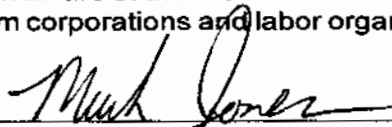


# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM CTA**  
**PG 1**

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		NICKNAME	LAST	SUFFIX			
		Mr.	Mark	G			
			Jones				
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>RECEIVED IN THE</b> <b>JUN 08 2009</b> <b>ELECTION OFFICE</b>
		P.O. Box 982		Kyle	Tx.	78640	
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		HD/PM	
						Date Processed	
		(512)	517-2925			Date Imaged	
5	OFFICE HELD (if any)						
6	OFFICE SOUGHT (if known)	Hays County Judge					
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Mr.	James	D.	Dwayne	Anderson	
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		201 Homestead		Kyle, Tx.		78640	
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(512)	396-2741				
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.					
		I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
		 Signature of Candidate				6/7/9 Date Signed	

**GO TO PAGE 2**



**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2**

<b>11</b> CANDIDATE NAME	
<b>12</b> MODIFIED REPORTING DECLARATION	<p><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</b></p> <p><b>-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</b></p> <p><b>-- The modified reporting option is valid for one election cycle only. --</b> (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p><b>-- Candidates for the office of state chair of a political party and candidates for county chair of a political party may <u>NOT</u> choose modified reporting. --</b></p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Candidate</p>

**This appointment is effective on the date it is filed with the appropriate filing authority.**



# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

**RECEIVED IN THE**  
**JUN 08 2009**  
**ELECTION OFFICE**

HD / PM

Date Processed

Date Imaged

<b>1</b> ACCOUNT NUMBER: (Ethics Commission Filers)	<b>2</b> TYPE OF FILER: <input checked="" type="checkbox"/> <b>CANDIDATE</b> <i>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</i> <input type="checkbox"/> <b>POLITICAL COMMITTEE</b> <i>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</i>		
<b>3</b> NAME OF CANDIDATE (Please type or print)  <i>Mark Jones</i>	TITLE (Dr., Mr., Ms., etc.) <i>Mr.</i> FIRST <i>Mark</i> MI <i>G</i> NICKNAME LAST <i>Jones</i> SUFFIX (Sr., Jr., III, etc.)		
<b>4</b> TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE <i>(512)</i> PHONE NUMBER <i>517-2925</i> EXTENSION		
<b>5</b> ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX: <i>PO Box 982</i> APT / SUITE #: <i>Kyle</i> CITY: <i>TX.</i> STATE: <i>TX.</i> ZIP CODE <i>78640</i>		
<b>6</b> OFFICE SOUGHT BY CANDIDATE (Please type or print)	<i>Hays County Judge</i>		
<b>7</b> NAME OF COMMITTEE (Please type or print)			
<b>8</b> NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., etc.) FIRST MI NICKNAME LAST SUFFIX (Sr., Jr., III, etc.)		

GO TO PAGE 2



## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

6/5/9

Date

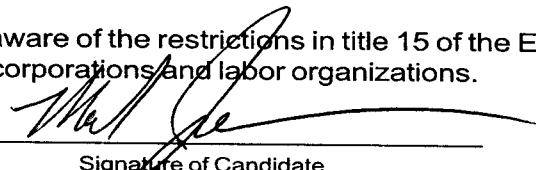
Signature



# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

PG 1

1 CANDIDATE NAME <i>Mark Jones</i>		2 ACCOUNT #		3 Total pages filed:	
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.					
4 CANDIDATE NAME	NEW	MS / MRS <input checked="" type="radio"/> MR	FIRST <i>Mark</i>	MI <i>G</i>	OFFICE USE ONLY Date Received <b>RECEIVED IN THE</b> <i>ju</i> AUG 27 2009 <b>ELECTION OFFICE</b> Date Hand-delivered or Date Postmarked Date Processed Date Imaged
	NICKNAME		LAST <i>Jones</i>	SUFFIX	
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX: <i>P.O. Box 982</i> <i>Kyle, Tx. 78640</i> APT / SUITE #: CITY: STATE: ZIP CODE			
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	
		<i>(512) 517-2925</i>			
7 OFFICE HELD (if any)	NEW				
8 OFFICE SOUGHT (if known)	NEW	<i>County Commissioner Pct 2</i>			
9 CAMPAIGN TREASURER NAME	NEW	MS / MRS <input checked="" type="radio"/> MR	FIRST	MI	NICKNAME
					LAST
		<i>James Wayne C Anderson</i>			
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	<i>201 Homestead</i> <i>Kyle, Tx. 7864</i>				
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	
		<i>(512) 799-4245</i>			
12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate				
		<i>8/27/09</i> Date Signed			
GO TO PAGE 2					



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Mark</i>	MI <i>G</i>	OFFICE USE ONLY <b>RECEIVED IN THE</b> <i>for</i> <b>AUG 27 2009</b> <b>ELECTION OFFICE</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST <i>Jones</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 982 Kyle, Tx. 78640</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(512)</i>	<i>517-2925</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>James</i>	MI <i>D</i>		
	NICKNAME	LAST <i>Anderson</i>	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>201 Homestead Kyle, Tx 78640</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(512)</i>	<i>799-4245</i>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>6 / 1 / 2009</i> <i>6 / 30 / 2009</i>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
	<i>3 / 2 / 2009</i>				<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			<i>Hays County Commission Pct 2</i>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				
<input type="checkbox"/> additional pages					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**15 C/OH NAME Mark Jones 16 ACCOUNT # (Ethics Commission Filers)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ X2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ X**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ X

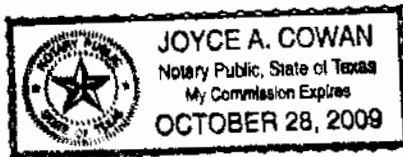
4. TOTAL POLITICAL EXPENDITURES

\$ X**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ X**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ X**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joyce A. Cowan, this the 27 day of August, 2009, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Joyce A. Cowan
  
Printed name of officer administering oath

Notary
  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:

20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mark

6

NICKNAME

LAST

SUFFIX

Jones

OFFICE USE ONLY

RECEIVED IN THE  
JAN 15, 2010  
ELECTION OFFICE

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 982

KYLE, TX 78640

☐ Change of Address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 517-2925

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

James

D

NICKNAME

LAST

SUFFIX

DWAYNE ANDERSON

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

201 Homestead RD

KYLE TX

78640

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 799-4245

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

2 / 1 / 2009

THROUGH

Month

Day

Year

12 / 31 / 2009

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 2 / 2010

ELECTION TYPE

☒

Primary

☐

Runoff

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HAYS County Commissioner, Pct. 2

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

MARK G. JONES

16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED\$ 863.602. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 9408.60EXPENDITURE  
TOTALS

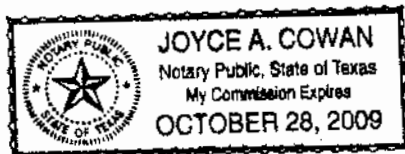
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 190.52

4. TOTAL POLITICAL EXPENDITURES

\$ 8704.88CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD\$ 1967.15OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD\$ 1263.43

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK JONES, this the 15 day  
of JAN., 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>MARK G. JONES</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/31/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Mrs Louis HANSON</b>	7 Amount of contribution (\$) <b>\$500.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6925 RR 3237 DRIFTWOOD, TX 78619</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>retired</b>		10 Employer (See Instructions)	
Date <b>9/18/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Don or Betty BROOKS</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 147 KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>Austin Community College</b>	
Date <b>9/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Bruce or Deborah LOCKART</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>68 BRIST MILL RD KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Chester DAVIS</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12708 AZALEA CIR, BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)	
Date <b>10/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MANUEL ZUNIGA</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1726 GLENCLIFF AUSTIN, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <u>6</u>	
2 FILER NAME <u>MARK G. JONES</u>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>11/2/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>William C. Spillar</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <u>4702 TRAILS END SAN MARCOS, TX 78666</u>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <u>11/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>FRED A ROTHART, JR.</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>6089 McNAUGHTON KYLE, TX 78646</u>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <u>retired</u>			Employer (See Instructions)		
Date <u>11/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>PAT SHOEMAKER</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>721 FAIRCREST BUDA, TX 78610</u>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <u>retired</u>			Employer (See Instructions)		
Date <u>11/9/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>TERRY LON ELIZABETH MAZUREK</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>101 PHALAROPE DR. BUDA, TX 78610</u>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <u>11/16/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>SANDRA M. IN TAOO HENAY</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>115 INDIAN HILLS PT, KYLE, TX 78640</u>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission files)

4 Date

11/16/09

5 Full name of contributor

SUSAN SIZES

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

PO Box 47 KYLE, TX 78640

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Teacher

10 Employer (See Instructions)

HAYS CISD

Date

11/16/09

Full name of contributor

WANDA GRAHAM

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

300 CRYSTAL MEADOW DR, KYLE, TX 78640

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/16/09

Full name of contributor

William M. Johnson

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

605 W 2nd ST, KYLE, TX 78640

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/09

Full name of contributor

DAN OR BETTY BROOKS

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

PO Box 147 KYLE, TX 78640

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Austin Community College

Date

11/16/09

Full name of contributor

John or Carol Chulness

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

114 Phalarope Blvd, TX 78610

Amount of contribution (\$)

200<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>MARK G. JONES</b>				3 ACCOUNT # (Ethics Commission files)	
4 Date <b>11/16/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HOLLY B. OR JEFFREY RAYMOND</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>1103 KIRBY KYLE, TX 78649</b>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>11/16/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WAYNE OR PAUL SMITH</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>538 YORRES CROSSING AFTON, TX 78619</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>Unit Director</b>			Employer (See Instructions) <b>H-E-B Grocery</b>		
Date <b>11/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>STEVEN A RANKINE</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>100 TEAL LAKE KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>			Employer (See Instructions)		
Date <b>12/1/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHUCK OR LOIS PACE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>115 CEDAR DR BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/1/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DARREL OR STEPHANIE JAMAIL</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>203 LIVE OAK DR MOUNTAIN CITY 78610</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

**MARK G. JONES**

3 ACCOUNT # (Ethics Commission files)

4 Date

**12/14/09**

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Ernest Kimbro**

6 Contributor address: City: State: Zip Code

**125 Stage Line, Kyle, TX 78640**

7 Amount of contribution (\$)

**100.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

**retired**

10 Employer (See Instructions)

Date

**12/14/09**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Everett L. Jr or Larnie Martin**

Contributor address: City: State: Zip Code

**311 Wilcoat Hollow, Kyle, TX 78640**

Amount of contribution (\$)

**120.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/28/09**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Richards & Pam Garrett**

Contributor address: City: State: Zip Code

**860 Southern Dr, Buda, TX 78610**

Amount of contribution (\$)

**125.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/15/09**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Don Brooks**

Contributor address: City: State: Zip Code

**PO Box 147 Kyle, TX 78640**

Amount of contribution (\$)

**125.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**Austin Community College**

Date

**11/21/09**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**William J or Carol Coker**

Contributor address: City: State: Zip Code

**331 Wilcoat Hollow Kyle, TX 78640**

Amount of contribution (\$)

**100.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME MARK G. JONES		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/21/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LAMONT OR SANDRA RANAGE	7 Amount of contribution (\$) 100 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12631 REOBUS TRAIL		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 12/1/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVEN A RANKINE	Amount of contribution (\$) 1000 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 TEAL LANE KYLE, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions)	
Date 12/31/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BILLY & JUDY LANCASTER	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 PINTAIL ST, KYLE, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 8/23/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tom & Joan Seary	Amount of contribution (\$) 1,000 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO 939 Kyle, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>	
2 FILER NAME <b>MARK B. JONES</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan <b>12/22/09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <b>MARK B. JONES</b>		9 Loan Amount (\$) <b>1263<sup>00</sup></b>
6 Is lender a financial institution?  Y   (N)	8 Lender address;   City;   State;   Zip Code <b>PO BOX 982 KYLE, TX 78640</b>		10 Interest rate <b>-0-</b>
			11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none <b>N/A</b>			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor <b>MARK B. JONES</b>		18 Amount Guaranteed (\$) <b>1263.43</b>
17 Guarantor address;   City;   State;   Zip Code <b>PO BOX 982 KYLE, TX 78640</b>			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: .....		Loan Amount (\$)
Is lender a financial institution?  Y   N	Lender address;   City;   State;   Zip Code .....		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address;   City;   State;   Zip Code .....		Amount Guaranteed (\$)
Principal Occupation		Employer	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES

## SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME *MARC B. JONES*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*12/2/09*

*JEROD PATTERSON*

6 Payee address; City; State; Zip Code

*4508 Duval, #204 Austin, TX 78727*

*2109<sup>00</sup>*

8 Purpose of payment (See instructions regarding type of information required.)

*Campaign Signs*

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

*11/13/09*

*Sam's Club*

Payee address; City; State; Zip Code

*AUSTIN, TX*

*108.96*

Purpose of payment (See instructions regarding type of information required.)

*FUNDRAISER ROAD*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

*11/14/09*

*HEB*

Payee address; City; State; Zip Code

*KYLE, TX 78640*

*63.89*

Purpose of payment (See instructions regarding type of information required.)

*FUNDRAISER Supplies*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

*12/3/09*

*HAYS County Republican Party*

Payee address; City; State; Zip Code

*SAN MARCOS, TX 78666*

*750<sup>00</sup>*

Purpose of payment (See instructions regarding type of information required.)

*Filing fee for Republican/GAUCOT*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME MARK F. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

8/26/09

JAROD PATTERSON

6 Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

750.00

8 Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/2/09

JAROD PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

500.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/20/09

JAROD PATTERSON

Payee address; City; State; Zip Code

4508 Duvall, #204 Austin, TX 78727

1000.00

Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/09

Postmaster

Payee address; City; State; Zip Code

KYLE, TX 78640

56.00

Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

**MARK B. JONES**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**11/6/09**

5 Payee name

**Postmaster**

6 Payee address; City; State; Zip Code

**KYLE, TX 78640**

7 Amount (\$)

**\$6.00**

8 Purpose of payment (See instructions regarding type of information required.)

**Postage**

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

**8/26/09**

Payee name

**TERON PATTERSON**

Payee address; City; State; Zip Code

**4508 Duval, #204 Austin, TX 78727**

Amount (\$)

**64.46**

Purpose of payment (See instructions regarding type of information required.)

**Printing**

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

**10/2/09**

Payee name

**TERON PATTERSON**

Payee address; City; State; Zip Code

**4508 Duval, #204 Austin, TX 78727**

Amount (\$)

**1543.12**

Purpose of payment (See instructions regarding type of information required.)

**printing**

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

**11/9/09**

Payee name

**TERON PATTERSON**

Payee address; City; State; Zip Code

**4508 Duval, #204 Austin, TX 78727**

Amount (\$)

**393.03**

Purpose of payment (See instructions regarding type of information required.)

**PRINTING**

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>MARK C. JONES</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/30/09</b>	5 Payee name <b>Colton Brubaker Consulting</b> 6 Payee address; City; State; Zip Code <b>998 N Jefferson LAGRANGE, TX 78945</b>	7 Amount (\$) <b>920<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Website</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The instruction Guide explains how to complete this form.				1 Total pages this Schedule B:	
2 FILER NAME <i>N/A</i>				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒      \$					
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Pledgor address;      City; State; Zip Code			8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)					
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

MARK G. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NIA

8

Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

☐ Reimbursement  
from political  
contributions  
intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:	
2 FILER NAME <b>MARK G. JONES</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Business name <b>N/A</b>		7 Amount (\$)
6 Business address; City; State; Zip Code			
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME <b>MARK G. JONES</b>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name <b>N/A</b>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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# CREDITS (optional)

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Mark L. Jones*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <i>N/A</i>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME 2 FILER NAME <i>111 11 0 0</i> <i>Mark A. Davis</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N/A</i>			
5 Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR MR FIRST MARK MI  
NICKNAME LAST SUFFIX  
JONES

OFFICE USE ONLY

RECEIVED IN THE  
FEB 02, 2010  
ELECTION OFFICE

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
PO Box 982 Kyle TX 78640

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 517 2925

Receipt # Amount

Date Processed

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR MR FIRST James MI  
NICKNAME LAST SUFFIX  
Dwayne Anderson

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
201 Homestead Rd KYLE, TX 78640

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 481-9506

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 6th day before election ☐ Exceeded \$500 limit ☐ Final report (attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
1 / 1 / 2010 THROUGH 1 / 21 / 2010

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
3 / 2 / 2010 ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (# days)

13 OFFICE SOUGHT (if known)

Hays County Commissioner Pct 2

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box Apt / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME MARK JONES 16 ACCOUNT # (Ethics Commission File#)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

" This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. "

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1400.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

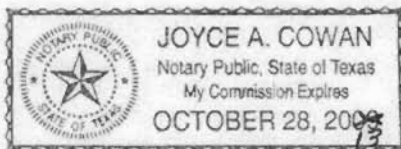
\$ 3367.15

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1263.43

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MARK JONES, this the 2 day of Feb., 20 10, to certify which, witness my hand and seal of office.

Joyce A. Cowan  
Signature of officer administering oath

Joyce A. Cowan  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>MARK JONE</i>		3 ACCOUNT# (Ethics Contribution #)	
4 Date <i>1/14/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JOE KRALIK</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8442 Capital of TX HWY, STE 500 AUSTIN, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/18/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>MRS. B-R. WRANITZKY</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>KYLE, TX 78640</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/18/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Thomas D SEARBEANT</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>19 Country Oaks Dr. Buda, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> FIRST <b>Mark</b> NICKNAME LAST <b>James</b> SUFFIX	OFFICE USE ONLY Date Recd <b>RECEIVED</b> <b>FEB 23 2010</b> <b>ELECTION OFFICE</b> Date Hand-delivered or Date Postmarked <b>fax 2/19/2010</b> Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE #, CITY, STATE, ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b> FIRST <b>James</b> NICKNAME <b>Dwayne</b> LAST <b>Anderson</b> SUFFIX	MI <b>A</b>	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>201 Haines Road</b> <b>KYLE TX 78640</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 481-9506</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH FR)		
10 PERIOD COVERED	Month Day Year <b>1 / 22 / 2010</b> THROUGH <b>2 / 21 / 2010</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 2 / 10</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>School Board V.P.</b>	13 OFFICE SOUGHT (if known) <b>Hays County Commissioner Pct 2</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt / Suite #, City, State, Zip Code <input type="checkbox"/> additional pages		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT #** (Ethics Commission Filers)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2700.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 2700.00

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1664.15

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1263.43

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK JONES, this the 23 day of Feb, 2010, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Joyce A. Cowan  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/4/2010

Tom on John Searcy

6 Contributor address; City; State; Zip Code

P.O. Box 939 KYLE TX 78640

1000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/4/2010

William T Johnson

Contributor address; City; State; Zip Code

4119 FM 150W KYLE, TX 78640

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/4/2010

PATRICIA A SHAEMACER

Contributor address; City; State; Zip Code

771 FAIRCREST BLVD, TX 78610

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/4/2010

Carol & Barbara Labore

Contributor address; City; State; Zip Code

4721 FM 150 W KYLE, TX 78640

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/16/2010

STEVEN A. RANKINE

Contributor address; City; State; Zip Code

100 TEAL LANE KYLE, TX 78640

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 TOTAL OF UNITEMIZED LOANS:      ↗      ↗      ↗      ↗      ↗      ↗

\$

5 Date of loan

12/22/2009

7 Name of lender

MARK JAMES

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

1263.43

6 Is lender a financial institution?

Y      N

8 Lender address;      City;      State;      Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address;      City;      State;      Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y      N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

2/9/2010

KC Strategies

6 Payee address; City; State; Zip Code

#201  
614 South 1st Austin, TX 78704

4500<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>MARK</u> MI NICKNAME LAST <u>JONES</u> SUFFIX		<b>OFFICE USE ONLY</b> Date Recd <b>RECEIVED</b> <i>Jpc</i> JUL 15 2010 <b>ELECTION OFFICE</b> <hr/> Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>JAMES</u> MI <u>D</u> NICKNAME LAST <u>DUWAYNE ANDERSON</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>201 HOMESTEAD RD</u> <u>KYLE TX</u> <u>78640</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) <u>481-9506</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>2 / 22 / 2010</u> <u>7 / 15 / 2010</u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>11 / 2 / 10</u>		
12 OFFICE	OFFICE HELD (if any) <i>[Signature]</i>	13 OFFICE SOUGHT (if known) <u>County Commissioner</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2987.<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,954.<sup>50</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3143.<sup>95</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 9656.<sup>24</sup>

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1263.<sup>43</sup>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK JONES, this the 15 day of July, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/28/10

5 Full name of contributor ☐ out-of-state PAC (ID#) Aus-TEX Consolidates SVC LLC

6 Contributor address: City: State: Zip Code  
100 TEAL LN  
KYLE, TX 78640

7 Amount of contribution (\$) 585.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#) BALDRIE, ROY & SUSAN

Contributor address: City: State: Zip Code  
301 WILDCAT Hollow Dr.  
KYLE, TX 78640

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#) BROOKS, DON OR BETTY

Contributor address: City: State: Zip Code  
P.O. Box 147  
KYLE, TX 78640

Amount of contribution (\$) 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#) CABLE, TROY & SALLY

Contributor address: City: State: Zip Code  
164 Hillside CT  
KYLE, TX 78640

Amount of contribution (\$) 62.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/3/10

Full name of contributor ☐ out-of-state PAC (ID#) CLARK, CARL W

Contributor address: City: State: Zip Code  
301 Turtlecove Cir.  
KYLE, TX 78640

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME

MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/10/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHAPMAN, LYNN

6 Contributor address; City; State; Zip Code

4204 MATHER  
KYLE, TX 78640

7 Amount of  
contribution (\$)

60.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

CHILDRESS, JOHN & CAROL

Contributor address; City; State; Zip Code

114 PHALADROPE  
BUDA, TX 78610

Amount of  
contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

CLINE, NATHANIEL & SARAH

Contributor address; City; State; Zip Code

201 Spillway & Kyle, TX 78640

Amount of  
contribution (\$)

60.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

CONLEY, WILL & ERIN

Contributor address; City; State; Zip Code

21 MOUNTAIN CREST DR  
WIMBERLEY, TX 78676

Amount of  
contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

CROWELL, DAVID & NANCY

Contributor address; City; State; Zip Code

P.O. Box 455  
KYLE, TX 78640

Amount of  
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **12**

2 FILER NAME **MARK JONES**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **7/10/10**

5 Full name of contributor ☐ out-of-state PAC (ID#)  
**CUTLER, GARY or CAROL**

6 Contributor address; City: State: Zip Code  
**1035 Ranchers Club Ln  
Driftwood, TX 78619**

7 Amount of contribution (\$) **100.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **7/10/10**

Full name of contributor ☐ out-of-state PAC (ID#)  
**DOYLE, LUCINDA or BRUN**

Contributor address; City: State: Zip Code  
**502 Pine Siskin Dr  
Buda, TX 78610**

Amount of contribution (\$) **60.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor ☐ out-of-state PAC (ID#)  
**EVANS, John L & Jennifer A**

Contributor address; City: State: Zip Code  
**1603 Parkview Ln  
San Marcos, TX 78666**

Amount of contribution (\$) **60.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor ☐ out-of-state PAC (ID#)  
**Ferguson, Terry or Peggy**

Contributor address; City: State: Zip Code  
**611 Little Bear Rd  
Buda, TX 78610**

Amount of contribution (\$) **145.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor ☐ out-of-state PAC (ID#)  
**Gandy, Billie & Holly**

Contributor address; City: State: Zip Code  
**300 Indian Hills Tr  
Kyle, TX 78640**

Amount of contribution (\$) **60.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
7/10/10

5 Full name of contributor ☐ out-of-state PAC (ID#)  
GARRAWAY, KEVIN OR MISSA

6 Contributor address: City: State: Zip Code  
219 MAPLE DR  
MOUNTAIN CITY, TX 78610

7 Amount of  
contribution (\$) 60.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code  
HANSON, LOUIS  
6925 RR 3237  
DRIFTWOOD, TX 78619

Amount of  
contribution (\$) 1000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code  
HEIDEMAN, DANIE & SHARON  
140 BRISTMILL  
UHLAND, TX 78640

Amount of  
contribution (\$) 185.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code  
HOLT, JAMES & JOANN  
P.O. Box 189  
KYLE, TX 78640

Amount of  
contribution (\$) 300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code  
HUNTER, BART & CINDY  
710 HOBAN  
KYLE, TX 78640

Amount of  
contribution (\$) 60.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/10

