APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

1-800-325-8506

See CTA Instruction	1 Total pages filed:				
CANDIDATE NAME	MS/MRS/MR FIRST MI M/. Mark G NICKNAME LAST SUFFIX Tones	OFFICE USE ONLY Acct. # Date Received			
CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE P.O. BOX 982 Kyle TX. 78640	RECEIVED IN THE JUN 0 8 2009 ELECTION OFFICE			
CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (S12) 517 - 2925	HD/PM Date Processed			
OFFICE HELD		Date imaged			
OFFICE SOUGHT	Hays County Judge				
CAMPAIGN TREASURER NAME	Hays County Judge Mr. First MI NICKNAME Mr. James D. Dwayne F.	Inderson			
CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: 201 Homestrad. Kylp, Tx. 78640	ZIP CODE			
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396-2741				
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as 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.				
	Signapare of Candidate	4/7/9 Date Signed			
	GO TO PAGE 2				

CANDIDATE MODIFIED REPORTING DECLARATION

P.O. Box 12070

FORM CTA PG 2

11	CANDIDATE NAME		
12	MODIFIED REPORTING DECLARATION		Y IF YOU ARE CHOOSING MODIFIED ORTING.
	:		o later than the 30th day before the he declaration applies. ••
		 The modified reporting option is (An election cycle includes a primary election) 	valid for one election cycle only. •• on, a general election, and any related runoffs.)
		→ Candidates for the office of state chai county chair of a political party ma	ir of a political party and candidates for ay NOT choose modified reporting. ••
		I do not intend to accept more than make more than \$500 in political ex in connection with any future ele I understand that if either one of the required to file pre-election report.	spenditures (excluding filing fees) ection within the election cycle. hose limits is exceeded, I will be
		Year of election(s) or election cycle to which declaration applies	Signature of Candidate

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

Austin, Texas 78711-2070

CODE OF FAIR CAMPAIGN **PRACTICES**

FORM CFCP COVER SHEET

1-800-325-8506

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 0 8 2009

ELECTION OFFICE

HD / PM Date Processed Date Imaged

ACCOUNT NUMBER: (Ethics Commission Filers)	If filing as a candidate, complete boxes 3 - 6 then reed and sign page 2.	OLITICAL COMMITTEE filing for a political committee, complete boxes 7 and 8 then read and sign page 2.
3 NAME OF CANDIDATE (Please type or print) Mark Jones	TITLE (Dr. Ma., Ms., etc.) FIRST MAYK VON P NICKNAME LAST	SUFFIX (Sr., Jr., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE PHONE NUMBER (5/2) 5/7-2925	EXTENSION
5 ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX: APT / SUITE #: CITY: PO BOX 982 Kyle	STATE: ZIP CODE 7x. 78640
6 OFFICE SOUGHT BY CANDIDATE (Please type or print)	Hays County Judge	
7 NAME OF COMMITTEE (Please type or print)		
8 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	

P.O. Box 12070

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 untrammeled 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.

Much J.

AMENDMENT: APPOINTMENT OF A **CAMPAIGN TREASURER BY A CANDIDATE**

P.O. Box 12070

FORM ACTA PG₁

1 CANDIDATE NAME	L Jones 2 ACCOUNT#	3 Total pages filed:
	ON GUIDE for detailed instructions. nanges to existing information <i>only</i> . Do not provide information pro	eviously disclosed.
CANDIDATE NAME	NEW MS/MRS (MR) FIRST Mark MI (C. VONC) NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received RECEIVED IN THE AUG 2 7 2009
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 982 Kyle, Tx. 78640	ELECTION OFFICE Date Hand-delivered or Date Postmarked
6 CANDIDATE PHONE	NEW AREA CODE PHONE NUMBER EXTENSION (S12) S17-2925	Date Processed
OFFICE HELD (if any)	NEW	Date Imaged
OFFICE SOUGHT (if known)	County Commissioner Pet 2	
CAMPAIGN TREASURER NAME	The state of the s	LAST SUFFIX AND PISON
CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 201 Home Stead Kyle, Tx. 7864	ZIP CODE
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION (S12) 799-4245	
12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election Code.	required by title 15 of
	from corporations and labor organizations. Signature of Candidate GO TO PAGE 2	Date Signed

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN	N FINANCE REPORT		COVER SHEET PG 1
The C/OH Instruction Gi	uide explains how to complete this form.	ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MOIK	MI (-	OFFICE USE ONLY
NAME .	NICKNAME LAST VOMES	SUFFIX	AUG 2 7 2009
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY; PO BOX 982 Kyle, Tx. 786		ELECTION OFFICE Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 5/7-2925	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Tames NICKNAME LAST ANUELSON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE:	*, CITY; STATE: Kyle, TX	78640
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 799 - 4245	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUG	3H 6/30	7/2009
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 200 9 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNO Hays County	Commissione Pc+2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures are required to disclose this information.	penditures made by others withou	it the candidate's prior consent or approval.
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apl. / Suite #; City, State; Zip	p Code	
	GO TO P	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	Mark Jor	nes		16 ACCOUNT # (Ethics Commission Files)
17 NOTICE FROM POLITICAL	candidate / officehold	ler. These expenditures may have		le by political committees to support the 's or officeholder's knowledge or consent notice of such expenditures. ••
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADORESS	
18 CONTRIBUTION TOTALS			OF \$50 OR LESS (OTHER TH/ S OF LOANS), UNLESS ITEMIZ	· ·
		POLITICAL CONTRIBUT THAN PLEDGES, LOANS, OF		\$ &
EXPENDITURE TOTALS	3. TOTAL	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		
	4. TOTAL	POLITICAL EXPENDITU	RES	\$ &
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS ORTING PERIOD	MAINTAINED AS OF THE LAS	\$ X
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL AY OF THE REPORTING PER	OUTSTANDING LOANS AS OF	THE \$
19 AFFIDAVIT				of perjury, that the accompanying report
	JOYCE A. COV Notery Public, State of My Commission Expl OCTOBER 28,	VAN 17exas Texas	true and correct and includes the under Title 15, Election Cod	all information required to be reported by
- Anna Carlotte			Signature of 9	andidate or Officeholder
Sworn to and subscri		the said Joue A	Course	this the 27 day
1 1	_	ertify which, witness my ha		
Loge a.	(auton)	Joyce A. Gu	DAN	Norgey
Signature of officer a	dministering oath	Printed name of offic	er administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	ulde explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS(MR) FIRST Mark NICKNAME LAST JONES	MI G- SUFFIX	HECEIVED IN THE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE # CI P.O. BOX 982 KYUE, TR 786	TY: STATE; ZIP CODE	ELECTION OFFICE Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$12) 517 - 2925	EXTENSION	Receipt # Amount Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/GR) JAMES NICKNAME LAST DWAYNE ANDERSON	MI D SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#: CITY; STATE: KYUE 72	ZIP CODE 78640	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 799-4245	EXTENSION		
9 REPORTTYPE	Jenuary 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THRO	UGH /2 /3/	12009	
11 ELECTION	BLECTION DATE Month Day Year Primary		General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# know	Commissioner, Per. 2.	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign Candidates are required to disclose this informa	•		
BY OTHER INDIVIDUALS	Name NA			
additional pages	Address / PO Box; Apt. / Sulte #; City, State;	Zip Çode		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	MARK	8. 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 COMMITTEE ADDRESS COMMITTEE ADDRESS				
additional p ages		COMMITTEE CAMPAIGN TREASU	RER NAME		
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS		
18 CONTRIBUTION TOTALS			S OF \$50 OR LESS (OTHER ES OF LOANS), UNLESS ITE	THAN \$ 863.60	
	2. TOTAL (OTHER	\$ 863.60 \$ 9408.60			
EXPENDITURE 3. TOTAL PO		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 190.52 \$ 87.04.88 AST DAY \$ 1967.15	
	4. TOTAL POLITICAL EXPENDITURES \$ \$7.0				
CONTRIBUTION BALANCE	• • • • • • • •	POLITICAL CONTRIBUTION ORTING PERIOD	S MAINTAINED AS OF THE L	\$ 1967.15	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AL AY OF THE REPORTING PE	LOUTSTANDING LOANS AS	\$ /2 6 3. 43	
19 AFFIDAVIT	JOYCE A. COV Notary Public, State of My Commission Expl OCTOBER 28,	AN Texas	is true and correct and including under Title 15, Election C	alty of perjury, that the accompanying report les all information required to be reported by code.	
AFFIX NOTARY STAM	P / SEAL ABOVE		,		
Sworn to and subscri	bed before me, by	the said <u>MARK</u>	JONES	, this the day	
of <u>Jan</u> .	2010 to ce	rtify which, witness my h	and and seal of office.	•1	
Jouce le	Couran	Joyce H.	Coupa	NOTARY	
Signature of officer a	dministering oath	Printed name of off	cer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	The Instruction Guide explains how to complete this form.					
2 FILER NAM	E MARK 6. Jones	3 ACCOUNT# (Eth	ics Commission filers)			
4 Date	5 Full name of contributor Out-of-state PAC (ID#) Mr. Mrs Laurs Harvs av	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
1/31/09	6 Contributor address; City; State; Zip Code	\$500.19	 			
<u> </u>	6925 RA 3237 DRIFTWOOD, TX 78619	(If travel outside	of Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions) (UNIVA	instructions)				
Date	Por or Betty Brooks	Amount of contribution (\$)	In-kind contribution description (if applicable)			
9/18/09	Contributor address; City; State; Zip Code	2000	:			
	P.O.BOX 147 KYLE, TX 18640	(if travel outside o	of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions) Employer (See Teacher Mstin	Instructions) Community	College			
Date	Brul OR Debrah Lockart	Amount of contribution (\$)	In-kind contribution description (if applicable)			
9/24/94	Contributor address; City; State; Zip Code	20000] 			
	Contributor address; City; State; Zip Code 68 6RIST MILL RO KYLE, R 78 490 4pation / Job title (See Instructions) Employer (See	(if travel outside	of Texas, complete Schedule T)			
Principal occu	pation / 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)			
9/29/09	Contributor address; City; State; Zip Code	500 00	[1			
	12708 Aralea GR, BUSA. TR 78613	(if travel outside	i 			
Principal occi	upation / Job title (See Instructions) Employer (See					
Date	Full name of contributor out-of-state PAC (IDN:	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/5/09	Contributor address; City: State; Zip Code	1000 00	[
,	1726 GLENCLIFF AUSTIN, TX 78704		 of Texas, complete Schedule T}			
Principal occ	upation / Job title (See Instructions) Employer (See		,			
						

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Co	ommission P.O. Box 12070	Austin,	Texas	78711-2070	(512) 463-	5800 1-800-325-8506
	CAL CONTRIBUTION	-	ANS			SCHEDULE A
The Instruction	on Guide explains how to complete	this form.			1 Total pages Sche	idule A: 6
2 FILER NAM	MARK 6. JON	es			3 ACCOUNT# (Eth	nice Commission filers)
4 Date		HELMIN PAC (IDM)			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/2/09	William C. Spil 6 Contributor address; City; Stat U202 TRAILS Eno) upation / Job title (See Instructions)	te; Zip Co	 de	 78	200 00	l 1
	4(02 TRAILS END)	an M	ncos,	TZ 666	(if travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	···	10	Employer (See I	nstructions)	
Date (i	Full name of contributor and the Full A Ro Hut	Federa PAC (IDM			Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/09	FLED A ROHAT Contributor address; City; Sta				10000	
	6089 MCNAUGHTON	KYLE,	71	18646	(if travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)			Employer (See I	nstructions)	
Date	Par Shopman	V-State PAC (IO#			Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/09	Contributor address; City; Sta	te; Zip Co			20000	
1111	71 FAIRCREST BU	04, 7X			(if travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) YEWED			Employer (See (nstructions)	
Date	Terry Lon Edward		ure		Amount of contribution (\$)	in-kind contribution description (if applicable)
16(1131	Contributor address; City: Sta	ite; Zip Co	ode	m 10/10	10000	1
	101 PHALAKOPE DO	- 1)	WA	1X 78610	(if travel outside	 of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)			Employer (See	instructions)	
Date 14 06	Full name of contributor Oct. GOVDRA M. In T44 Contributor address; City; Sta	of the	NAY		Amount of contribution (\$)	In-kind contribution description (if applicable)
l fillion !	Contributor address; City; Sta	ite; zip Co KYUE,	TZ	78640	500 =	
Principal occ	upation / Job title (See Instructions)			Employer (See		of Texas, complete Schedule T)
			!			
	ATTACH ADDITI					ı requirements.
1 11	contributor is ont-di-state LVO' his			8 10,40	Transfer tobotting	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	idule A: 6			
2 FILER NAM	MARK 6. Jones		3 ACCOUNT# (Eth	ics Commission filers)			
4 Date	5 Full name of contributor QU-of-size PAC (IDE	ر	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
11/16/09	6 Contributor address; City; State; Zip Code	Λ1 . 1 -	10000	 			
-	POBOX 47 KYLE, TX 78	3640	(if travel outside o	 of Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions) TLACKLY	10 Employer (See)	nstructions) NYC CISD				
Date	Full name of contributor out-of-state PAC (IDF:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
1 1	Warrox GANGAM		, , ,				
12/16/09	Contributor address; City; State; Zip Code		10000				
1.4	300 (RYSTAL MERDOW DR. KYL	ER 19640	100				
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)			
	retired						
Date	Full name of contributor out-of-state PAC (IDIF		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	William M. Johnson			Samipaer (n approacte)			
11/16/09	Contributor address; City; State; Zip Code		<u>00</u>				
11(10(-1	605 W 200d ST, KYLE, TR	18640		of Texas, complete Schedule T)			
Principal occu	ipation / Job title (See Instructions)	Employer (See					
Date	Full name of contributor out-of-state PAC (IDIE		Amount of contribution (\$)	In-kind contribution			
	Day on Bety Brooks		Continuation (3)	description (if applicable)			
4/16/09	Contributor address; City; State; Zip Code		(0000	 			
Critical 1	PO BOX 147 KYLE, TR 78640		500				
	10 (0)			of Texas, complete Schedule T)			
Principal occu	upation / Job title (See Instructions) TLacMLY	Employer (See	Communty	College			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
(1	John or Carol Childress			1			
16/16/09	Contributor address; City; State; Zip Code		10000	1			
i. C	114 PhALAROPE BUNA, 7	7 78610	-	1			
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)			
, inciper oou		p.075/ (Ode					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM	E MARK 6. Jones		3 ACCOUNT# (Ethi	cs Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (IDI:		7 Amount of	8 In-kind contribution
ا عمل ا	Holly B on Jeffrey Raymond		contribution (\$)	description (if applicable)
11/11/09	6 Contributor address; City; State; Zip Code]	1000	
	1103 KIRBY KYLE, TR 181	45	(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) 10 E	Employer (See i	nstructions)	
Date	Full name of contributor		Amount of	in-kind contribution
1 100	WAYNE OR JAM SMITH		contribution (\$)	description (if applicable)
10/10/09	Contributor address; City; State; Zip Code		, , ,	
(*(' '	66.1		75 -	
	538 YORKS CROSSING REFTWON, TR	18619	124	
Principal occu	L	Employer (See)		f Texas, complete Schedule T)
	6+ Unit Director	H-E-13	Grocery	
Date	Full name of contributor aut-of-state PAC (ID#		Amount of	In-kind contribution
. \	STEVEN A RANKINE		contribution (\$)	description (if applicable)
11/25/09	Contributor address: City: State: Zip Code		200 80	
(1(62 61)	, , A1		1000	
	100 Year Lawe KILETR 180	140	(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
	Business owner			
Date	Full name of contributor out-of-statePAC(IDIF		Amount of contribution (\$)	In-kind contribution description (if applicable)
1	Chuck on LOIS PACE			==amiliani (ii abbiomis)
12/1/09	Contributor address; City; State; Zip Code		1, 2, 95	
1200	115 CEDAR DR BURG B 1	101.10	100	
	115 CEDAR DR BUSA, TX 1	V (B (C)		of Texas, complete Schedule T)
Principal occu		Employer (See I		- Invest combines comming []
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
. 1	DARRYL OR Stephenie James	L		
12/1/09	Contributor address; City; State; Zip Code		00	
(*(` `	203 LUR OME DR MOUNTAIN 1	8610	100	
	for much one one, why	1001	(if travel outside	 of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

:	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(312) 403	SCHEDULE A
The instructi	on Guide explains how to complete this form.		1 Total pages Sche	dule A: 6
2 FILER NAM	MARK 6. Jones		3 ACCOUNT# (Eth	lics Commission filers)
4 Date	8 Full name of contributor □ out-of-state PAC (IDE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/11/09	6 Contributor address: City; State; Zip Code 125 State LIVE, R	18640	قف دو/	 - -
9 Principal occi	upation / Job title (See Instructions) VET IVE A	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor Out-of-side PAC (104) EVENUE L. JA ON LAKANE MARKY Contributor address; City; State; Zip Code	y	Amount of contribution (\$)	In-kind contribution description (if applicable)
12 luls	Contributor address: City: State: Zip Code 311 WILDCAT Hollow CYUE	R 18640	12000	
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 12/28/97	Full name of contributor CANON-SIMPACIDE Contributor address: City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
MON	860 Southern Dr., Burna;	R 18610	(If travel outside	 Texas, complete Schedule T]
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Quadratate PAC(IDIT_	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/09	Po Box 147 WWE R	18640	/M travel extelde	125 a.d
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 121 99	Full name of contributor cut-of-state PAC (IDE_	CORRLE	Amount of contribution (\$)	In-kind contribution description (if applicable)
hear	331 W.locat Hollow KYY		 	

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 foradditional reporting requirements.

(if travel outside of Texas, complete Schedule T)

. •	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A: 6
2 FILER NAM	MARK 6. Jones		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	LAMONT OR SANGRA RAMAGE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12631 REDBUS TRAIL		(If travel outside o	[of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor Qued-state PAC (IDIE_ SHEVEN A RANKINE	· , , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
1281/09	Contributor address: City; State; Zip Code	18640	100000	
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Business owner	<u> </u>		
31/29	Full name of contributor Out-of-state PAC (IDIT	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	204 PINTALL ST, KYLE, D	28640		 of Texas, complete Schedule Tj
Principal occ	upation / Job title (See Instructions) YE TI YEA	Employer (See	Instructions)	
8/23/09	Full name of contributor ax-d-size PAC(IDII:_ Tom & Toun Searcy Contributor address; City; State; Zip Code PO 939 Kyle, TX 7	78640	Amount of contribution (\$)	In-kind contribution description (if applicable)
<u></u>				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (IDW		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,		! !
Principal sec	apation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
- плера осс	opposit, soo ma food mandening.			
If	ATTACH ADDITIONAL COPIE			requirements.

LOANS				SCHEDULE E
The Instruction	Guide explains how to complete this for	orm.	1 Total pages Sche	dule E:
FILER NAME	rk 6-Jones	.	3 ACCOUNT# (Eth	ics Commission filers)
TOTA	L OF UNITEMIZED LOANS:	+ + +	a	\$
Date of loan	7 Name of lender MARIC 6. TONES	Out-of-state PAC (ID#:		9 Loan Amount (\$) 1263 00
Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
٧ (N)	POBOX 982 14			11 Maturity gate
Principal occupatio	n / Job title (See Instructions)	13 Employer (See In	istructions)	
4 Description of Collate none	eral N/A			
GUARANTOR	18 Name of guarantor			18 Amount Guaranteed (\$)
INFORMATION	MARIC 6- JONES			12 17 43
not applicable	MANK 6- Jones 17 Guarantor address; City; State; POBOX 982 KY	Zip Code (VE,TR 78	642	1263.43
not applicable	17 Guarantor address: City: State:	Zip Code (VE TX 78) 20 Employer	642	1263.43
not applicable	17 Guarantor address: City: State:	(IE,TR 78	643 	12 6 3. 43 Loan Amount (\$)
not applicable Principal Occupation	17 Guarantor address; City; State; PO BOX 982 K4	(VE,TQ 78) 20 Employer	643 	
not applicable Principal Occupation Date of loan Is lender a	17 Guarantor address; City; State; P 0 B 0 Q 982 KY	20 Employer	642 	Loan Amount (\$)
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N	17 Guarantor address; City; State; P 0 B 0 Q 982 KY	20 Employer		Loan Amount (\$) Interest rate
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N	17 Guarantor address; City; State; P 0 BJX 982 KY Name of lender Lender address; City; State;	20 Employer autof-state PAC (IDI): Zip Code		Loan Amount (\$) Interest rate
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupation Description of Cottat	17 Guarantor address; City; State; P 0 BJX 982 KY Name of lender Lender address; City; State;	20 Employer autof-state PAC (IDI): Zip Code		Loan Amount (\$) Interest rate
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupatio Description of Collar none GUARANTOR	17 Guarantor address; City; State; P 0 B 0 Q 982 KY Name of lender Lender address; City; State;	20 Employer autof-state PAC (IDI): Zip Code		Loan Amount (\$) Interest rate Maturity date

Texas Ethics Co	ommission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITURES		sc	HEDULE F
The instruct	ion Guide explains how to complete this form.		1 Total pages Schedule	F: 4
2 FILER NAME	MATUR OF JONES		3 ACCOUNT # (Ethics C	ommission filera)
4 Date	5 Payee name JEROD PAHCESON 6 Payee address; City; State; Zip Code 4508 Duuk U, # 204 Aust	m. R 7872	7 2	Amount (\$)
required.)	ment (See instructions regarding type of information ON 6	9 Complete if di Candidate / Officeholder i	rect expenditure to benefit name Office soug	
Date	Payee name Sam'S Lug Payee address; City; State; Zip Code			Amount (\$) 8.96
	AUSTIN, 12			
required.)	ment (See Instructions regarding type of Information (ALL EDAD) to 1 Texas, complete Schedule T)	Complete if di Candidate / Officeholder	rect expenditure to benefit name Office soug	
ulia(Dd	Payee name [HEB] Payee address; City; State; Zip Code [LYCE, TR. 7]	8640	6	Amount (\$)
required.)	rment (See instructions regarding type of information M1 SEA Swall (148) Ide of Texas, complete Schedule T)	Complete if d Candidate / Officeholder	irect expenditure to benefi name Office soug	
Date 12/3/99	Payee name HAYS County Cepusu Payee address: City: State: Zip Code SAN MANUS	ICAN PARTY	73	Amount (\$)
Filin F	enent (See Instructions regarding type of Information of Texas, complete Schedule T)	Complete if d Candidate / Officeholder	irect expenditure to benefi name Office soug	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED	

POLITIC	SCHEDULE F			
The Instruct	ion Guide explains how to complete this form.		1 Total pages	Schedule F: 4
2 FILER NAME	MARK 6. Jones			# (Ethics Commission filers)
8 2Wm	5 Payee name JAROO PAHLASON 6 Payee address; City: State; Zip Code USO & Duvall to 201 Austin	TR 1812	7	7 Amount (5)
requiped.	ment (See instructions regarding type of information CAL CONSULTIVE of Texas, complete Schedule T)	9 Complete if di Candidate / Officeholder i		ta benefit C/OH ** Office sought Office held
10/2/09	Payee address: City: State: Zip Code 4508 DUVALL & 204 Mustin	(R 1872		Amount (8)
required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	•• Complete if d Candidate / Officeholder	•	to benefit C/OH Office sought Office held
Date 10/20/09	Payee name JAMAS PA HOLSON Payee address; City; State; Zip Code 450 8 Duvall, #724 Aust	'w, 12 781	127	Armount (\$)
Po(ment (See instructions regarding type of information TOTAL CONJULTING ide of Texas, complete Schedule T)	1	•	e to benefit C/OH Office sought Office held
11(5 99	Payee name Postmas file Payee address: City; State; Zip Code KYLE, TA	78640		Amount (\$) 574
required.)	yment (See instructions regarding type of information OS TAFE de of Texas, complete Schedule T)	Complete if c Candidate / Officeholder	,	e to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruct	ion Guide explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAME	MARK G. JONES	3	ACCOUNT # (Ethics Commission filers)
LI WO	6 Payee address; City; State; Zip Code KYUE, TX	18640	7 Amount (\$)
required.)	ment (See instructions regarding type of information SHAGE of Texas, complete Schedule T)	9 Complete if direct of Candidate / Officeholder name	expenditure to benefit C/OH ** Office sought Office held
8 2 2 4 9 9	Payee name Tello for Huson Payee address; City; State; Zip Code USD8 Durall, #204 Aus	nn, TR 7872	7 64.46
required.)	rment (See instructions regarding type of information -(W+W & e of Texas, complete Schedule T)	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH ** Office sought Office held
10/2/09	Payee name JERDS PAHERSON Payee address: City: State: Zip Code 4508 DUVALL # ZOY AUS	fw. 12 1812	Amount (\$) 7 (543. 12
required.)	ment (See instructions regarding type of information WTNL Ide of Texas, complete Schedule T)		expenditure to benefit C/OH ···
Date	Payee name JENOS CAHNS>V Payee address; City; State; Zip Code 4508 DWAY # 204 A	ustw, TR 787	Amount (\$) 27 393, 93
required.)	yment (See Instructions regarding type of Information PRINTH de of Texas, complete Schedule T)	Complete if direct Candidate / Officeholder nam	expenditure to benefit C/OH e Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED

P.O. Box 12070

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instructi	on Guide explains how to complete this form.		1 Total pages	Schedule F: +
2 FILER NAME	MARK C. Jones			(Ethics Commission filers)
1 Date 129009	5 Payee name Co (to N Brubber Consu 6 Payee address; City; State: Zip Code 998 N Jefferson Vabrance,	14NG 17 78945		7 Amount (\$)
required.)	ment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
Date	Payee name	-		Amount (\$)
_	Payee address; City; State; Zip Code			
required.)	ment (See Instructions regarding type of information of Texas, complete Schedule T)	•• Complete if d Candidate / Officeholder		to benefit C/OH •• Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	,		Amount (\$)
required.)	ment (See instructions regarding type of information	Complete If d Candidate / Officeholder		to benefit C/OH Office sought Office held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if of Candidate / Officeholder	•	to benefit C/OH Office sought Office held
(If travel outside	le of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

P.O. Box 12070

PLED	GED CONTRIBUTIONS			SCHEDULE B
The Instru	uction Guide explains how to complete this form.		1 Total pages this S	chedule B:
2 FILER NA	NA NA		3 ACCOUNT # (Ethi	cs Commission filers)
4 TO	TAL OF UNITEMIZED PLEDGES:	\$ \$ \$	\$	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code		8 Amount of pledge (\$)	9 In-kind description (If applicable) If Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See I		,,
Date	Full name of pledgor out-of-state PAC (ID#	•	Amount of pledge (\$)	In-kind description (if applicable)
			(if travel outside o	of Texas, complete Schedule T)
Principal oc tions)	cupation / Job title (See Instruc-	Employer (See I	nstructions)	
Date	Full name of piedgorout-of-state PAC (ID# Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (IDIF Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (If applicable)
Principal of	ccupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Coc		Amount of pledge (\$)	In-kind description (if applicable)
Principal o	ccupation / Job title (See Instructions)	Employer (See		The second secon
	ATTACH ADDITIONAL COPI			g requirements.

Austin, Texas 78711-2070

1-800-325-8506

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. MARK b. JWES 5 Payee name NIA 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 8 Date Amount (\$) 6 Payee address; City; State; Zip Code Reimbursement 7 Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended (If travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended (if travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions bebnetni (if travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL TO A BUSINESS OF C/OH	CONTRIB	UTIONS	SCHEDULE H
The instruction Guide explains how to complete	this form.	1 Total pages Sch	edule H:
PARK 6-50N-95		3 ACCOUNT# (EI	thics Commission filers)
4 Date 5 Business name 6 Business address; City; State;	; Zip Code		7 Amount (\$)
8 Purpose of payment (See instructions regarding type of inforequired.) (If travel outside of Texas, complete Schedule T)	-	Complete if direct expenditure ndidate / Officeholder name	to benefit C/OH Office sought Office held
Date Business name Business address; City; State	; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of inforequired.) (If travel outside of Texas, complete Schedule T)	I	Complete if direct expenditure ndidate / Officeholder name	e to benefit C/OH ++ Office sought Office held
Date Business name Business address; City; State	; Zip Code		Amount (\$)
Purpose of payment (See instructions regarding type of inforequired.)		Complete if direct expenditure ndidate / Officeholder name	a to benefit C/OH Office sought Office held
(If travel outside of Texas, complete Schedule T)			
Date Business name Business address; City; State	; Zip Code	• • • • • • • • • • • • • • • • • • • •	Amount (\$)
Purpose of payment (See Instructions regarding type of inforequired.)	l l	Complete if direct expenditure indidate / Officeholder name	s to benefit C/OH Office sought Office held
(If travel outside of Texas, complete Schedule T) ATTACH ADDITION	NAL COPIES OF	THIS FORM AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule I:
ILER NAM	MARK G. Jones	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See Instructions regarding type of inform	ation required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)

CREDI	TS (optional)	SCHEDULE K
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAM	FILER NAME MANIC 6. JONES 3 ACCOUNT # (Eth	
Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Oate	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED

IN-KIND CO				EXPEND	TURE	SCHEDULE T
The Instruction	Guide exp	lains how to comp	lete this form.		1 Total pages Schedule T	
? FILER NAME ? FICER NAME	۲۲۲ () ۱۱ ۱۱ ()	D All			3 ACCOUNT # (Ethics	Commission filers)
4 Name of Contributor /	Corporation	or Latfor Organization	on / Pledgor / Payee	W- 1	· · · · · · · · · · · · · · · · · · ·	
5 Contribution / Expend	liture reporte	d on:		<u> </u>		
☐ Sch	nedule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sch	nedule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) traveling)			
	8 Departu	ure city or name of de	eparture location	A * * *A	·- <u>-</u>	
	9 Destina	tion city or name of	destination location			
10 Means of transportat	ion	11 Purpose of trav	el (including name o	of conference, sem	ninar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Pavee			
Contribution / Expendit	ture reported	on:		1 · ·		
☐ Sci	hedule A	Schedule B	Schedule C	Schedule E	Schedule F	Schedule G
Sc	hedule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of dep	arture location	•••		
	Destination	on city or name of de	stination location	····	 .	72.005
Means of transportation	n	Purpose of travel	(including name of	conference, semin	nar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendi	ture reported	I on:				
☐ Sc	hedule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
□ 5d	hedule H	Schedule N	СОН-ЛС	Сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of dep	arture location	7 8 10 11 11 11 11 11 11 11 11 11 11 11 11		
	Destination	on city or name of de	stination location		<u> </u>	
Means of transportatio	n n	Purpose of trave	l (including name of	conference, semir	nar, or other event)	
		1			<u> </u>	
		ATTACH ADDIT	ONAL COPIES OF	THIS FORM AS	NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

.	DES	IGNATION OF FINAL REPORT	
		struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••	
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission filers)
3	SIGNA	TURE	
	report as	expect any further political contributions or political expenditures in connection with my cand a final report terminates my campaign treasurer appointment. I also understand that I may any campaign expenditures without a campaign treasurer appointment on file.	
		Signature	of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		t do not have unexpended contributions or unexpended interest or income earned from pol-	itical contributions.
		I have unexpended contributions or unexpended interest or income earned from political connot convert unexpended political contributions or unexpended interest or income earned or use. I also understand that I must file an annual report of unexpended contributions and contributions or unexpended interest or income earned on political contributions longer threport. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 25	political contributions to personal that I may not retain unexpended han six years after filing this final and unexpended interest or income
	8.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income from	n political contributions.
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in of Election Code, § 254.204.	m political contributions to personal
		Sig	gnature of Candidate
5		CEHOLDER plete 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 I am also aware that I will be required to file reports of unexpended contributions if, after to officeholder, I retain political contributions, interest or other income from political contributions contributions or interest or other income from political contributions.	filing the last required report as an
		Sig	nature of Officeholder

act charges in most gardinal strategic

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this for	1 ACCOUNT# (Ethics Correlisation file/s)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MESIMPSOME PRIST MARK MICHIUME UST JONES	SUEPIX	RECEIVED IN THE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address.	PU BUX 982	Kyle TX 7864	ELECTION OFFICE Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	ARFA CODE PHONE NUMBER (5/2) 5/7 29	925	Recept & Agrount Date Processed
6 CAMPAIGN TREASURER NAME	MSTMRSTOR FIRST JAMES MCHICAME UST ANDU	0.00	Date in aged
7 CAMPAIGN TREASURER ADDRESS (Residence or trusiness)	201 Howes Fend 120	KYLE, TR	78649
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE HUMBER (572) 481-850	EXTENSION	
9 REPORTTYPE	Jehuniy 15 30th day before el	Samuel .	15th day after campaign treasulter appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	1 / 1 / ZOTO	HROUGH (/21	12010
11 ELECTION	Morith Day Yeas ELECTIC 3 2 7010 P		Genieral Special
12 OFFICE	OFFICE HELD (# 819)	Haxi County	Commissional Pet Z
14 NOTICE OF DIRECT CAMPAIGN	* Direct canspaign expenditures are camps Candidates are required to disclose this infe	sign expenditures reade by others within	ut the candidate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Nome		
natishiohal sagès	Address / PO Box: Apt. / Suite if, City; Stat	ie; Zie Code	
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	An			
TO OFFI TRAME	MARK	Jones	16 ACCOUNT # (Ethics Correctission Fileh	
17 NOTICE FROM POLITICAL	ROM candidate / officeholder. These expenditures may have been made without the candidate is officeholders are required to report this information only if they receive notice of			
COMMITTEE(S)	COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ACORESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1400.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZ	ED \$ -0-	
	4. TOTAL	POLITICAL EXPENDITURES	\$ _0_	
CONTRIBUTION BALANCE	5. TOTAL OF REP	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DI	s 3367.15	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 3367.65	
19 AFFIDAVIT			2	
	JOYCE A. C Notary Public, Stal My Commission	OWAN is true and correct and includes all is me under Title 35. Election Code of Texas	porjury, that the accompanying report information required to be reported by	
	OCTOBER 2	1 1/1/1/1 . 1/1/4	icute or Officeholder	
		the said MARK Jones	, this the day	
of Feb. 2	0 10 to ce	rtify which, witness my hand and seal of office.		
Jesus //	(outen)	Joyce A. LOWAN	NOTARY	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	s		SCHEDULE A
The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM	MARK JONE	- A de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa de la completa de la completa del la completa de la completa de la completa del la c	3 ACCOUNT# (Effécs Controlssion Bers)	
4 Date 1/14/2010	5 Full name of contributor Det of sale FACIDE JOE KRACIK 6 Contributor address: City: State: Zip Code & R 442 Cap MAL OF R & AUSTIN, 18 78759	twy ste soo	7 Amount of contribution (S) Zoo ed (if travel outside of	8 In-kind contribution description (if applicable) of Texas, complete Schedule T)
9 Principal occu	apation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Gerelaum PACICE. MRS. B-R- WRANITZKY		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18/2010	Contributor address; City; State; Zip Code		10000	
Principal occu	KYCE, TX 78640 upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 1/18/2010	Full name of contributor another property Thomas D SCAR GRANT Contributor address; City. State: Zip Code 19 Cours fay DAKS OR. RMDA. 72 78610		Amount of contribution (\$)	In-kind contribution description (if applicable)
The second secon	upation / Job title (See Instructions)	Employer (See I	Annual Control of the	or reality surrence concerne of
Date	Full name of contributor oxtof-stds PAC Dk		Amount of confribation (\$)	In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			<u> </u>	planting of the later.
Date	Full name of contributor qui-of-state PAC (IDA)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City: State; Zip Code	811 X X X X X X X X X X		
Principal occ	upation / Job title (See Instructions)	Employer (See	A STATE OF THE PARTY OF THE PAR	of Texas, complete Schedule T)
16	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru			requirements.

	TE / OFFICEHOLDER N FINANCE REPORT	78711-2070 (51	2) 463-5800 1-800-325-8500 FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	1 '	CCOUNT# Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS/ MR FIRST	MF	OFFICE USE ONLY
NAME	M 4212	SUFFIX	Date RecRECEIVED
	James	ŞÜFTIA	90 FEB 2 ≥ 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #; CITY,	STATE, ZIP CODE	ELECTION OFFICE
Change of Address			fax 2/19/2010
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRE/MR FIRST JAmes NICKNAME LAST	MI SUFFIX	Date (maged
	Durine Avoorson		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE#. 201 tome 5 TEAO PO EXTER	CITY: STATE.	ZIP CODE 78640
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 481-9506	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before electron	Exceeded \$500 limit	Final report (Attach C/OH FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/ Z01 O
11 ELECTION	Month Day Year ELECTION TYPE 3 / 2 / 10 Primary	Runoff	General Special
12 OFFICE	School Board V.P.	13 OFFICE SOUGHT HIKM	Commissioner Pet 2
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expeni Candidates are required to disclose this information or	ditures made by others without	it the candidate's prior consent or approval
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #, City; State. Zip Cox	de	
additional pages			
	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH

	1	6 ACCOUNT # (Ethics Commission Filers)
candidate / officehole	ler. These expenditures may have been made without the candidate's or	officeholder's knowledge or consent.
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL SPECIFIC	COMMITTEÉ ADORESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
ONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ -0-
		\$ 2700. **
XPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED DTALS		\$ -0-
4. TOTAL	POLITICAL EXPENDITURES	\$ 2700,00
		\$ 1263.43
Notery Public, State My Commission (of Tourse Expires 8, 2013	
	•	, this the Z3 day
(outa) ministering oath	Source A. CoulAN Printed name of officer administering oath Ta	No TAR 9 de of officer administering oath
	Condidates and office conditions are conditions and office conditions and office conditions are conditions and office conditions and office conditions are conditions are conditions are conditions.	This box as for notice of political contributions accepted or political expenditures made by candidate / office/holder. These expenditures may have been made without the candidate's or Candidates and Office/holders are required to report this information only if they receive notice. COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAM

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	;		SCHEDULE A
The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	idule A:
2 FILER NAM	E		3 ACCOUNT# (Ein	ica Commission filers)
A Date	5 Full name of contributor outd-state PACRON	Employer (See		8 In-kind contribution description (if applicable) in applicable (if applicable)
Date	Full name of contributor Out-of-state PAC(IDA) William T Johnson Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/4/2010	4119 FMISON KUE, B			of Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions)	Employer (See	instructions)	
2/4/2010	Full name of contributor Out-of-state PAC (IDH- PATRICLA A Shall marker Contributor address; City: State; Zip Code	18610	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	<u> </u>	or reaso, compare consecution in
24kara	Full name of contributor Out-of-state PAC (IDA: CAHOLI & BARBARA LABORDE. Contributor address: City; State: Zip Code 4721 FM 150 W KYLE, TX	78640	Arnount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
2 liukono	Full name of contributor out-of-state PAC(ID#: SHOUEN A - RANKING Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	LAO TEAL LANE KYLE, TR	18640 Employer (See	(If travel outside	of Texas, complete Schedule T)
If	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instruc			requirements.

exas Ethics Comn	ission P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-	5800 1-800-325-8506
LOANS					SCHEDULE E
The Instruction	Guide explains how to comp	lete this form.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Total pages Scheo	dule E:
2 FILER NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 ACCOUNT# (Ellw	cs Commission (ilors)
TOTA	. OF UNITEMIZED LOA	.NS: ➪ ⇔	⇔	\$ \$	\$
5 Date of loan	7 Name of lender	Out-of-sta	e PAC (ID#		9 Loan Amount (\$)
12/22/2009	MARK JON	1e 5			1263.43
is lender a financial institution?	8 Lender address; City.	State; Zip Code	· · · · · · · · ·		10 Interest rate
Y N					11 Maturity date
2 Principal occupation	/ Job title (See Instructions)	13	Employer (See In	structions)	
14 Description of Collate	eral		l	·,···· · · · · · · · · · · · · · · · ·	
15 GUARANTOR INFORMATION	16 Name of guarantor	, <u></u>			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		, , ,	
19 Principal Occupation	, , , , , , , , , , , , , , , , , , , ,	20 Empl	oyer		
Date of loan	Name of lender	Out-of-sta	te PAC (ID#		Loan Amount (\$)
Is lender a financial institution?	Lender address; City:	State; Zip Code			Interest rate
Y N					Maturity date
Principal occupatio	n / Job title (See Instructions)	Emp	oloyer (See Instruc	tions)	<u> </u>
Description of Collat	eral	, , , , , , , , , , , , , , , , , , ,			·
GUARANTOR INFORMATION	Name of guarantor	· 4 .			Amount Guaranteed (\$)
not applicable	Guerantor address; City;	State: Zip Code			
Principal Occupation		Emp	łoyer		
If len	ATTACH ADDI	TIONAL COPIES (quirements.

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instru	ction Guide explains how to complete this form.		Total pages	Schedule F
2 FILER NAM	1E	;	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name KC Strutebles		, ,	7 Amount (\$)
2/9/2010	KC Stratebles 6 Payoe address; City; State; Zip Code #261 614 South 1st Austu, TX	78704		4500 00
8 Purpose of pa required.)	syment (See instructions regarding type of information	9 · Complete if dire Candidate / Officeholder na	-	to benefit C/OH ** Office held Office held
(if travel outsi	de of Texas, complete Schedule T)			
Date	Рауее патте		7, 1	Amount (S)
	Payee address; City; State; Zip Code			
required.)	ayment (See instructions regarding type of information idea of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na	•	to benefit C/OH Office sought Office held
Date	Payee name	VPANA V	·	Amount (\$)
	Payee address; City, State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
required.)	ayment (See instructions regarding type of information tside of Texas, complete Schedule T)	→ Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
Date	Payee name	<u> </u>		Amount
				(5)
	Payee address; City; State; Zip Code			
required.)	ayment (See instructions regarding type of information	Complete if dire Cendidate / Officeholder no		to benefit C/OH ** Office sought Office held
lu neves odd	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS ALL		
	ATTACH AUDITIONAL COPIE	S OF IMIS FURM AS NI	ECUEU	

1-800-325-8506

	E / OFFICEHOLDER I 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:
CANDIDATE / OFFICEHOLDER NAME CANDIDATE /	MS/MRSTMR FIRST MACK NICKNAME LAST JONES ADDRESS / PO BOX: APT / SUITE #; CITY;	MI SUFFIX STATE: ZIP CODE	OFFICE USE ONLY Date Rec RECEIVED JUL 15 2010
OFFICEHOLDER MAILING ADDRESS Change of Address			ELECTION OFFIC
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount Date Processed
CAMPAIGN TREASURER NAME	NICKNAME LAST ANDERSON		Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	KYLE R	7864°
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (S12) 481-9506	EXTENSION	
REPORT TYPE	January 16 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
IO PERIOD COVERED	Month Day Year THROUGH 2 / 22 / 2010		year
11 ELECTION	Month ELECTION DATE ELECTION TYPE Month	Runoff [General Special
12 OFFICE	OFFICE HELD (if any)	County	COMMISSIONE
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDIT CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMAT Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip C	ode	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 ACC	COUNT # (Ethics Commission Filers)
7 NOTICE FROM POLITICAL	CANDIDATE DEFICE	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO DLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME)
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2987 00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,954. 50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ - 5 -
	4. TOTA	POLITICAL EXPENDITURES	\$ 3143.85
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 9656.24
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 1263.43
19 AFFIDAVIT		I swear, or affirm, under penalty of perji is true and correct and includes all info me under Title 15 Election Code. Signature of Candida	mation required to be reported by
AFFIX NOTARY STA	MP / SEAL ABOVE		
Sworn to and su	bscribed before	me, by the said MARK Jones	, this the
	of July	, 2010 , to certify which, witness my	hand and seal of office.
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath

as Ethics Com	umission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
POI ITIC	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A
The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A: 2
		3 ACCOUNT # (Ethics Commission Filers)
FILER NAME	MARK Jones	7 Amount of 8 In-kind contribution
Date	5 Full name of contributor out-of-state PAC(ID#) Aus-Tex Consolinates SVC LLC	7 Amount of 8 In-kind contribution (\$) description (if applicable)
6/28/10	6 Contributor address; City: State; Zip Code	585.00
	KYLE, TX 18640	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / 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)
2/10/10	BALDAIDE ROY & SUSAN Contributor address: City: State: Zip Code Dr. 301 WILDCAT HOLLOW Dr. KYLE, TX 78640	100.00
•	KYLE, 12 78640	(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (Sec	e Instructions)
Date	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
1/0/19	1 P.O. Box 147	200 00
	KYLE, TX 78640	(If travel outside of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor Out-of-state PAC (ID* CAGLE TROY & SALLY	_) Amount of In-kind contribution (\$) description (if applicable)
7/10/10	Contributor address: City; State; Zip Code	60.00
•	KYLE, TX 78640	(If travel outside of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable
3/3/10	Contributor address; City: State; Zip Code 301 TURTLEAOVE CIR.	100.00
Principal oc	ccupation / Job title (See Instructions) Employer (S	(If travel outside of Texas, complete Schedule T) See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED pradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedul	e A: 12
THE HOST COLOR COLOR	3 ACCOUNT # (Ethics	Commission Filers)
FILER NAME MARK JONES		
Full and of contributor Count of close PaC/ID#	7 Amount of 8	In-kind contribution description (if applicable)
	contribution (\$)	treates for the management of
Chapman LYNN Chapman LYNN Contributor address; City: State; Zip Code 4704 MATHER	6000	
79040	(If travel outside of)	exas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Employer (Se		
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
Childress; City; State; Zip Code		
Contributor address; City; State; Zip Code	40 20	
111-11-114 PHALKROPE	150 -	
BUDA, TR 7861D	(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	ee Instructions)	
Full name of contributor Out-of-state PAC (ID#) Amount of	In-kind contribution
Date	contribution (\$)	description (if applicable
CUNE NATHANIEL & SANAY Contributor address; City; State; Zip Code		
	69	
7/10/10 201 Spillway & Kyle, Tx 7864	(If travel outside o	f Texas, complete Schedule T
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution
Date	contribution (\$)	description (if applicab
Contributor address; City; State; Zip Code	00	
7/10/10 Contributor address; City: State: 215 Code 10/10/10 POI MOUNTAIN CREST DR. WIMBERLEY, TR 78676	20000	
11 1 18001 DR 78676	/if travel outside (of Texas, complete Schedule
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 applica
CROWELL DAVID & NAWCY Contributor address; City: State; Zip Code		
1/10/10 Contributor address; City; State; Zip Code	100 00	
1 110 11 0 1 Kay 45		
1 11 1000	(If travel outside	of Texas, complete Schedule
KYLE, TR 78640	(See Instructions)	

POLITIC <i>A</i> OTHER T	AL CONTRIBUTIONS HAN PLEDGES OR LOANS	SCHE	OULE A
The in	struction Guide explains how to complete this form.	1 Total pages Schedule A:	P-
		3 ACCOUNT # (Ethics Commission	n Filers)
FILER NAME	MARK JONES		
Date 5	Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution (\$) description	contribution (if applicable)
	Curien, bary or CARROL		
Molio 1	1035 RANCHERS CLUB LN	100.00	
	DRIFTWOOD, TZ 78619	(if travel outside of Texas, compl	ete Schedule T)
Principal occupa	tion / Job title (See Instructions) 10 Employer (See Instructions)	
, , , , , , , , , , , , , , , , , , , ,) Amount of In-kind	contribution
Date	Full name of contributor out-of-state PAC (ID#		n (if applicable
	DOYUE LUCINOA OR BRN Contributor address? City: State; Zip Code 502 PINE SISKIN DR		
1/10/10	Contributor address, City, State, 21,000 DC	6000	
11-11	BUDA. TR 78610	(If travel outside of Texas, comp	lete Schedule T)
This single occur		See Instructions)	
Principal occup	440	La Live	d contribution
Date	Full name of contributor out-of-state PAC (ID#:		on (if applicable
í	EVANS JOHN L & Jennifer Contributor address: City: State; Zip Code	ι ()	
7/10/10	Contributor address: City: State; Zip Code 1663 PARKVIEW EN	6000	
£ [' '	SAN MARCOS, TR 78666	(If travel outside of Texas, corr	miete Schedule T
m 2 2	pation / Job title (See Instructions) Employer	(See Instructions)	prete octionary
Principal occu	page 7 355 title (556 meters)		
Date	Full name of contributor out-of-state PAC (ID#	contribution (\$) descript	nd contribution ion (if applicab
. 1	Ferbuson, Terry or tegg	Υ	
7/10/10	Contributor address; City: State: Zip Code 60 444 Bear PA	145	
		(If travel outside of Texas, cor	nplete Schedule
Principal occu	pation / Job title (See Instructions) Employe	(See manucions)	
Date	Full name of contributor out-of-state PAC (ID#		nd contribution
1	GANDY BILLY & HOLLY	contribution (\$) descrip	(ii appiioa
مامام	Contributor address; City; State; Zip Code	6000	
1 11, 1	300 INDIAN HILLS IK		
	KYLE, TR 78640	(If travel outside of Texas, co	mplete Schedule
Principal occ	upation / Job title (See Instructions) Employe	r (See Instructions)	

Revised 04/21/2010

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: PLIFE NAME MARK JONES 3 ACCOUNT # (Ethics Commission File Contributor on the Contributor address: City: State: Zip Code TIGHT AROUND AR MISSA 9 Principal occupation / Job title (See Instructions) Date Full name of contributor on out-of-state PAC(IDM AROUND) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC(IDM AROUND) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC(IDM AROUND) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC(IDM AROUND) Amount of Contribution (S) description (if In-kind contributor Out-of-state PAC(IDM AROUND) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC(IDM AROUND) Amount of Contribution (S) description (if In-kind contribution (S) description (if In-kind contribution (S) description (if In-kind contribution (S) (If travel outside of Texas, complete (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	25-8506	1-800-325-8	(512) 463-580	as 78711-2070	nission P.O. Box 12070 Austin, Texas	is Ethics Comn
The Instruction Guide explains how to complete this form. FILER NAME MARK JONES Date S Full name of contributor GARRAWAY VEVIN OR MISSA TO Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC(IDM Amount of contribution (\$) Out-of-state PAC(IDM Out-of-state PAC(ID	.E A	SCHEDULE A		s	CONTRIBUTIONS	POLITICA
Date S Full name of contributor	_	ile A: 12	1 Total pages Schedu	form.	struction Guide explains how to complete this fo	The In
Date Date S Full name of contributor out-of-state PAC(ID# O	ers)	s Commission Filers)	3 ACCOUNT # (Ethic			
Date S Full name of contributor	cibution	lu laind contributio			MARK Jones	FILER NAME
MOWAYN CTY TX 78610 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor address: City: State: Zip Code ORIFTWOOD TR 78619 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contributor of contributor out-of-state PAC(ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	ipplicable)	description (if applica	1 101(000,000	L MILISSA-	Full name of contributorout-of-state PAC (ID#	Date 5
Principal occupation / Job title (See Instructions) Date			6000			7/0/10
Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) In-kind condescription (if travel outside of Texas, complete state) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) In-kind condescription (if travel outside of Texas, complete state) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) 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 (\$) Amount of contribution (\$) In-kind contribution (\$) Amount of contribution (\$) In-kind contribution (\$) Principal occupation / Job title (See Instructions) In-kind contribution (\$) Principal occupation / Job title (See Instructions) In-kind contribution (\$) Principal occupation / Job title (See Instructions) In-kind contribution (\$) In-kind contribution (\$)	chedule T)	Texas, complete Schedule	(If travel outside of	8010	MOUNTAIN CITY TR 18	
Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) In-kind contribution (\$) description (If travel outside of Texas, complete (\$) Out-of-state PAC (ID# Amount of contribution (\$) Out-of-state PAC (ID# Amount of contribution (\$) Out-of-state PAC (ID# IT (If travel outside of Texas, complete (\$) Out-of-state PAC (ID# IT (ID# Out-of-state PAC (ID# ID# Out-of-state PAC (ID# Out-of-sta			Instructions)	10 Employer (See	tion / Job title (See Instructions)	Principal occupa
Contributor address: City: State: Zip Code Contributor	tribution	In-kind contribution				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	applicable	describion (ii appiio	contribution (\$)		Tull Harris of continuous	Date
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor			10000		Contributor address: City: State; Zip Code LG 25 RR 3237	7/10/10
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) description (if travel outside of Texas, complete	Schedule T)	f Texas, complete Schedu	(If travel outside o	8619	DRIFTWOOD, TR 78	
Date Full name of contributor Dank Shaken Contribution (\$) description (if	100000000000000000000000000000000000000		Instructions)	Employer (See		Principal occup
Uhland, TR 7867 (If travel outside of Texas, complete Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of-state PAC (ID# Amount of contribution (\$) description (\$)		In-kind contribute description (if appli		Sharon	Full name of contributor out-of-state PAC (ID#_ HELDEM AW, DANKE &	Date
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (\$)			18500	•	Contributor address; City; State; Zip Code	2/10/10
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (\$)	Schedule T)	of Texas, complete Sched	(If travel outside	-	uhiano, TR 1864-	
Date Full name of contributor Contribution (\$) description (Instructions)	Employer (Se		Principal occur
HOLT JAMES & JOANN		In-kind contribu description (if appl	·		,	Date
1/0/0 Contributor address; City; State; Zip Code 300			30000		Contributor address; City; State; Zip Code	1/10/10
KYLE TX 78640 (If travel outside of Texas, complete	Schedule T)	of Texas, complete Sched	(If travel outside	40	KYLE TX 786	,
Principal occupation / Job title (See Instructions) Employer (See Instructions)			e Instructions)	Employer (Se	pation / Job title (See Instructions)	Principal occu
		In-kind contribu	/ 1	*	Full name of contributor Out-of-state PAC (ID#:	Date
TIDID Contributor address: City: State: Zip Code 11010 Contributor address: City: State: Zip Code 60	fii abbiiceoid	description (if app	OB	l-AT	Huntle BALT & Ci. Contributor address; City; State; Zip Code	7/10/10
KYCE, TX 78640 (If travel outside of Texas, complete	te Schedule T)	e of Texas, complete Sche	(If travel outside	40	KYLE, TR 1860	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				Employer (S	upation / Job title (See Instructions)	Principal occ

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 17
FILER NAME MALK JONES	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC(ID)#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC(ID#: ARNOLA Sor R Contributor address; Sity; State; Zip Code 1017 Etylogram AUSTIN, TX 18702 Employer (Se	Amount of contribution (\$) In-kind contribution description (if applicable (if travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	Amount of contribution (\$) In-kind contribution description (if applicable contribution of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#: JOHNSON William & Gene Contributor address; City; State; Zip Code KYLE, TX 78640	Amount of contribution (\$) Amount of contribution (\$) (GO
Date Full name of contributor cut-of-state PAC (IC#	Amount of contribution (\$) In-kind contribution description (if application) Q.A (Q.D) (If travel outside of Texas, complete Schedule See Instructions)

BOLITIC	mission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE A
OTHER 1	HAN PLEDGES OR LOAN	IS		
The In	struction Guide explains how to complete this	form.	1 Total pages Schedule	A IP
FILER NAME	MARK JONES		3 ACCOUNT # (Ethics	Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of 8 contribution (\$)	In-kind contribution lescription (if applicable)
7/10/10	6 Contributor address; City; State; Zip Code	0	(0000	ou de Cabadaia TV
Principal occupa	KYLE, TO 1867 ation / Job title (See Instructions)	10 Employer (See	£	exas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	hor William	Amount of contribution (\$)	In-kind contribution description (if applicable)
11000	Contributor address; City; State; Zip Codi	PD	1000	
	BURAIR 186	Employer (See		exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)			
Dat e	Full game of contributor Out-of-state PAC(ID) LAN (AS FIR BILLY Contributor address; City: State; Zip Coo	Jusy	Amount of contribution (\$)	In-kind contribution description (if applicable
7 (10/10)	204 PINTAIL ST 186		epistus levest 3)	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		icas, compare contract
Date	Full name of contributor out-of-state PAC (IC	* Kesa	Amount of contribution (\$)	In-kind contribution description (if applicable
7/10/10	1 0	PEWY	8502	
Principal occu	pation / Job title (See Instructions)	Employer (Se	(If travel outside of e Instructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (III	* X KRISTINE	Amount of contribution (\$)	In-kind contribution description (if applicabl
Nolio	Contributor address; City; State; Zip Co	LN	100 00	
Principal occi	Daigning Spring. Upation / Job title (See Instructions)		(if travel outside o	f Texas, complete Schedule T
ıf	ATTACH ADDITIONAL COPIE contributor is out-of-state PAC, please see i			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
	3 ACCOUNT # (Ethics Commission Filers)
FILER NAME MARIC JONES	
Date 5 Full name of contributorgut-of-state PAC(ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable
LINEBARGE GOGGA BLATA Supse	~
110 (D 6 Contributor address: City: State: Zip Code	5000
AUSTIN 72 78760	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Employer (Se	
Principal occupation, 300 mar (assertion)	
Date Full game of contributor Out-of-state PAC (ID#	_) Amount of In-kind contribution contribution (\$) description (if applicable
Contributor address: City; State; Zip Code	
Contributor address; City; State; Zip Code	. 00_
11010 00000000	100
BUDA, TR 78610	(If travel outside of Texas, complete Schedule T)
130.771	ee Instructions)
Principal occupantity of the company	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicab
MAZUREK, RERY ON ELIZABET	h common to
MAZUALK, RACY ON ELIZABET 1/10/10 101 PHALAROPE DR.	16000
BUM . IZ 786110	(If travel outside of Texas, complete Schedule 1
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor out-of-state PAC (ID#	
MCDONALD YRMON OF POLORES	
Contributor address; City; State; Zip Code	7500
1/10/10 397 CAMAR SI	
SAN MINCOS TR 78666	(If travel outside of Texas, complete Schedule
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Date Full name of contributorout-of-state PAC (ID#	Amount of In-kind contribution
Melansie Kifk Wendi	contribution (\$) description (if applica
Contributor address: Dity: State: 7in Code	1 00
Me Kinsie Kip & Wendi Contributor address; City; State; Zip Code 1605 BLUSHY BEND	6000
	(If travel outside of Texas, complete Schedule
Principal occupation / Job title (See Instructions) Employer ((See Instructions)

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

- A	imission P.O. Box 12070 Austin, Texas 78711	1-2070 (512) 463-5800 1-800-325-8506
POLITICA OTHER	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A
The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule A: 12
1110 11		3 ACCOUNT # (Ethics Commission Filers)
FILER NAME	Mark Jones	
Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
lalio	MOCK KLITT on FOUY 6 Contributor address; City: State: Zip Code 79 5 Lugar Creek KYLE, TR 78640	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) 10 Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: MOORE, DEBOLAH 7 Michael Contributor address; City: State; Zip Code	Amount of In-kind contribution (\$) description (if applicable
4/28/10	706 S GROSS KTLE, TR 78640	(if travel outside of Texas, complete Schedule T) over (See Instructions)
Principal occu	pation / Job title (See Instructions) Empl	
Date	Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
V (KYLE, TX 78640	(If travel outside of Texas, complete Schedule T
Principal occu	upation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#) PIN KAND CASEY L. DR. (Contributor address; City; State; Zip Code	Amount of In-kind contribution (5) description (if applicab
6/28/10	270 Jepany's Care 781010	100
	(100)4 / 1	(If travel outside of Texas, complete Schedule 1
Principal occ	supation / Job title (See Instructions)	ployer (See Instructions)
7 (A 10	Full parme of contributor out-of-state PAC (ID#: OSE Y DAVE Sh Contributor address; City; State; Zip Code 2280 JACK CHAYS T BUSA TX 18618	Amount of contribution (\$) In-kind contribution description (if applicated by the contribution (\$) In-kind contribution (if applicated by the contribution (\$) In-kind cont
Principal oc	cupation / Job title (See Instructions) Em	oployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

POLITICA OTHER	AL CONTRIBUTION THAN PLEDGES OF	S R LOANS		SCHEDULE A
The Ir	nstruction Guide explains how to c	omplete this form.	1 Total pages Schedul	A. IZ
FILER NAME	MAAK JON		3 ACCOUNT # (Ethica	s Commission Filers)
		of-state PAC (ID#		In-kind contribution description (if applicable)
.[110]12	BUDA, TX	78640	(if travel outside of	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer	(See Instructions)	
Date	Full name of contributor out	of-state PAC (ID#, MPN + QR SAW ate; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/10/10	12/21 600 12003	78610	(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions)	
3/3/10	CARZA, DIA Contributor address; City; SI	18747	(If travel outside o	In-kind contribution description (if applicable applicable for the following the follo
Principal occi	upation / Job title (See Instructions)	Employe	r (See Instructions)	
7 0 0	Rosch, We	SULLOT-STATE PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable description (if applicable) of Texas, complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employe	er (See Instructions)	
) (0 (10	Contributor address? City;	out-of-state PAC(IDIF_ en or 1 Sharw State; Zip Code Au 6 HTO~ 78640 Employ	Amount of contribution (S) So	In-kind contribution description (if applicate) of Texas, complete Schedule
Principal oc	superior rape and (wee managed)	i		

POLITICA OTHER 1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	ì		SCHEDULE A
The In	nstruction Guide explains how to complete this fo	rm.	1 Total pages Schedu	ile A: IP
FILER NAME	MARIC Jones		3 ACCOUNT # (Ethic	s Commission Filers)
	Full name of contributor out-of-state PAC(ID# OUT-O	r Jean	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
11010	SAN MARCOS, TR	18006		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	Charla	Amount of contribution (\$)	In-kind contribution description (if applicable)
	HYS Sampson 1864, boation / Job title (See Instructions)	Employer (See	~1·····	Texas, complete Schedule T)
Date 7/(0/14	Full name of contributor out-of-state PAC(ID#_ SCAREIBER RAND Contributor address; City; State; Zip Code 3004 LYN BROCKE	T pe	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	AUSTN, R 18	748 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (IO#		Amount of	In-kind contribution description (if applicable
6/28/p	Contributor address; City; State; Zip Code 506 PLAC SISKIN	on Vicki	contribution (\$)	description (ii applicable
Principal occu	Buck, TX 78610 upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T
Date	Full name of contributor out-of-state PAC (ID#_ Smith; Wayne 0	e Pam	Amount of contribution (\$)	In-kind contribution description (if applicab
7/10/10	Contributor address; City; State; Zip Gode 538 YORKS (2053 ING DRIFTWOOD, TR 7861	S	60 OS	of Texas, complete Schadule
Principal occ	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
II	ATTACH ADDITIONAL COPIES (f contributor is out-of-state PAC, please see inst	OF THIS SCHEDU	LE AS NEEDED additional reporting	g requirements.

	AL CONTRIBUTION THAN PLEDGES O			SCHEDULE A
The Ir	nstruction Guide explains how to	o complete this form.	1 Total pages Scho	edule A: IZ
FILER NAME	MARK JO	nes	3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributor o	ut-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0/28/10	421 Bitten	PECONICA \$ (1000	
Drive in all cogues	ation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
Fillicipal occup				T
Date	11001-16	cut-of-state PAC(ID#_ L12ABeH	Amount of contribution (\$)	In-kind contribution description (if applicable
7/10/10	Contributor address; City;		545 10	.t
	Bush, TX	78610	(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Em	ployer (See Instructions)	
Date	Full name of contributor Duse	out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
2/10/10		State; Zip Code	6000	
- ,	BUDA, B	78610	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	En	nployer (See Instructions)	
Date	WOOD PAN	out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicabl
7/10/10	Contributor address; City;	State: Zip Code.	250 30	.
	KYLE, TX	2 (00	(If travel outsid	e of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Er	nployer (See Instructions)	
Date	Full name of contributor SAUT LICK	out-of-state PAC (ID#:	Amount of contribution (\$	
6/28/10	Contributor address; City;	State; Zip Code	1712.50	275 Benses Meals
Principal occu	DRIFTWOON upation / Job title (See Instructions)	D 7861	(If travel outsion mployer (See Instructions)	e of Texas, complete Schedule
•	-			

* **	AL CONTRIBUTION		is		SCHEDULE A
The I	nstruction Guide explains how to	o complete this	form.	1 Total pages Sche	dule A:
FILER NAME			, , , , , , , , , , , , , , , , , , ,	3 ACCOUNT # (Eth	nics Commission Filers)
1 (28/10	5 Full name of contributor of the Davis Che 6 Contributor address; City; 5 12708 A29122	ut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Fire weaks Display
	ation / Job title (See Instructions)	(e)V	10 Employer (See	L	of Texas, complete Schedule T)
Date	Full name of contributor	out-of-state PAC (ID#_	of Ranklers	Amount of contribution (\$)	In-kind contribution description (if applicable
6/28/10	Contributor address; City;	State; Zip Code		500 34	Live
Principal occup	Bulle, Tx. 7861V pation / Job fille (See Instructions)		Employer (See		of Texas, complete Schedule T)
Date	Contributor address; City;	•	ican farry	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	SAW MARCOS pation / Job title (See Instructions)	12 18	Employer (See		of Texas, complete Schedule T)
Date		out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicabl
Principal occu	pation / Job title (See Instructions)	Water Control of the	Employer (See		of Texas, complete Schedule T
Date	Full name of contributor	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicab
	Contributor address; City;	State; Zip Cod			-
Principal occi	pation / Job title (See Instructions)		Employer (See		of Texas, complete Schedule T
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	

LOANS				SCHEDULE E
The Instruction Guide explains how to complete this form.			s Schedule E:	
FILER NAME	MARK JONES		ACCOUN	NT # (Ethics Commission Filers
TOTAL	OF UNITEMIZED LOANS:	a) a) a) a) a) a)		\$
Date of loan	7 Name of lender MALL Javes	out-of-state PAC (ID#:)	9 Loan Amount (\$) 1263. 43
Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	, , ,	10 Interest rate N/A 11 Maturity date N/A
Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction.)		L
Description of Coll				18 Amount Guaranteed (
GUARANTOR INFORMATION not applicable	16 Name of guarantor 17 Guarantor address; City;	State; Zip Code 20 Employer (See Instructions)		
Principal Occupat	ion (See Instructions)			
Date of loan	Name of lender	Unut-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)		
Description of Co	lateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	ation (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Lab Solicitation/Fundraising Expe Travel In District Travel Out Of District	oor Loan Repaym ense Transportation Contributions/ Candidate	ent/Reimbursement a Equipment & Related Expense Donations Made By (Officeholder/Political Committee r a category not listed above)
Fees	Printing Expense The Instruction Guide	Office Overhead/Rental Exp explains how to complete		a catagory nochata abova
		Explanation to complex		OUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	MARIC JUNES			
4 Date / 9 / 10	Wells Frebo	BANK		
6 Amount (\$)	7 Payee address; 5 City; St 5401 5 FM	ate: 626, SHE	400	
64.28	Kyle, R.	18640	400	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) De	scription (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Accounting By	mkind		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Offi	ice sought	Office held
Date (28/10	Payee name Jeloo Patter	Ben		
Amount (\$)	Payee address; Sty; S	tate; Zip Code	204	
179.61	Austin, To	2 78727		
PURPOSE	Category (See categories listed at the to	op of this schedule) De	escription (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	0 the (Fostace	e)		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	e Off	fice sought	Office held
Date 2 H D	Payee name KC Stx	atebies		
Amount (\$)	Payee address; City; S	itate; Zip Code		
2300.00	Austo.	12 12 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
PURPOSE	Category (See categories listed at the	op of this schedule) D	escription (If travel outsid	e of Texas, complete Schedule T)
OF EXPENDITURE	FRENTAL 6	×0		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder nam	ie Ol	ffice sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code	***************************************	
PURPOSE OF EXPENDITURE	Category (See categories listed at the			de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit to		ne O	ffice sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	DULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to cor •• Complete only if "Report Type" on page 1 is r	nplete this form. narked "Final Report" ••
С/ОН	INAME	2 ACCOUNT# (Ethics Commission Filers)
SIGN	NATURE	
report	ot expect any further political contributions or political expenditures in connecti t as a final report terminates my campaign treasurer appointment. I also unders ke any campaign expenditures without a campaign treasurer appointment on fi	stand that I may not accept any campaign contributions
	-	Signature of Candidate / Officeholder
, , ,	ER WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck 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 not convert unexpended political contributions or unexpended interest or in use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Ele	ncome earned on political contributions to personal ontributions and that I may not retain unexpended ributions longer than six years after filing this final contributions and unexpended interest or income
В.	ASSETS	
Ch	neck only one:	
	I do not retain assets purchased with political contributions or interest or o	other income from political contributions.
L	I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	other income from political contributions to personal
		Signature of Candidate
	FICEHOLDER complete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officer I am also aware that I will be required to file reports of unexpended cont officeholder, I retain political contributions, interest or other income from pol	ributions if, after filing the last required report as an
	contributions or interest or other income from political contributions.	modifications, of goods paronasca was position