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 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable DaSean A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Jones CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE 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 ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 180th Harris Criminal District Court Judge District 180th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

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	vithout 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	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		ICAL CONTRIBUTIONS	ELOANS)	\$ 21,775.00
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF IZED POLITICAL EXPENDITURES	- LOANS)	\$ 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 16,029.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 48,045.26
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				
			penalty of perjury, that the acc ludes all information required t Code.	
		The	Honorable DaSean A. Jon	ies
		Signa	ature of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of off		
Signature of office	er administering oath	Printed name of officer administering of	oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 21
	ER NAM		19 Filer ID	(Ethics Commission Filers)
		Sean A. (The Honorable)	00082446	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 21,775.00
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 CONTRIBUTION:	S	\$ 14,599.13
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		\$ 1,430.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(
	The Instru	ction Guide explains how to complet	orm.	l .	otal pages Schedule A(J): Sch: 1/7 Rpt: 4/21	1:			
2	FILER NAME Jones, DaSe	ean A. (The Honorable)			l	iler ID (Ethics Commiss 0082446	ion Filers)		
4	Date 03/27/2025 5 Full name of contributor out-of-state PAC (ID#:) Baxt, Virginia 6 Contributor address; City; State; Zip Code Pagosa Springs, CO 81147		7 A	mount of Contribution (\$)	\$100.00				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
Ū	Educator	Timopai Godapaion		Educator					
10			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 ut-of-state	PAC (ID#:)	Α	mount of Contribution (\$)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Brown, Carlton Contributor address; City; State; Zip Code Houston, TX 77230			ν,	\$1,000.00				
	Contributor's F	I Principal Occupation		Contributor's Job Title					
	Attorney			Attorney					
		employer/law firm		Law firm of contributor's sp	ouse	(if anv)			
		of Carlton M. Brown				,			
	If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor out-of-state	PAC (ID#:_)	Α	mount of Contribution (\$)			
	02/28/2025	Brown, Charnee Contributor address; City; State; Zip Code Pearland, TX 77584					\$25.00		
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>				
	Sales			Sales					
Contributor's employer/law firm Law firm of contributor's s SIS			ouse	(if any)					
		s a child, law firm of parent(s) (if any)							

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/21
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 06/25/2025				Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77074				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Attorney					
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		ices of Wilvin J. Carter P.C.			Jour	(i a.i.j)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/24/2025 Fussnecker, Jerrod Contributor address; City; State; Zip Code			\$100.00		
		Columbia, SC 29206				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Collins and I	_acy				
	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 (\$)
	06/16/2025	Godine, Christopher				\$300.00
		Contributor address; City; S Houston, TX 77054	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Law Off	ice of Christopher D. Godine	, PLLC			
	If contributor is	s a child, law firm of parent(s) (if	any)	I .		

	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: 3/7 Rpt: 6/21
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 05/20/2025	5 Full name of contributor Gutierrez, Chase6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77027				
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Crude Oil Br			Crude Oil Broker		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
	Zava Holding					55 (dy)
12	! If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/15/2025 Harris, Tiffany Contributor address; City; State; Zip Code			\$50.00		
		Houston, TX 77009		T		
		Principal Occupation		Contributor's Job Title		
	Contractor			Contractor		
	Self	employer/law firm		Law firm of contributor's sp	oou	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/16/2025	Henderson, Chadrick				\$250.00
		Contributor address; City; Charlotte, NC 28206	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Brewer			Brewer		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	NoDa Brewi					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	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: 4/7 Rpt: 7/21
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 05/25/2025	5 Full name of contributor Horn, Joneska6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Houston, TX 77071				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_	
	Court coordi	nator		Court coordinator		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Harris Count					, ,,
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/29/2025	Jones, Christerpher Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77040		T - "		
		Principal Occupation		Contributor's Job Title		
	Broker			Broker		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Realty Group				
	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 (\$)
	02/28/2025	Julun, Ronald		·		\$100.00
		Contributor address; City; Houston, TX 77084	State; Zip Code		•	
┝	Contributor's F	rincipal Occupation		Contributor's Job Title	1	
	Team Lead	ттори оссиранот		Team Lead		
	Contributor's employer/law firm Law firm of contributor's s				חחופ	se (if any)
	LIS Gas & P			Law iiiii oi continutoi 3 3	Jou	se (ii diiy)
		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	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/21
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 06/30/2025	Full name of contributor Kherkher, SteveContributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77098				
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Kherkher Ga					7
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025 Macerola, Gianpaolo Contributor address; City; State; Zip Code			\$1,250.00		
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Gianpaolo Macerola				
	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 (\$)
	02/28/2025	McGowan, Leroy	_			\$100.00
		Contributor address; City; Houston, TX 77019	State; Zip Code		•	
\vdash	Contributor's	Principal Occupation		Contributor's Job Title		
	Executive Di			Executive Director		
_	Contributor's employer/law firm Law firm of contributor's s				าดน	se (if any)
	SecurityNex				, ,	(dy)
		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	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/21
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Jones, DaSe	ean A. (The Honorable)				00082446
4	Date 02/28/2025	5 Full name of contributor Milledge, Samuel6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Houston, TX 77003				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	The Milledge					
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/30/2025 Moore, Carl Contributor address; City; State; Zip Code			\$1,000.00		
		Houston, TX 77007				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Carl A. Moore, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/21/2025	Smith II, Scottie				\$50.00
		Contributor address; City; Dallas, TX 75215	State; Zip Code		•	
\vdash	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>	
	CEO	Thiopai Occupation		CEO		
		employer/law firm		Law firm of contributor's sp	2011	so (if any)
		eal Estate Holdings		Law littl of contributors sp	Jou	se (ii aiiy)
_		s a child, law firm of parent(s) (i	f any)			
		, , , , , , , , , , , , , , , , , , , ,	,,			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/21
2	FILER NAME	ean A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082446
4	05/25/2025 Stafford, James 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77002		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
		yser, Bromberg Law Firm		
12	it contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	05/27/2025 Tennant, George			\$1,000.00
		Contributor address; City; State; Zip Code		
		, , , , , , , , , , , , , , , , , , , ,		
		Pearland, TX 77584		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Self			
	If contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services ne Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/10 Rpt: 11/21	Jones, DaSea	ın A. (The Honorable)				00082446	
4	Date	5 Payee name							
	06/09/2025	BANKS, SEA	N						
6	Amount (\$)	7 Payee address;	City; S	State; Zip Co	ode				
	\$500.00	2321 STERLI	NG RD						
		FORT LAUDE	RDALE, FL 33301						
8	PURPOSE	(a) Category (See (Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Consulting Ex	pense					de of Texas. Com officeholder living	
						Consulting	, 17,	officerolder living	ехрепзе
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	<u>ı </u>			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	05/27/2025	CHAT GPT							
	Amount (\$)	Payee address;	City; S	State; Zip Co	ode				
	\$21.28	575 FLORIDA	ST						
		SAN FRANCI	SCO, CA 94110						
	PURPOSE OF		Categories listed at the top of th	is schedule)	(b)	Description		do of Toyloo Com	plata Cabadula T
	EXPENDITURE	Office Overhe	ad/Rental Expense			=		de of Texas. Com officeholder living	
						Technology			•
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/28/2025	CHAT GPT							
	Amount (\$)	Payee address;	City; S	State; Zip Co	ode				
	\$21.28	575 FLORIDA	ST						
		SAN FRANCI	SCO, CA 94110						
	PURPOSE	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhe	ad/Rental Expense			브		de of Texas. Com	•
						Check if Austin, Technology	, 1X,	officeholder living	expense
						. somology			
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/O				_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Dis OTHER (enter a	strict category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 2/10 Rpt: 12/21	Jones, DaSean A. (The Honorable)		00082446	
4	Date	5 Payee name			
	03/26/2025	CHAT GPT			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$21.28	575 FLORIDA ST			
		SAN FRANCISCO, CA 94110			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austin,	, TX,	officeholder living	expense
		Technology			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
		· 			
	Date	Payee name			
	02/26/2025	CHAT GPT			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.28	575 FLORIDA ST			
		SAN FRANCISCO, CA 94110			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overficad/Northal Expense			plete Schedule T.
		Technology	, 1,	officeholder living	expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	01/27/2025	CHAT GPT			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.28	575 FLORIDA ST			
		SAN FRANCISCO, CA 94110			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	· · · · · · · · · · · · · · · · · · ·	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austin,	, TX,	officeholder living	expense
		Technology			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	pondition to benefit 0/01				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 13/21	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	06/26/2025	CHAT GPT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	575 FLORIDA ST
		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.
		Check if Austin, TX, officeholder living expense Technology
		recritiology
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/12/2025	COOL, ADRIANNA
H	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	4201 MAIN ST
	,	
		HOUSTON, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography
		Thought,
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/09/2025	DOCHUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	17 STATION ST STE 3
		BROOKLINE, MA 02445
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Vertising 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/10 Rpt: 14/21	Jones, DaSean A. (The Honorable) 00082446	
4	Date	5 Payee name	_
	02/28/2025	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	01/31/2025	FROST BANK	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5.00	PO BOX 1315	
		HOUSTON, TX 77251	
H	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	
		Bullking 1 ccs	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	S	
H	Date	Payee name	=
	02/28/2025	GRAY, TRINA	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,500.00	229 W 25TH ST	
		HOUSTON, TX 77008	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense	
	LAFLINDITORL	Consulting	
		Consulting	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (return a cotton part listed above)

	Candidate/Officeholder/Politica							OTHER (enter a category not listed above)					
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)	
	Sch: 5/10 Rpt: 15/21		Jones, DaS	ean A. (The Ho	onorable)					00082446			
4	Date	5	Payee name										
	01/13/2025		GRAY, TRIN	NA									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$1,500.00		229 W 25TH										
			HOUSTON,	TX 77008									
_	DUDDOCE	(0)					(h)	5 12					
8	PURPOSE OF	(a)		e Categories listed at	the top of this sched	dule)	(a)	Description Check if travel (nutei	de of Texas. Cor	nnlete Schedul	<u>α</u> Τ	
	EXPENDITURE		Consulting E	Expense				=		officeholder livir		C 1.	
								Consulting					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld		
	expenditure to benefit C/OI	Н					-						
	Date	Г	Payee name										
	06/20/2025		JONES, ZA	C									
	Amount (\$)	H	Payee address		Stato:	Zin Co	do						
	\$120.00		Payee address; City; State; Zip Code 2402 MORNING PARK										
	Ψ120.00		2402 MORN	IIIO FARR									
				7.40.4									
			KATY, TX 7	7494									
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description					
EXPENDITURE			Advertising Expense					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								Advertising	, 17,	officeriolder livii	ig experise		
								, ta vortioning					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	neld		
	expenditure to benefit C/O		our raidato, om	seriolaer riame	0.	moo oou,	giit			0111001	ioid		
	Data	Г	D										
	Date 01/28/2025		Payee name LIGHT TRIC	SKC.									
						7: 0							
	Amount (\$)		Payee addres	•	State;	Zip Co	ae						
	\$39.99		311 W MON	IRUE ST									
			CHICAGO,	IL 60606									
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description					
	EXPENDITURE		Advertising	Expense				므		de of Texas. Cor officeholder livir		e T.	
								Advertising	, 1,	officerolder livii	ig expense		
								avortioning					
	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	neld		
	expenditure to benefit C/O		Carlaidato/Offic	Johnson Harric	OI	oo oou	a. 11			Office I	.5.0		

SCHEDULE F1

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

Event Expense Loan Re-Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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	1 0	
	Sch: 6/10 Rpt: 16/21	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	04/29/2025	MACLIN, LEONARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	8369 ALMEDA RD STE N
		HOUSTON, TX 77054
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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
	05/12/2025	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.91	675 PONCE DE LEON AV NE
		ATLANTA, GA 30308
	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	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.91	675 PONCE DE LEON AV NE
		ATLANTA, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

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

	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: 7/10 Rpt: 17/21	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	03/11/2025	MAILCHIMP
6	Amount (\$) \$143.91	7 Payee address; City; State; Zip Code 675 PONCE DE LEON AV NE ATLANTA, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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
	02/11/2025	MAILCHIMP
	Amount (\$) \$143.91	Payee address; City; State; Zip Code 675 PONCE DE LEON AV NE ATLANTA, GA 30308
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	MAILCHIMP
	Amount (\$) \$143.91	Payee address; City; State; Zip Code 675 PONCE DE LEON AV NE
		ATLANTA, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:									
L	Sch: 8/10 Rpt: 18/21	Jones, DaSean A. (The Honorable) 00082446								
4	Date	5 Payee name								
L	06/11/2025	MAILCHIMP								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$143.91	675 PONCE DE LEON AV NE								
		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								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	H · · · · · · · · · · · · · · · · · · ·								
	Date	Payee name								
	02/06/2025	NGP VAN								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,304.00	655 15TH NW, SUITE 650								
		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 Austin, TX, officeholder living expense Technology								
		Technology								
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	y								
H	Date	Payee name								
	01/02/2025	NGP VAN								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,304.00	655 15TH NW, SUITE 650								
	,									
		WASHINGTON, DC 20005								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
	LAFLINDITORE	Check if Austin, TX, officeholder living expense								
		Technology								
	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 C

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 19/21	Jones, DaSean A. (The Honorable) 00082446
4	Date	5 Payee name
	01/06/2025	TAYLOR, AUBREY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	957 PARKWAY # 251
		HOUSTON, TX 77058
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
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/06/2025	TAYLOR, AUBREY
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	957 PARKWAY # 251
		HOUSTON, TX 77058
	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
		Advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	02/21/2025	Payee name THE HIVE HOUSTON
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	7800 AMELIA
		HOUSTON, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Expense
		Ενεπι Εχρεποσ
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Expen- Gift/Awards/Memorials Legal Services The Instruction Gi	Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
┰	Total pages Schedule F1:	2	EII ED NIAM					3	Filer ID	(Ethics Commission Filers)	\dashv
	Sch: 10/10 Rpt: 20/21			∟ Sean A. (The Ho	norable)			ľ	00082446	(Eurica Commission Filera)	
L		L			ilorable)				00002440		4
4	Date	5	Payee name								
	02/20/2025		WILLIAMS	, EBONIE							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
l	\$430.00		4107 TIDE	WATER DR							
l											
			HOUSTON	I, TX 77045							
8	PURPOSE	(a)	Category	See Categories listed at t	the ton of this sch	edule) (b) Description				Τ
l	OF	 `´		rage Expense	ine top of this sen	edule)		vel outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE						Check if Aus	stin, TX	, officeholder living	expense	
l							Food Exper	nse			
9	Complete ONLY if direct expenditure to benefit C/OI	Н	Candidate/Of	ficeholder name	C	Office sough			Office he	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

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/Politica Credit Card Payment			mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense /ages/Contract Labor		Travel in Di Travel Out o OTHER (en		sted above)
1	Total pages Schedule G:						3	Filer ID	(Ethics Com	mission Filers)	
				DaSean A. (The Honorable)						46	Ilission Filers)
4	Date	5	Payee name								
	03/28/2025		27TH & K								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$500.00		945 MCKIN	NEY STREET							
	X Reimbursement from political contributions intended		HOUSTON	, TX 77002							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description	Ch	eck if travel	outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense				Ch	eck if Austin	, TX, officeholder liv	ving expense
							Videography				
Ļ	0 1. 0	L								0.00	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought			Office held	
	Date		Payee name								
	04/15/2025		27TH & K								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
\$500.00 945 MCKINNEY STREET											
	X Reimbursement from political contributions intended		HOUSTON	, TX 77002							
	PURPOSE		Category (S	ee Categories listed at th	ne top of this sch	edule)	Description	_			Complete Schedule T.
OF EXPENDITURE		Advertisin		g Expense			Ch	eck if Austin	, TX, officeholder liv	ving expense	
							Videography				
	expenditure to benefit	Car	ndidate/Office	nolder name			Office sought			Office held	
	C/OH										
	Date		Payee name								
	02/19/2025		MONAE'S S	SOUTHERN SAV	VORY						
	Amount (\$)	_	Payee addre	•	State;	Zip Co	de				
	\$430.00		229 W 25TI	H ST							
	Reimbursement from political contributions intended		HOUSTON	, TX 77008							
	PURPOSE OF		Category (S	ee Categories listed at th	ne top of this sche	edule)	Description	_			Complete Schedule T.
	EXPENDITURE		Food/Bever	age Expense				L Ch	eck if Austin	ı, TX, officeholder liv	ving expense
							Food Expense				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought			Office held	