5 Full name of contributor ☐ out-of-state PAC (ID#)  
HUNTER, GREGORY B.  
6 Contributor address; City; State; Zip Code  
110 HOBAN  
KYLE, TX 78640

7 Amount of contribution (\$) 60.00  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)  
ARNOLD, J or R  
Contributor address; City; State; Zip Code  
1617 E 6TH ST  
AUSTIN, TX 78702

Amount of contribution (\$) 100.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)  
JOHNSON, CHARLES & LINDA  
Contributor address; City; State; Zip Code  
22 BROOK MEADOW  
WOODCREEK, TX 78676

Amount of contribution (\$) 100.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)  
JOHNSON, William & Gene  
Contributor address; City; State; Zip Code  
605 W 2nd ST  
KYLE, TX 78640

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)  
KEITZ, DEBORAH  
Contributor address; City; State; Zip Code  
548 SAMPSON  
KYLE, TX 78640

Amount of contribution (\$) 100.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/10/10

5 Full name of contributor ☐ out-of-state PAC (ID#)

KINGSLA, MARY G

6 Contributor address; City; State; Zip Code

P.O. Box 1600  
KYLE, TX 78640

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

LAMBERT, Deborah or William

Contributor address; City; State; Zip Code

1740 Ruby Ranch Rd  
BUENA, TX 78610

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

LANCASTER, Billie & Joy

Contributor address; City; State; Zip Code

204 PINTAIL ST  
KYLE, TX 78640

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

LARSON, LUCAS or Kest

Contributor address; City; State; Zip Code

806 Home Town PKWY  
KYLE, TX 78640

Amount of contribution (\$)

85.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)

LEDoux, JAMES or KRISTINE

Contributor address; City; State; Zip Code

508 SHADOWWOOD LN  
DRIPPING SPRINGS, TX 78620

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARIC JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
7/10/10

5 Full name of contributor ☐ out-of-state PAC (ID#)  
LINBARBAR GORBA BLAIR Simpson  
6 Contributor address: City: State: Zip Code  
P.O. Box 17428  
AUSTIN, TX 78760

7 Amount of contribution (\$) 500.00  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
LYON, JEREMY M or FLENN  
Contributor address: City: State: Zip Code  
P.O. Box 427  
BUDA, TX 78610

Amount of contribution (\$) 100.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
MAZUREK, RAY or ELIZABETH  
Contributor address: City: State: Zip Code  
101 Phalarope Dr  
BUDA, TX 78610

Amount of contribution (\$) 160.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
MCDONALD, KANON or DOLORES  
Contributor address: City: State: Zip Code  
309 LAMAR ST  
SAN MARCOS, TX 78666

Amount of contribution (\$) 75.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
McKINSIE, KIP & WENDI  
Contributor address: City: State: Zip Code  
1605 BLUSHY BEND  
ROUND ROCK, TX 78681

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME

MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/10/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

MOCK, KEITH & POLLY

6 Contributor address; City; State; Zip Code

79 S PLYMOUTH CREEK  
KYLE, TX 78640

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/28/10

Full name of contributor

☐ out-of-state PAC (ID#)

MOORE, DEBORAH & MICHAEL

Contributor address; City; State; Zip Code

706 S GROSS  
KYLE, TX 78640

Amount of contribution (\$)

110.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

NORTH, MIKE & HOLLY

Contributor address; City; State; Zip Code

P.O. Box 1736  
KYLE, TX 78640

Amount of contribution (\$)

60.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/10

Full name of contributor

☐ out-of-state PAC (ID#)

PINKARD, CASEY L OR DINA

Contributor address; City; State; Zip Code

770 JERRY'S LANE  
BUSBY, TX 78610

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

POSEY, DAVE & SHEERY

Contributor address; City; State; Zip Code

2280 JACK & HAYS TRAIL  
BUSBY, TX 78610

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

12

2 FILER NAME

MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/10/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

PRASSEL, STEVEN & Michelle

6 Contributor address; City; State; Zip Code

331 MIDDLE CREEK  
BURA, TX 78040

7 Amount of contribution (\$)

60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

Ramsey, Lynette or Sandra

Contributor address; City; State; Zip Code

12631 REDBUD TR  
BURA, TX 78610

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/10

Full name of contributor

☐ out-of-state PAC (ID#)

GARZA, DIAN OR RUIZ, RENE

Contributor address; City; State; Zip Code

10203 COLONIAL CLUB DR  
AUSTIN, TX 78747

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

Roach, Wesley & Joyce

Contributor address; City; State; Zip Code

207 SOUTH CEDAR ST  
BURA, TX 78610

Amount of contribution (\$)

145.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/10/10

Full name of contributor

☐ out-of-state PAC (ID#)

Rothert, Pres, Jr & Shannon

Contributor address; City; State; Zip Code

6089 MCNAUGHTON  
KYLE, TX 78640

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/10

5 Full name of contributor ☐ out-of-state PAC (ID#)  
ROYAL THOMAS W OR JEAN  
6 Contributor address; City; State; Zip Code  
211 FARVIEW RD  
SAN MARCOS, TX 78066

7 Amount of contribution (\$) 100.00  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
SALMERON, JOHN A OR CHARLA  
Contributor address; City; State; Zip Code  
445 SAMPSON  
KYLE, TX 78640

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
SCHREIBER, RANDY  
Contributor address; City; State; Zip Code  
3004 LYNBROOKE RD  
AUSTIN, TX 78748

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 6/28/10

Full name of contributor ☐ out-of-state PAC (ID#)  
SCHUMAN, ALBERT OR VICKI  
Contributor address; City; State; Zip Code  
506 PINE SISKIN  
BUCK, TX 78610

Amount of contribution (\$) 100.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor ☐ out-of-state PAC (ID#)  
SMITH, WAYNE OR PAM  
Contributor address; City; State; Zip Code  
538 YOKES CROSSING  
DRIFTWOOD, TX 78619

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/28/10  
5 Full name of contributor ☐ out-of-state PAC (ID#)  
SNYDER, VERNICA & DANIEL  
6 Contributor address; City; State; Zip Code  
401 BILHEW CR.  
BUDA, TX 78610

7 Amount of contribution (\$) 100.00  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 7/10/10  
Full name of contributor ☐ out-of-state PAC (ID#)  
URBAN, ELIZABETH H  
Contributor address; City; State; Zip Code  
P.O. DRAWER 930  
BUDA, TX 78610

Amount of contribution (\$) 545.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10  
Full name of contributor ☐ out-of-state PAC (ID#)  
WHITEHOUSE, DENNIS M. NEIL  
Contributor address; City; State; Zip Code  
112 SYDNEY'S WAY  
BUDA, TX 78610

Amount of contribution (\$) 60.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10  
Full name of contributor ☐ out-of-state PAC (ID#)  
WOOD, PATRICIA  
Contributor address; City; State; Zip Code  
104 WILSON ST  
KYLE, TX 78640

Amount of contribution (\$) 250.00  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 6/28/10  
Full name of contributor ☐ out-of-state PAC (ID#)  
SALT LICK BBQ  
Contributor address; City; State; Zip Code  
P O BOX 311  
DRIFTWOOD, TX 78619

Amount of contribution (\$) 1112.50  
In-kind contribution description (if applicable)  
275 BURGERS  
MEALS  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/28/10

Davis, Chester

6 Contributor address; City; State; Zip Code

12708 Azalea Cir  
Buda, TX. 78610

2500.00

Fireworks Display

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/10

Bob Shelton & Onion Creek Ranchers

Contributor address; City; State; Zip Code

PO Box 846  
Buda, TX. 78610

500.00

Live Music

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/10

Harris County Republican Party

Contributor address; City; State; Zip Code

PO Box 1655  
San Marcos, TX 78667

150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

12/22/09

7 Name of lender

MARK JONES

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

1263.43

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME MARIE JONES	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/9/10	5 Payee name Wells Fargo Bank
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6 Amount (\$) 64.28	7 Payee address; City; State; Zip Code 5401 S FM 1626, Ste 400 Kyle, TX 78040
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/28/10	Payee name JEROO PATTERSON
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Amount (\$) 179.67	Payee address; City; State; Zip Code 4508 DUNN RD, #204 Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other (Postage)	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/14/10	Payee name KC Strategies
-----------------	-----------------------------

Amount (\$) 2300.00	Payee address; City; State; Zip Code 64 South 1st St Austin, TX 78704
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Exp.	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are not an officeholder. --**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder