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip C	ode				
	\$12.64	1455 Market St #400							
	Reimbursement from political contributions intended	San Franci	sco, CA 94103						
	PURPOSE OF	Category (S	See Categories listed at the top of this s	chedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transporta Expense	tion Equipment And Relate	ed	Transportation	Che	eck if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	12/06/2024	Uber							
	Amount (\$)	Payee addre	•	e; Zip C	ode				
	\$12.95	1455 Mark	et St #400						
	X Reimbursement from political contributions intended	San Franci	sco, CA 94103						
	PURPOSE OF	1	See Categories listed at the top of this s	•	Description	_	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transporta Expense	tion Equipment And Relate	ed	Transportation	Cn	eck if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Labor		Transpor Travel in Travel O	on/Fundraising Expense tation Equipment & Related Expense District ut of District (enter a category not listed above)			
	Cledit Card Payment	The Ins	truction Guide explains	s how to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 6/8 Rpt: 31/33	Jones, Jolanda (Th	ie Honorable)			00086	167		
4	Date	5 Payee name				•			
	12/06/2024	Uber							
6	Amount (\$)	7 Payee address; (City; State	e; Zip Co	nde				
•	\$12.82	1455 Market St #4		s, <u>-</u> .p oc					
	Reimbursement from political contributions intended	San Francisco, CA							
_					(h) Description [Chook if trov	val autoida of Tayan Complete Schodule T		
8	PURPOSE OF	(a) Category (See Categor			(b) Description	₫	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
	EXPENDITURE	Transportation Equ Expense	iipmeni And Reiale	eu	Transportation				
9	Complete ONLY if direct	andidate/Officeholder n	ame		Office sought		Office held		
	expenditure to benefit C/OH	andidate/Officerolder III	ame		Office Sought		Office field		
	Date	Payee name							
	12/05/2024	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$32.41	1455 Market St #400							
	Reimbursement from								
political contributions intended San Francisco, CA 94103									
	PURPOSE OF	Category (See Categor	ies listed at the top of this sc	hedule)	Description	≓	rel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transportation Equ Expense	iipment And Relate	ed	L Transportation	Check if Aus	tin, TX, officeholder living expense		
	Complete ONLY if direct	andidate/Officeholder n			Office sought		Office held		
	expenditure to benefit C/OH	andidate/Officeriolder na	ame		Office Sought		Office field		
	Date	Payee name							
	12/05/2024	Uber							
	Amount (\$)	Payee address; (City; State	e; Zip Co	ode				
	\$20.54	1455 Market St #400							
	Reimbursement from								
	political contributions intended	San Francisco, CA	94103						
	PURPOSE OF		ies listed at the top of this sc		Description	_	rel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transportation Equ	ipment And Relate	ed	_ L	_ Check if Aus	stin, TX, officeholder living expense		
		Expense			Transportation				
	Complete ONLY if direct	andidate/Officeholder n	ame		Office cought		Office held		
	expenditure to benefit C/OH	andidate/Officeffolder fi	анс		Office sought		Office field		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		 Gift/Awards/Memo 	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction	n Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 32/33	Jones, Jolanda (The Ho	norable)		00086167
4	Date	5 Payee name			1
	12/07/2024	Uber			
6	Amount (\$)	7 Payee address; City;	State; Zip	Code	
	\$5.00	1455 Market St #400			
	Reimbursement from				
	X political contributions intended	San Francisco, CA 9410	3		
8	PURPOSE OF	(a) Category (See Categories listed		(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment Expense	nt And Related	L	Check if Austin, TX, officeholder living expense
		Ехрепас		Transportation	
_	Complete ONLY if direct	Condidate/Officeholder name		Office sought	Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
L	C/OH				
	Date	Payee name			
	12/07/2024	Uber			
	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$25.98	1455 Market St #400			
	Reimbursement from				
	X political contributions intended	San Francisco, CA 9410	3		
	PURPOSE	Category (See Categories listed	at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transportation Equipme	nt And Related		Check if Austin, TX, officeholder living expense
	_/	Expense		Transportation	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
	C/OH				
H	Date	Payee name			
	12/09/2024	Uber			
\vdash	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$9.39	1455 Market St #400	3.00.0,ip		
	Reimbursement from				
	x political contributions intended	San Francisco, CA 9410	3		
	PURPOSE	Category (See Categories listed	at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transportation Equipme	nt And Related		Check if Austin, TX, officeholder living expense
		Expense		Transportation	
	0 1: 0:::::::::::::::::::::::::::::::::]	0.5
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
L	C/OH				

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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 8/8 Rpt: 33/33 Jones, Jolanda (The Honorable) 00086167 Date Payee name 11/29/2024 **United Airlines** 6 Amount (\$) Payee address; City; State; Zip Code \$410.00 77 West Wacker Drive Reimbursement from political contributions Х intended Chicago, IL 60601 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Airfare - to attend NBSL conference in Washington, DC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2024 **United Airlines** Amount (\$) Payee address; City; State; Zip Code \$190.00 77 West Wacker Drive Reimbursement from political contributions Χ Chicago, IL 60601 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Airfare - NBSL conterence in Washington, DC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH