

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Kendric

D

NICKNAME

LAST

SUFFIX

Jones

OFFICE USE ONLY

Date Received

Waller County Elections

JUL 27 2020

Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 2180 Prairie Tx 77446
View

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 660-1809

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Maduforo

U

NICKNAME

LAST

SUFFIX

Eze

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

100 University Dr

Prairie

Tx

77446

(Residence or Business)

View

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 / 24 / 2020

THROUGH

Month

Day

Year

02 / 22 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 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.

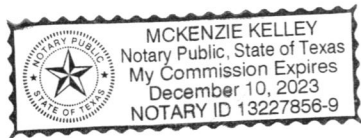
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,048.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.



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 27th day of July, 2020, to certify which, witness my hand and seal of office.

Mckenzie Kelley Signature of officer administering oath
Mckenzie Kelley Printed name of officer administering oath
Notary Title of officer administering oath

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)

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COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,078.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Kendric D. Jones
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

MCKENZIE KELLEY
Notary Public, State of Texas
My Commission Expires December 10, 2023
NOTARY ID 13227856-9

Sworn to and subscribed before me, by the said Kendric D. Jones, this the 27th day of July, 2020, to certify which, witness my hand and seal of office.

Mckenzie Kelley
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	\$ 4,078.33
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	\$
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

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		\$ 6,048.33
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		\$ 0
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

Kendric D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/2020

5 Full name of contributor

Regan Johnson

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

7 Amount of contribution (\$)

\$ 25

6 Contributor address;

4719 Byrant Rd

City;

Houston

State;

Tx

Zip Code

77053

8 Principal occupation / Job title (See Instructions)

Research Coordinator

9 Employer (See Instructions)

Baylor College of Medicine

Date

1/24/2020

Full name of contributor

Steve Ransom

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

Amount of contribution (\$)

\$ 50

Contributor address;

15318 Sienna
Oak Drive

City;

Cypress

State;

Tx

Zip Code

77433

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

PVAMU

Date

1/24/2020

Full name of contributor

Deloise Wattle

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

Amount of contribution (\$)

\$ 10

Contributor address;

9520 Wilcrest Dr
#1309 I

City;

Houston

State;

Tx

Zip Code

77099

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/20

Full name of contributor

Troi Taylor

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

Amount of contribution (\$)

\$ 250

Contributor address;

27943 Emory D

City;

Spring

State;

Tx

Zip Code

77386

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

Kendree D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/20

5 Full name of contributor

Femi Akereolu

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

16015 Vista Del Mar

City;

Houston

State;

Tx

Zip Code

77083

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Altitude

Date

1/28/2020

Full name of contributor

Tyrhonda Bradley

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

Amount of contribution (\$)

\$25

Contributor address;

6 Creech Forest Lane

City;

Donnae

State;

Tx

Zip Code

77384

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/20

Full name of contributor

Melane Jackson

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

Amount of contribution (\$)

\$25

Contributor address;

2702 Fort Loney Dr

City;

Missouri

State;

Tx

Zip Code

77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2020

Full name of contributor

Christopher Williams

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

Amount of contribution (\$)

\$50

Contributor address;

2734 Cutter Court

City;

Marvel

State;

Tx

Zip Code

77578

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

1/30/20

5 Full name of contributor

Rashad Care

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

7 Amount of contribution (\$)

\$25

6 Contributor address;

5123 Madden

City;

Houston

State;

Tx

Zip Code

77048

8 Principal occupation / Job title (See Instructions)

City Council Liaison

9 Employer (See Instructions)

City of Houston

Date

1/30/20

Full name of contributor

Errol Allen II

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

Amount of contribution (\$)

\$250

Contributor address;

3461 Lydia St
#

City;

Houston

State;

Tx

Zip Code

77021

Principal occupation / Job title (See Instructions)

Finance

Employer (See Instructions)

NASA

Date

1/30/20

Full name of contributor

Harrison Fisher

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

Amount of contribution (\$)

\$250

Contributor address;

3416 Bainbridge
Hall Lane

City;

Houston

State;

Tx

Zip Code

77047

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/20

Full name of contributor

CoCourtney Jodges Jones

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

Amount of contribution (\$)

\$100

Contributor address;

3300 Sage Rd.
#11207

City;

Houston

State;

Tx

Zip Code

77056

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

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

1/30/20

5 Full name of contributor

Courtney H. Jones

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

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/30/20

Full name of contributor

Tamiah Robertson

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

Amount of contribution (\$)

~~\$25~~
\$25

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/20

Full name of contributor

Jiman Nelson

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

Amount of contribution (\$)

33.33

Contributor address;

2690 Holly Hall st
Apt. F

City;

Houston

State;

Tx

Zip Code

77054

Principal occupation / Job title (See Instructions)

Periodontist

Employer (See Instructions)

UT Health

Date

1/30/20

Full name of contributor

Bobby Swearington

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

Amount of contribution (\$)

\$100

Contributor address;

930 W Jasmine

City;

Fresno

State;

Tx

Zip Code

77545

Principal occupation / Job title (See Instructions)

Funeral Home Owner

Employer (See Instructions)

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

Kendore D. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/20

5 Full name of contributor

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

Mike Chevalier

7 Amount of contribution (\$)

\$30

6 Contributor address;

City;

State;

Zip Code

5215 Founders way
4

Houston

Tx

77091

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/30/20

Full name of contributor

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

Sid LeBeauf

Amount of contribution (\$)

~~\$30~~
\$40

Contributor address;

City;

State;

Zip Code

13313 Lutten Rd

Houston

Tx

77069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/20

Full name of contributor

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

Vince Turner

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

12838 Francis

Stafford

Tx

77477

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

vector

Date

1/31/20

Full name of contributor

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

Joshua Perkins

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

3243 Knott Sales
Trl

Houston

Tx

77045

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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