Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY
Date Received
Date Filed 10/6/14
Rebecca Huerta
Date Hand-delivered or Postmarked
Rebecca Huerta
Received by: City Secretary
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR
FIRST ROBERT MI E
NICKNAME BOB LAST JONES SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: P.O. BOX 6993
APT / SUITE #:
CITY: CC,
STATE: TX
ZIP CODE 78466

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (361) PHONE NUMBER 779-5579 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR MR.
FIRST ALLAN MI E
NICKNAME AL LAST TORRES SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 4541 EVERHART
APT / SUITE #: SUITE 3
CITY: CC,
STATE: TX
ZIP CODE 78411

8 CAMPAIGN TREASURER PHONE
AREA CODE (361) PHONE NUMBER 816-9125 EXTENSION

9 REPORT TYPE
☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month 7 Day 1 Year 2014 THROUGH Month 9 Day 26 Year 2014

11 ELECTION
ELECTION DATE Month 11 Day 4 Year 2014
ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
MAYOR

GO TO PAGE 2

INDEXED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: BOB JONES

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: BOB JONES CAMPAIGN

COMMITTEE ADDRESS: P.O. BOX 6993 CC, TX 78466

COMMITTEE CAMPAIGN TREASURER NAME: AL TORRES

COMMITTEE CAMPAIGN TREASURER ADDRESS: 4541 EVERHART SUITE 3 CC, TX 78411

☐ additional pages

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 10,826.34
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,826.34
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,772.83
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 53.51
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —0—

18 AFFIDAVIT

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

Signature of Candidate or Officeholder

MARY ANN PENA
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-28-2018

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert E. Jones, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Peña	Mary Ann Peña	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1-6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/9/14	MICHAEL CONNIE BERGSMA 4117 ACUSHNET DR CC, TX 78413	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/9/14	J. DANIEL HOGAN EDANIELHOGAN@GMAIL.COM 818 ORIOLE, CC, TX 78418	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/11/14	WILLIAM R VADEN P.O. BOX 1658 INGLESIDE, TX 78460	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/14	CLARK C. FLATO P.O. BOX 1999 CC, TX 78403	1,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/13/14	S. GUTIERREZ 5151 FLYNN PKWY CC, TX 78411	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide 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: 2-6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/13/14	KEVIN/SARAH BARKER 7118 GINGERBERRY CC, TX 78414	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/13/14	JAMES/JANE ROSS P.O. BOX 3006 CC, TX 78463	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/22/14	B.B./M.R. NAJVAR 10606 ATLANTIC ST. CC, TX 78410	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/20/14	VINCE/SHEILA TELLO 6018 KING TRAIL CC, TX 78414	1,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/25/14	FRANK/ESTHER SPINA 1405 PRESTON LA. KELLER, TX 76248	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide 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: 3 - 6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/26/14	JIMMY/JANICE KIMBALL 3621 COX CIRCLE CC, TX 78410	75.00	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/26/14	DEBORAH L. HOVDA 8106 DOUGLAS CC, TX 78409	100.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/26/14	RICK MILBY 4412 HIGH RIDGE DR. CC, TX 78410	100.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/2/14	PAUL STRUNK 802 N. CARANCAHUA SUITE 1250 CC, TX 78401	500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/5/14	ROBERT ADLER P.O. BOX 5406 CC, TX 78466	500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4-6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/3/14	MICHAEL/NANCY CARTER 614 COLONIAL DR. CC, TX 78374	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/14	RICHARD/CARL MOORE 326 COUNTRY CLUB CC, TX 78412	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/14	RICK MILBY 4412 HIGH RIDGE DR. CC, TX 78410	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/11/14	ROBERT/KAREN CAGLE 6322 GRANDVILLERS DR. CC, TX 78414	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/12/14	JUAN MARTINEZ 7482 LAKE MONTICELLO CT. CC, TX 78413	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5-6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/18/14	ROBERT/DORA VIERA 14834 BEAL DR. CC, TX 78416	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/18/14	DAN LEYENDECKER 801 NAVIGATION BLVD. CC, TX 78408	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/17/14	SUSIE SULLIVAN 7434 LAKE SUPERIOR DR. CC, TX 78413	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/18/14	ROBERT E. PARKER P.O. BOX 9609 CC, TX 78469	1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20/14	JAMES E. WHITE P.O. BOX 22 HILLISTER, TX 77624	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide 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: 6-6

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/17/14	ROBERT/FRANCES MACDONALD 555 S. MAIN ST. JASPER, TX 75951	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/19/14	GARY/CAROLYN VAUGHN P.O. BOX 261025 CC, TX 78426	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/19/14	GARRETT/CAROLYN DORSEY 14878 GRANADA DR. UNIT 101 CC, TX 78418	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20/14	BETTY BLACK 725 CROWN HARBOR CC, TX 78402	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/7/14	GENE SEAMAN 5830 McARDLE RD. #204 CC, TX 78412	751.34	DESIGN & PRINT 5,000 PUSH CARDS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1-4	2 FILER NAME BOB JONES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/12/14	5 Payee name JEFF BUTLER	
6 Amount ($) 56.83	7 Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ANNOUNCEMENT EVENT	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/11/14	Payee name JEFF BUTLER	
Amount ($) 500.00	Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/15/14	Payee name JEFF BUTLER	
Amount ($) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/22/14	Payee name JEFF BUTLER	
Amount ($) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2-F

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9/1/14

5 Payee name: CUDDLES & CRITTERS (1ST ANNUAL LABOR DAY PICNIC)

6 Amount ($): 100.00

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): CONTRIBUTION

(b) Description (If travel outside of Texas, complete Schedule T):

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

---

Date: 9/8/14

Payee name: U.S. POST OFFICE

Amount ($): 245.00

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): SOLICITATION

Description (If travel outside of Texas, complete Schedule T):

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

---

Date: 9/3/14

Payee name: JEFF BUTLER

Amount ($): 1,500.00

Payee address; City; State; Zip Code: 1321 PATERSON CC., TX 78412

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING / CONSULTING

Description (If travel outside of Texas, complete Schedule T):

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

---

Date: 9/3/14

Payee name: DAVID MENDEZ

Amount ($): 660.00

Payee address; City; State; Zip Code: 1013 ELGIN CC., TX 78404

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T):

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3-4

2 FILER NAME: BOB JONES

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9/3/14

5 Payee name: GULF COAST MAILING SERVICE

6 Amount ($): 611.00

7 Payee address; City; State; Zip Code: 6901 S.P.I.D. CC., TX 78412

8 PURPOSE OF EXPENDITURE — (a) Category (See categories listed at the top of this schedule): PRINTING — (b) Description (If travel outside of Texas, complete Schedule T):

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

Date: 9/8/14

Payee name: JOFF BUTLER

Amount ($): 400.00

Payee address; City; State; Zip Code: 1321 PETERSON CC., TX 78412

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

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

Date: 9/11/14

Payee name: FLOUR BLUFF ATHLETIC BOOSTER CLUB

Amount ($): 200.00

Payee address; City; State; Zip Code: 2525 WALDRON RD. CC., TX 78418

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

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

Date: 9/18/14

Payee name: JOFF BUTLER

Amount ($): 2,000.00

Payee address; City; State; Zip Code: 1321 PETERSON CC., TX 78412

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4-4 ~~3~~	2 FILER NAME BOB JONES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/18/14	5 Payee name JEFF BUTLER	
6 Amount ($) 1,000-00	7 Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9/24/14	Payee name JEFF BUTLER	
Amount ($) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9/26/14	Payee name JEFF BUTLER	
Amount ($) 500.00	Payee address; City; State; Zip Code 1321 PETERSON CC., TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED