

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Waller County Elections

FEB - 4 2020

Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Kendra D Jones

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

P.O. Box 2180 Prairie View TX 77446

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 660-1809

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Maduboro U Eze

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

100 University Dr Prairie View TX 77446

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 576-5993

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01 / 01 / 2020

THROUGH

Month Day Year

01 / 23 / 2020

11 ELECTION

ELECTION DATE

Month Day Year

3 / 03 / 2020

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Prairie View City Council
Pos. 3

13 OFFICE SOUGHT (if known)

Waller County Commissioner
Pct. 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kendric D. Jones 15 Filer ID (Ethics Commission Filers)

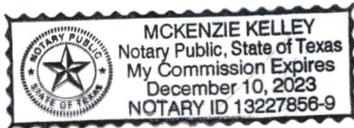
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>N/A</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,470</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,271.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,213.58</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Kendric D. Jones
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendric D. Jones, this the 4th day of February 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
McKenzie Kelley Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,420
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,271.42
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendree D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/06/20

5 Full name of contributor

Trent Johnson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25

6 Contributor address;

1927 Helwick Houston Tx 77057

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Adventure

Date

1/06/20

Full name of contributor

Kante Wallace

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

9579 Flora Bouk Lane Lypress Tx 77433

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Learning Community

Employer (See Instructions)

Prairie View A+M

Date

1/06/20

Full name of contributor

Barbara Fields

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

1027 Donovan St Houston Tx 77091

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/06/20

Full name of contributor

Laronda Menephe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

4030 Lettghann Lane Houston Tx 77047

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendrick D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/07/20

5 Full name of contributor

Brandi Smith

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25

6 Contributor address;

*5833 Forest Drive
Dr*

City;

State;

Zip Code

Ft Worth TX 76112

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Texas Leadership Charter

Date

1/07/20

Full name of contributor

Jennifer Williams

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

*2615 Lake Springs
Court*

City;

State;

Zip Code

Richmond TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/09/20

Full name of contributor

Jamaal Rutherford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

*10518 Town Square
Dr*

City;

State;

Zip Code

ugarland TX 77408

Principal occupation / Job title (See Instructions)

Financial Analyst

Employer (See Instructions)

Yes Prep

Date

1/09/20

Full name of contributor

Korn Kirk

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

26 DeForest St

City;

State;

Zip Code

Binghamton NY 13901

Principal occupation / Job title (See Instructions)

Community Engagement Specialist

Employer (See Instructions)

United Way of Broome County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/09/20

5 Full name of contributor

Sherrika Kellum

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$10

6 Contributor address;

2953 Park square Dr

City;

Irving

State;

Tx

Zip Code

75060

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/09/20

Full name of contributor

Tremaine Clark

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

1109 suburban st

City;

cedar Hill

State;

Tx

Zip Code

75704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/09/20

Full name of contributor

Phyllis Darden - Caldwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

5415 W. Harrow Dr.

City;

Houston

State;

Tx

Zip Code

77084

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Wright Lose & Berger

Date

1/09/20

Full name of contributor

Byron Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

1226 Wabash Elm

City;

Houston

State;

Tx

Zip Code

77073

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/20

5 Full name of contributor

Byron Gauthier

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$60

6 Contributor address;

2606 Atlas Dr.

City;

Missouri

State;

TX

Zip Code

77439

8 Principal occupation / Job title (See Instructions)

Trainer

9 Employer (See Instructions)

AspenTech

Date

1/10/20

Full name of contributor

Iya Taylor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

4827 Tidewater Dr

City;

Houston

State;

TX

Zip Code

77045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/10/20

Full name of contributor

Danielle Rideau

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

1050 Galatya ~~Dr~~

City;

Richardson TX

State;

TX

Zip Code

75082

Principal occupation / Job title (See Instructions)

Project Engineer

Employer (See Instructions)

Manhattan Construction

Date

1/10/20

Full name of contributor

Porcella Barbour

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

P.O. Box 763661

City;

Dallas

State;

TX

Zip Code

75326

Principal occupation / Job title (See Instructions)

Government Affairs

Employer (See Instructions)

Vistra Energy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendrick D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/20

5 Full name of contributor

Clema Duckworth

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

6430 Atlasridge

City;

Houston

State;

Tx

Zip Code

77048

8 Principal occupation / Job title (See Instructions)

Academic Program Manager

9 Employer (See Instructions)

Emerge Fellowship

Date

1/11/20

Full name of contributor

Kendyll Locke

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$15

Contributor address;

6012 Portea Dr

City;

Fort Worth

State;

Tx

Zip Code

76132

Principal occupation / Job title (See Instructions)

Founder/CEO

Employer (See Instructions)

KD's Social - House

Date

1/12/20

Full name of contributor

Falyn Page

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

6000 Reims Blvd

City;

Houston

State;

Tx

Zip Code

77036

Principal occupation / Job title (See Instructions)

Communications Coordinator

Employer (See Instructions)

Windsor Village Church

Date

1/12/20

Full name of contributor

Jabus Cant

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

1623 Buckwood
Cant

City;

Houston

State;

Tx

Zip Code

77545

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Texas Southern University

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/20

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

Tony Hanson

7 Amount of contribution (\$)

\$25

6 Contributor address; City; State; Zip Code

3213 Evening Breeze way Pflugerville Texas 78660

8 Principal occupation / Job title (See Instructions)

Auditor

9 Employer (See Instructions)

TGLD

Date

1/14/20

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

Maurice Washington

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

2505 Alden Lane Venus TX 76084

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Bank of America

Date

1/14/20

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

Jabari Jones

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

604 Fort Worth Ave Dallas TX 75208

Principal occupation / Job title (See Instructions)

Librarian

Employer (See Instructions)

City of Fort Worth

Date

1/14/20

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

Brandon Crook

Amount of contribution (\$)

\$15

Contributor address; City; State; Zip Code

408 N. Waterwood Oaks Dr Cedar Hill TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendore D Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/14/20

5 Full name of contributor

Charlotte Dean

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$10

6 Contributor address;

1257 Garrison way

City;

Portland TX

State;

Zip Code

75040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/18/20

Full name of contributor

Franklin Eke

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

15331 Geralka

City;

Houston TX

State;

Zip Code

77084

Principal occupation / Job title (See Instructions)

Sales Associate

Employer (See Instructions)

Lacoste

Date

1/18/20

Full name of contributor

Phyllis Darden Caldwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

5415 V Barron Dr

City;

Houston TX

State;

Zip Code

77084

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Might Case & Berger LLP

Date

1/20/20

Full name of contributor

Brenda Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

2926 Thorne Creek Lane

City;

Houston TX

State;

Zip Code

77073

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/20

5 Full name of contributor

Darrel Randolph

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

11521 Cypress
corner Ln

City;

Houston

State;

TX

Zip Code

77065

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/21/20

Full name of contributor

Steven Chambers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

16 Highland St

City;

Cambridge

State;

MA 02138

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/20

Full name of contributor

Jarrick Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

16505 La Cartera
Pkwy

City;

San Antonio

State;

TX 78256

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/20

Full name of contributor

Wayne Robinson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

23719 Napa View
Vall

City;

Magnolia

State;

TX 77355

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/20

5 Full name of contributor

Kenneth Olive

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

5322 Sylvan

City;

Houston

State;

Tx

Zip Code

77081

8 Principal occupation / Job title (See Instructions)

Chief of staff

9 Employer (See Instructions)

Neighborhood Centers, Inc

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kendrick D. Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>JAN 13</i>	5 Payee name <i>AXELARD / A' DOE</i>	
6 Amount (\$) <i>\$54.58</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	(b) Description <i>MEETING / CONSULTING</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kendrick Jones</i>	Office sought / Office held <i>COUNTY COMMISSIONER</i>
Date <i>JAN 6</i>	Payee name <i>SPARKLES BURGER</i>	
Amount (\$) <i>16.84</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD</i>	Description <i>MEETING ON BRANAM</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>KENDRICK JONES</i>	Office sought / Office held <i>COUNTY COMMISSIONER</i>
Date <i>JAN 1</i>	Payee name <i>THE POLIT</i>	
Amount (\$) <i>\$400.00</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description <i>PHONE BANKING</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kendrick Jones</i>	Office sought / Office held <i>County Commissioner</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kendric D. Jones</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>JAN 1</i>	5 Payee name <i>EMPIRE X</i>
------------------------	---------------------------------

6 Amount (\$) <i>\$125.00</i>	7 Payee address; City; State; Zip Code
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description <i>FLYERS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kendric Jones</i>	Office sought <i>County Commissioner</i>	Office held
---	---	---	-------------

Date <i>JAN. 14</i>	Payee name <i>FLANLESS CUSTOM DESIGNZ</i>
------------------------	--

Amount (\$) 125.00 <i>675</i>	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description <i>YARD SIGNS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kendric Jones</i>	Office sought <i>County Commissioner</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED