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) 00082446 36 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable DaSean A. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Jones CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2450 Louisiana Street, Suite 400, Box 506 MAILING Receipt # Amount **ADDRESS** Box 506 Houston, TX 77006 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Suzette NAME NICKNAME LAST **SUFFIX** Roberts **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2730 Holly Hall St. **ADDRESS** Unit I (Residence or Business) Houston, TX 77054 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 701-8141 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

Supreme Court Justice Place 2

11 OFFICE

OFFICE HELD (if any)

District Judge District 180 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Jones, DaSean A. (T	ne Honorable)	14 Filer ID 00082446	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made we did officeholders are required to report this info	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	IAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	- LOANS)	\$ 3,403.65
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 25,290.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 44,752.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			r penalty of perjury, that the acc ludes all information required t Code.	
		The	Honorable DaSean A. Jon	es
		Sign	ature of Candidate or Officehol	der
AFFIX NOT	TARY STAMP / SEAL AB	DVE		
		aid		day
		ertify which, witness my hand and seal of off		
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

				JVER SHE	3 of 36
l	ER NAM	ME Sean A. (The Honorable)	19 Filer ID 00082446	(Ethics Commis	ssion Filers)
l	HEDULI ME OF	SUBTOTA	AL AMOUNT		
1.	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				3,403.65
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	21,807.20
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,483.64
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 IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/36
2	FILER NAME Jones, DaSe	ean A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082446
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/24/2024 Adam, Tom 6 Contributor address; City; State; Zip Code Austin, TX 78731		7 Amount of Contribution (\$) \$5.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	
•	Not Employe	·		Not Employed	
10		employer/law firm		11 Law firm of contributor's sp	ouse (if any)
12		s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	1	Amount of Contribution (\$)
	10/31/2024	Brameus, C. Henrik Contributor address; City; S Bow, WA 98232	<u> </u>		\$1.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>
	Solution Arc			Solution Arcitect	
	Contributor's of Salesforce	employer/law firm		Law firm of contributor's sp	ouse (if any)
		s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/30/2024	Brameus, C. Henrik Contributor address; City; S Bow, WA 98232	tate; Zip Code		\$1.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Solution Arc	itect		Solution Arcitect	
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)
	Salesforce				
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/02/2024	Full name of contributor Britton, MaryContributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5.55
		Chicago, IL 60625				
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Standardize			Standardized Patient		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if anv)
	U of Illinois	,				(1, 7)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/01/2024	Bush, Christopher Contributor address; City; Gautier, MS 39553	State; Zip Code			\$500.00
_	Cantuila utaula I			Cantuibutania Jab Titla		
	Financial Ad	Principal Occupation		Contributor's Job Title Financial Advisor		
_		employer/law firm				and (if any)
	Duo Wealth	• •		Law firm of contributor's sp)Ou:	se (ii diiy)
			f any)			
	ii contributor is	s a child, law firm of parent(s) (i	i arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/07/2024	Butler, Rontaye	–			\$100.00
		Contributor address; City; Houston, TX 77004	State; Zip Code		•	
\vdash	Contributor's	Principal Occupation		Contributor's Job Title	_	
	Artist	morpai Occupation		Artist		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if anv)
	San Jacinto					
		s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 10/28/2024	5 Full name of contributor Candland, Ryan6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$1.00
		Salt Lake City, UT 84109)			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	-	
	Patent Attorr	пеу		Patent Attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	AJ Park					
12	2 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 (\$)
	10/27/2024	Carrell, Heidi Contributor address; City; S Medford, MA 02155	State; Zip Code			\$11.11
_	Cantuila utaula I			Cantuibutaula Jab Titla		
	Research De	Principal Occupation		Contributor's Job Title Research Development		
		employer/law firm		Law firm of contributor's sp		co (if any)
		sity School of Engineering		Law IIIII of Continuator's Sp	Jous	se (II ally)
_		s a child, law firm of parent(s) (if	anyl			
	ii contributor i.	s a criliu, law lilili or pareril(3) (ii	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/05/2024	Carter, Thomas				\$1,000.00
		Contributor address; City; S	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	1	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Carter Law F	-irm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/20 Rpt: 7/36
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Jones, DaS	ean A. (The Honorable)			00082446
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	11/26/2024	Coulson, Sarah			\$3.12
		6 Contributor address; City;	State; Zip Code		
		Chicago, IL 60626			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Actuary			Actuary	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	BCBSIL				
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/29/2024	Crawford, Marshall	_		\$2.50
		Contributor address; City;	State; Zip Code		"
		Hot Springs, NC 28743			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Merchant			Merchant	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Earth Guild				
	If contributor	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/28/2024	DeConde, Lauren			\$22.22
		Contributor address; City;	State: Zip Code		··
		, , , , , , , , , , , , , , , , , , , ,	э, шр тэхэ		
		Kapolei, HI 96707			
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	Not Employe			Not Employed	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Not Employe				, , , , , , , , , , , , , , , , , , , ,
		s a child, law firm of parent(s) (if anv)		
		(-) (-)	,,		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/20 Rpt: 8/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	nes, DaSean A. (The Honorable)			00082446	
4	Date 11/10/2024	5 Full name of contributor Depeyrot, Thierry6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$3.12
		Menlo Park, CA 94025				
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title		
	Consultant			Consultant		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Bain & comp					
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	10/27/2024	Edmunds, Adam Contributor address; City; S DREXEL HILL, PA 19020				\$2.22
_	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	psychologica			psychological counselo	r	
		employer/law firm		Law firm of contributor's sp		se (if any)
	haverford co			Law min or contributor 5 of	Jou	se (ii diiy)
_		s a child, law firm of parent(s) (if	any)			
	ii continuator i	o a orma, law mm or parent(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/27/2024	Felper, Andrew	–			\$2.78
		Contributor address; City; S Worcester, MA 01606	State; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Nonprofit			Nonprofit		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	CLA					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	lones, DaSean A. (The Honorable)			00082446	
4	Date 11/03/2024	5 Full name of contributor Garg, Kumar6 Contributor address; City; \$	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$11.11
		Washington, DC 20008				
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
	Managing D			Managing Director		
10		employer/law firm		11 Law firm of contributor's sp	าดน	se (if any)
	Schmidt Fut				, ,	(i. di.))
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/29/2024	Genzel, Mariya Contributor address; City; 9 Mountain View, CA 9404			-	\$31.25
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Not Employe			Not Employed		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Not Employe			Law iiiiii oi continuttoi 3 3	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (if	anul			
	ii contributor i	s a crima, law iiriri or parcria(3) (ii	uny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/02/2024	Girardot, James	<u> </u>	,		\$2.78
		Contributor address; City; S	State; Zip Code		•	
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title		
	Manager			Manager		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Loveland Te					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/04/2024	5 Full name of contributor Grant, Jeff6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$20.00
		Burien, WA 98166				
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Not Employe			Not Employed		
10		employer/law firm		11 Law firm of contributor's sp	ากเเร	se (if any)
"	Not Employe			22 Eaw mm or contributor 5 of	Jour	o (ii aiiy)
12		s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/23/2024	Grice sr, Tyrice Contributor address; City; Houston, TX 77055	State; Zip Code			\$100.00
	0			I a		
		Principal Occupation		Contributor's Job Title		
	Not Employe			Not Employed		
		employer/law firm		Law firm of contributor's sp	oous	e (If any)
	Not Employe		·			
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	10/27/2024	Hirtz, Frank	_			\$11.11
		Contributor address; City; CENTREVILLE, VA 201				
\vdash	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Technical Ad	ccount Manager		Technical Account Man	age	er
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Red Hat	•				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ones, DaSean A. (The Honorable)			00082446	
4	Date 11/25/2024	Full name of contributor Hogan, LauraContributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$3.12
		Jackson Heights, NY 11	372			
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Lawyer			Lawyer		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		Court System			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i. di.y)
12		s a child, law firm of parent(s) (if	fany)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/24/2024	Holland, Joshua Contributor address; City; Kingston, NY 12401	State; Zip Code			\$3.12
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Not employe			Not employed		
		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	Not employe			Law littl of contributors sp	Jous	se (II aliy)
		s a child, law firm of parent(s) (if	· anu)			
	ii contributor i	s a criliu, iaw iiriri or pareriu(s) (ii	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	10/27/2024	Komperda, Linda	out or otation into (is into			\$4.63
		Contributor address; City; Boerne, TX 78006	State; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Director			Director		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	NBCUnivers					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/05/2024	5 Full name of contributor Lauderman, David6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5.00
		Round Rock, TX 78681				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Scheduler			Scheduler		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		exas Telecommunications				
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/28/2024	Layne, Joslyn Contributor address; City; Austin, TX 78701	State; Zip Code			\$10.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Computer in			Computer industry		
-	· · · · · · · · · · · · · · · · · · ·	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Cloudflare					
	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 (\$)
	11/03/2024	Lemming, Crystal				\$6.25
		Contributor address; City; Sedalia, CO 80135	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Director, Ted	chnology		Director, Technology		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Camping Wo	orld				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	es, DaSean A. (The Honorable)			00082446	
4	Date 10/28/2024	5 Full name of contributor Lemming, Michael6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$6.25
		Sedalia, CO 80135				
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title		
	Director, Ted			Director, Technology		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
	Camping Wo					(,)
12		s a child, law firm of parent(s) (i	f any)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/02/2024	Lemmond, byron Contributor address; City; Katy, TX 77449-7504	State; Zip Code			\$7.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Not Employe			Not Employed		
		employer/law firm		Law firm of contributor's sp	חחופ	e (if any)
	Not Employe			Law min or continuator of op	Jouc	o (ii diiy)
-		s a child, law firm of parent(s) (i	f any)			
	ii dontination ii	o a orma, taw iiiii or parorit(o) (i				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/02/2024	Mauger, Joel	_	·		\$6.00
		Contributor address; City; Raleigh, NC 27604	State; Zip Code			
H	Contributor's F	Principal Occupation		Contributor's Job Title		
		nation Technician		Health Information Tech	nnic	ian
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	NCSU CVM	•				
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL C	SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/36
2	FILER NAME Jones, DaSe	ean A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082446
4	Date 11/03/2024	 Full name of contributor McAllister, Katherine Contributor address; City; St 	out-of-state PAC (ID#:_ ate; Zip Code)	7 Amount of Contribution (\$) \$10.00
		Stamford, CT 06905			
8		Principal Occupation		9 Contributor's Job Title	
40	Lawyer			Lawyer	Ct and
10	Day Pitney L	employer/law firm .LP		11 Law firm of contributor's sp	louse (If any)
12	If contributor i	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/02/2024 Milbauer, Marvin Contributor address; City; State; Zip Code New York, NY 10010			\$5.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	
			Not Employed		
Contributor's employer/law firm				Law firm of contributor's sp	ouse (if any)
Not Employed					
	If contributor i	s a child, law firm of parent(s) (if a	ny)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/27/2024 Mosher, Keith Contributor address; City; State; Zip Code			\$11.11		
	Contributor's I	Ypsilanti, MI 48197		Contributor's Job Title	
·			Software Engineer		
			Law firm of contributor's sp	ouse (if any)	
Pulumi Law IIIII of Contract Pulumi				, , ,	
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/36		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/25/2024	Full name of contributor Murphy, PatriciaContributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1.00
		Seattle, WA 98103				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Manager			Manager		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
	Starbucks					
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/30/2024	Nair, Rashmi Contributor address; City;	State; Zip Code			\$27.78
		Lexington, KY 40513				
	Contributor's Principal Occupation Contributor's Job Title					
	Physician Physician					
	Contributor's employer/law firm Law firm of contributor's : UK			Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/02/2024	Peters, Allen	— **** ***** * ()			\$3.00
	Contributor address; City; State; Zip Code El Segundo, CA 90245					
	Contributor's F	Principal Occupation		Contributor's Job Title		
	M.D.			M.D.		
	Contributor's employer/law firm Law firm of contributor's s			oous	e (if any)	
	self	, ,				, ,,
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/36		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 10/29/2024	5 Full name of contributor Pineda, Angela6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$10.00
		carrollton, TX 75007				
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
	Director			Director		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	าดนร	se (if any)
	Cinemark					
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/02/2024	Pinkerton, Heidi Contributor address; City; San Antonio, TX 78223	State; Zip Code		-	\$6.67
_	Contributor's I			Contributor's Job Title		
	Contributor's Principal Occupation Contributor's Job Title Speech Pathologist Speech Pathologist					
					2011	co (if any)
Contributor's employer/law firm Brighton Center Law firm of contributor's spouse				se (ii ariy)		
			f any)			
	ii contributor i	s a child, law firm of parent(s) (i	i arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/02/2024	Quick, Holly	.			\$3.33
		Contributor address; City; Nashville, TN 37204	State; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Not Employe			Not Employed		
				Law firm of contributor's sp	oous	se (if any)
Not Employed						
	If contributor is	s a child, law firm of parent(s) (if	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 14/20 Rpt: 17/36
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/03/2024	Full name of contributor Ray, Linda CContributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		WASHINGTON, DC 200	09-1889			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_	
	Attorney Adv	visor		Attorney Advisor		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
		nmunications Commission				
12	If contributor is	s a child, law firm of parent(s) (if	any)	ı		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/29/2024	Robertson, Terrence Contributor address; City; S Houston, TX 77028	State; Zip Code			\$24.00
	Contributor's I			Contributor's Job Title	_	
	Contributor's Principal Occupation Contributor's Job Title Medical Device Rep Medical Device Rep					
_				Law firm of contributor's sp	2011	co (if any)
	Stryker	employer/iaw iiimi		Law IIIII of Continuator 3 3	Jous	se (ii ariy)
		s a shild law firm of parant(s) (if	(any)			
	ii contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/24/2024	Robinson, Michael				\$3.12
		Contributor address; City; Baltimore, MD 21218	State; Zip Code			
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title		
	Systems Engineer Systems Engineer					
		employer/law firm		Law firm of contributor's sp	ous	se (if anv)
	AURA					(* 3.9)
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL CO	ONTRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	o complete this form.	1 Total pages Schedule A(J)1: Sch: 15/20 Rpt: 18/36
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)		00082446
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of Contribution (\$)
	11/02/2024	Schlichting, Fred		\$9.17
		6 Contributor address; City; State	; Zip Code	
		Moraga, CA 94556		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	No employe	r	No employer	
10	Contributor's	employer/law firm	11 Law firm of contributo	r's spouse (if any)
	No employe	ſ		
12	! If contributor i	s a child, law firm of parent(s) (if any		
	Date	Full name of contributor	out-of-state PAC (ID#:) Amount of Contribution (\$)
	10/27/2024	Setterholm, Kirsten		\$5.55
		Contributor address; City; State	; Zip Code	
		Berkeley, CA 94703		
		Principal Occupation	Contributor's Job Title	
	Not Employe	ed	Not Employed	
		employer/law firm	Law firm of contributo	r's spouse (if any)
	Not Employe	ed		
	If contributor i	s a child, law firm of parent(s) (if any		
	Date	Full name of contributor	out-of-state PAC (ID#:	_) Amount of Contribution (\$)
	10/29/2024	Spain, Diana		\$12.50
		Contributor address; City; State	; Zip Code	
		Austin, TX 78751		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Not Employe	ed	Not Employed	
		employer/law firm	Law firm of contributo	r's spouse (if any)
	Not Employe	ed		
	If contributor i	s a child, law firm of parent(s) (if any		
\vdash				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/36		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 11/29/2024	5 Full name of contributor Spain, Diana6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$12.50
		Austin, TX 78751				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Not Employe	ed		Not Employed		
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Not Employe					
12	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/03/2024 Thomason, Heidi Contributor address; City; State; Zip Code					\$30.00
_	Cantuila utaula I	San Antonio, TX 78248		Cantuibutania Jab Titla		
	Contributor's Principal Occupation Contributor's Job Title					
	Not Employed Not Employed				and the sun of	
Contributor's employer/law firm Law firm of contributor's spouse (if				se (ii ariy)		
	Not Employe		· anul			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/29/2024	Vaidya, Rajesh	—			\$3.12
		Contributor address; City; San Jose, CA 95131	State; Zip Code		•	
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title	_	
	None	, ,		None		
	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)	
	None					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/36
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)			00082446
4	Date 11/29/2024	5 Full name of contributor Vaidya, Rajesh	out-of-state PAC (ID#	:)	7 Amount of Contribution (\$) \$3.12
		6 Contributor address; City;	State; Zip Code		
		San Jose, CA 95131			
8	Contributor's I None	Principal Occupation		9 Contributor's Job Title None	
10	Ocontributor's of None	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	2 If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>	
H	Date	Full name of contributor	out-of-state PAC (ID#	·)	Amount of Contribution (\$)
	10/28/2024	Wager, James	out or state 1710 (IB#		\$100.00
	20/20/202	Contributor address; City;	State: Zin Code		
		Philadelphia, PA 19147			
	Contributor's I	Principal Occupation		Contributor's Job Title	
Psychologist Psychologist		Psychologist			
Contributor's employer/law firm Law firm of contributions SDP		Law firm of contributor's s	spouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)	.1	
-	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	10/31/2024	Wagman, Marcy	–		\$2.22
			State: Zip Code		
		, , , , , , , , , , , , , , , , , , ,	,		
		El Paso, TX 79912			
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	Not Employed Not Employed				
Contributor's employer/law firm Law firm of contributor's		spouse (if any)			
	Not Employe	ed			
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/36	
2	FILER NAME				3 Filer ID (Ethics Commission Filers) 00082446
_		ean A. (The Honorable)			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	11/22/2024	Walter, Tyrone			\$10.00
		6 Contributor address; City;	State; Zip Code		
		Houston, TX 77014			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Instructor			Instructor	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	The Center	for Pursuit			
12	If contributor i	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/01/2024	Wells, Joe			\$1,000.00
		Contributor address; City;	State; Zip Code		"
		Missouri City, TX 77459)		
	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Joe David W				
	If contributor i	s a child, law firm of parent(s) (if anv)		
			, ,		
-	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	10/28/2024	Wooding, Niky	out or state 1710 (IBII.		\$100.00
		Contributor address; City;	State: 7in Code		
		Contributor address, Only,	otato, zip oddo		
		Austin, TX 78717			
	Contributor's	Principal Occupation		Contributor's Job Title	
				Attorney	
	Contributor's employer/law firm Law firm of contributor's s				spouse (if any)
	eBay Inc.				(··//
	-	s a child, law firm of parent(s) (if anv)		
	Jonanous.	o a oa, .a.v o. pa. o(o) (
l					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/36			
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Jones, DaSe	ean A. (The Honorable)				00082446	
4	Date 11/11/2024	Full name of contributorWright, DavidContributor address; City; \$	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$10.00	
		Portland, OR 97212					
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title	_		
	Not Employe			Not Employed			
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
	Not Employe						
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/11/2024 Wright, David Contributor address; City; State; Zip Code					\$10.00	
	0	Portland, OR 97212		Contaile de de Tale Tide			
	Contributor's Principal Occupation Contributor's Job Title						
	Not Employed Not Employed						
Contributor's employer/law firm Law firm of contributor's spouse (if any)					se (IT any)		
	Not Employe						
	if contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	10/27/2024	carren, rachel	_			\$21.11	
	Contributor address; City; State; Zip Code Chevy Chase, MD 20815		•				
	Contributor's I	Principal Occupation		Contributor's Job Title	_		
	arts			arts			
				Law firm of contributor's sp	oous	se (if any)	
	n/a						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	1 Total pages Schedule A(J)1: Sch: 20/20 Rpt: 23/36	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Jones, DaS	ean A. (The Honorable)		00082446
4	Date 10/29/2024	Full name of contributor	tate PAC (ID#:) de	7 Amount of Contribution (\$) \$20.00
		Austin, TX 78731		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	No employe	r	No employer	
10	Contributor's No employe	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	t it contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of Contribution (\$)
	10/27/2024	york, aaron		\$11.11
		Contributor address; City; State; Zip Co	de	
		Contributor address, City, State, Zip Co.	ue	
		north hampington VT 05257		
	0	north bennington, VT 05257		
		Principal Occupation	Contributor's Job Title	
	psychiatrist		psychiatrist	
		employer/law firm	Law firm of contributor's s	pouse (if any)
		of veterans affairs		
	If contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 24/36	Jones, DaSean A. (The Honorable)		00082446
4	Date	5 Payee name		
	10/28/2024	CHAT GPT		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$21.28	575 FLORIDA ST SAN FRANCISCO, CA 941:	10	
		SAN FRANCISCO, CA 94110		
8	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
				Technology
_	Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held
9	expenditure to benefit C/OI		agnı	Office field
	Data			
	Date	Payee name		
	11/26/2024	CHAT GPT		
	Amount (\$)	Payee address; City; State; Zip Co		
	\$21.28	575 FLORIDA ST SAN FRANCISCO, CA 941:	10	
		SAN FRANCISCO, CA 94110		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Technology
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/26/2024	CHAT GPT		
	Amount (\$)	Payee address; City; State; Zip Ci	ode	
	\$21.28	575 FLORIDA ST SAN FRANCISCO, CA 941.	10	
		SAN FRANCISCO, CA 94110		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	р		Check if Austin, TX, officeholder living expense
				Technology
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	experience to benefit 6/01	•		

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/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: 2/12 Rpt: 25/36	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	10/28/2024	FACEBOOK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.02	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
8	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
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/28/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.52	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
	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
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
L		MENLO PARK, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 1X, officeholder living expense Advertising
		, avoidanty
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	ll Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District 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: 3/12 Rpt: 26/36	Jones, DaSean A. (The Honorable)	00082446
4	Date	5 Payee name	
	10/28/2024	FACEBOOK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAFENDITORE		, TX, officeholder living expense
		Advertising	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
		·	
	Date	Payee name	
	10/28/2024	FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travertising Expense	outside of Texas. Complete Schedule T.
		Check if Austin Advertising	, TX, officeholder living expense
		Auvertising	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_	Data		
	Date 10/28/2024	Payee name FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Advertising	, 1A, officeriolaer living expense
		, averasing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		22
\vdash			

SCHEDULE F1

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

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

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1			rs)
	Sch: 4/12 Rpt: 27/36	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	
L	10/28/2024	FACEBOOK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Advertising	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPERIGITATE TO DETICITE C/OI		
	Date	Payee name	
	10/28/2024	FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Advertising	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	10/28/2024	FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Advertising	
	Complete ONII V if allow	Condidate/Officeholder page	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se		•		Wages	s/Contract Labor			el Out of Di ER (enter a	strict a category not list	ed above)
	·	_			struction G	uiae explai	ns now to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2								3			(Ethics Com	mission Filers)
_	Sch: 5/12 Rpt: 28/36	_	Jones, DaS		. (The Ho	onorable)					000	82446		
4	Date	5	Payee name											
	10/28/2024		FACEBOOL	<										
6	Amount (\$)	7	Payee addre	ss;	City;	Sta	ate; Zip Co	ode						
	\$900.00		1 HACKER	WAY	MENLO	PARK, CA	A 94025							
			MENLO PA	RK, C	A 94025									
8	PURPOSE	(a)	Category (Se	ee Caten	ories listed at	the top of this	schedule)	(b)	Description					
	OF		Advertising			01 0110				outsi	ide of T	exas. Com	plete Schedule T	-
	EXPENDITURE		3	•					Check if Austin	, TX	, officel	nolder livin	g expense	
									Advertising					
9	Complete ONLY if direct		Candidate/Offi	cehold	er name		Office sou	ught				Office h	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	10/29/2024		FACEBOOK	<										
	Amount (\$)	H	Payee addre	ss;	City;	Sta	ate; Zip Co	ode						
	\$900.00		1 HACKER	•	•		•	-						
	Ψ000.00		- I II CINEIN				. 5 1020							
			MENHODA		A 04005									
		L	MENLO PA	KK, C	A 94025									
	PURPOSE OF	(a)	Category (Se	ee Categ	ories listed at	the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Advertising	Exper	nse								nplete Schedule T	. .
	-								Check if Austin	i, ΓX,	, omceh	ıolaer livin	g expense	
									Advertising					
_	Operation Objects "	L	D = 11 1 1 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7				Otr.					Ott	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenold	er name		Office sou	ught				Office h	eid	
		_												
	Date		Payee name											
	10/29/2024		FACEBOOK	<										
	Amount (\$)		Payee addre	ss;	City;	Sta	ate; Zip Co	ode						
	\$2.08		1 HACKER	WAY	MENLO	PARK, CA	A 94025							
			MENLO PA	RK, C	A 94025									
	PURPOSE	(a)	Category (Se	aa Catoo	oriae lietod at	the top of this	schedulo)	(b)	Description					
	OF	` <i>`</i>	Advertising			are toh or mis	oonedul e)	 ` ′		outsi	ide of T	exas. Com	plete Schedule T	
	EXPENDITURE								Check if Austin	, TX	, officel	nolder living	g expense	
									Advertising					
	Complete ONLY if direct		Candidate/Offi	cehold	er name		Office sou	ught				Office h	eld	
	expenditure to benefit C/OI	Н												

SCHEDULE F1

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/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: 6/12 Rpt: 29/36	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	10/29/2024	FACEBOOK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Advertising
		Auvertionity
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
	Date 10/30/2024	Payee name FACEBOOK
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
	φ900.00	THACKER WAT MENEO FARK, CA 34020
		MENLO PARK, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		,g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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	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:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 7/12 Rpt: 30/36	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	
	10/30/2024	FACEBOOK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Advertising	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Experience to beliefft C/OI	··	
	Date	Payee name	
	10/30/2024	FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
	,	, and the second	
		MENLO PARK, CA 94025	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertising	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	10/31/2024	FACEBOOK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025	
		MENLO PARK, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Advertising	
	Commiste Chilly " "	Condidate/Officeholder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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 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: 8/12 Rpt: 31/36	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	10/31/2024	FACEBOOK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Advertising
9	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	10/31/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Auvertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
L	11/05/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 HACKER WAY MENLO PARK, CA 94025
		MENLO PARK, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
\vdash	Complete ONII V if allows a	Condidate/Officeholder name Office assists
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services		Vages	/Contract Labor		OTHER (enter a	strict i category not listed abo	ove)
L			The Instruction Guide expla	ins how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 9/12 Rpt: 32/36	Jones, Da	Sean A. (The Honorable)					00082446		
4	Date	5 Payee name	e							
	11/29/2024	FACEBOO								
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	nde					
	\$285.11	1 1	R WAY MENLO PARK, C		,					
l	4200.11	11,,,,,,,,,	t with mented is notice, of	101020						
l			ADI/ 04 04005							
L		MENLO P.	ARK, CA 94025							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Advertisin	g Expense			=			plete Schedule T.	
						Advertising	, 1,	officeholder living	g expense	
						Advertising				
Ļ	Operation ONE Wife disease	0	##	04:				O#: I-	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ignt			Office h	eld	
L										
	Date	Payee nam	е							
	10/31/2024	FROST BA	ANK							
	Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	de					
	\$5.00	PO BOX 1	315							
		HOUSTON	N, TX 77251							
┡	DUDDOCE				(1-)					
	PURPOSE OF	l	See Categories listed at the top of this	schedule)	(D)	Description	nutei	de of Teyes Com	nplete Schedule T.	
	EXPENDITURE	Accounting	g/Banking			_		officeholder living		
						Banking Fees				
┝	Complete ONLY if direct	L Candidate/Ot	fficeholder name	Office sou	aht			Office h	eld	
l	expenditure to benefit C/OI				5					
⊨	Doto									
	Date	Payee nam								
	11/29/2024	FROST BA								
	Amount (\$)	Payee addr		ate; Zip Co	ode					
	\$5.00	PO BOX 1	.315							
		HOUSTON	N, TX 77251							
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF	Accounting		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		-					officeholder living	g expense	
						Banking Fees	S			
L										
	Complete ONLY if direct		fficeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1								
ĺ										

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 33/36	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	12/31/2024	FROST BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	PO BOX 1315
		HOUSTON, TX 77251
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 Banking Fees
		Building 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payso nama
	11/06/2024	Payee name GRAY, TRINA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	229 W 25TH ST HOUSTON, TX 77008
		HOUSTON, TX 77008
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consult
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	11/12/2024	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.91	675 PONCE DE LEON AV NE SUITE 5000 ATLANTA, GA 30308
	Ψ140.91	073 TONGE DE LEON AV NE SOTTE 3000 ATEANTA, OA 30300
		ATLANTA, GA 30308
		To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
	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 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: 11/12 Rpt: 34/36	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	12/11/2024	MAILCHIMP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.91	675 PONCE DE LEON AV NE SUITE 5000 ATLANTA, GA 30308
		ATLANTA, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/04/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,241.89	655 15TH NW, SUITE 650 WASHINGTON, DC 20005
		WASHINGTON, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Technology
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Or	
	Date	Payee name
	12/27/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,304.00	655 15TH NW, SUITE 650 WASHINGTON, DC 20005
		WASHINGTON, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Technology
		recillology
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)
	Sch: 12/12 Rpt: 35/36		
4	Date	5 Payee name	
	11/15/2024	PDF FILLER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$103.92	17 STATION ST	
		BROOKLINE, MA 02445	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		Other	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Pourse name	
	11/04/2024	Payee name ROBERTS, SUZETTE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00		
		UNIT I	
		HOUSTON, TX 77054	
	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	
		Account	
		7.6556.13	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

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: 36/36 Jones, DaSean A. (The Honorable) 00082446 Date Payee name 11/04/2024 JONES, DASEAN Amount (\$) Payee address; City; State; Zip Code \$2,000.00 2450 LOUSIANA ST STE 400 BOX 506 Reimbursement from political contributions intended HOUSTON, TX 77006 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Loan Repayment/Reimbursement **EXPENDITURE** Reimbursement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2024 JONES, DASEAN Amount (\$) Payee address; City; State; Zip Code \$1,483.64 2450 LOUSIANA ST STE 400 BOX 506 Reimbursement from political contributions HOUSTON, TX 77006 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 Loan Repayment/Reimbursement **EXPENDITURE** Reimbursement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH