



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

17 NOTICE FROM POLITICAL COMMITTEE(S)  
  
 additional pages

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

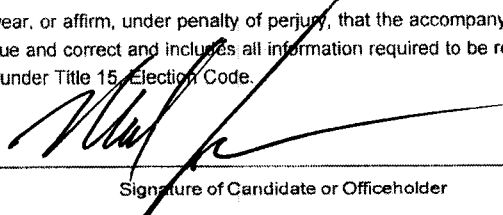
COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME \_\_\_\_\_  
COMMITTEE ADDRESS \_\_\_\_\_  
COMMITTEE CAMPAIGN TREASURER NAME \_\_\_\_\_ )  
COMMITTEE CAMPAIGN TREASURER ADDRESS \_\_\_\_\_

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2987. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,954. <sup>50</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3143. <sup>95</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9656. <sup>24</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1263. <sup>43</sup>

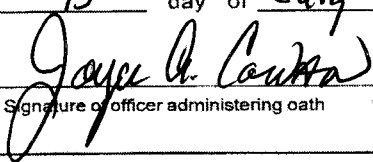
19 AFFIDAVIT

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

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

 \_\_\_\_\_  
Signature of officer administering oath

MARK JONES \_\_\_\_\_  
Printed name of officer administering oath

NOTARY \_\_\_\_\_  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <b>MARK JONES</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/28/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Aus-TEX CONSOLIDATES SVC LLC</b>	7 Amount of contribution (\$) <b>585.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>100 TEAL LN KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BARNIDGE, ROY &amp; SUSAN</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 WILDCAT Hollow Dr. KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BROOKS, DON OR BETTY</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 147 KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CABLE, TROY &amp; SALLY</b>	Amount of contribution (\$) <b>60.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>164 Hillside CT KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CLARK, CARL W</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 Turtlecove Cir. KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>12</b>	
2 FILER NAME <b>MARK JONES</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/10/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHAPMAN LYNN</b>	7 Amount of contribution (\$) <b>60 00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4204 MATHER KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHILDRESS, JOHN &amp; CAROL</b>	Amount of contribution (\$) <b>150 00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>114 PHALAROPE BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CLINE, NATHANIEL &amp; SARAH</b>	Amount of contribution (\$) <b>60 00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 Spillway &amp; Kyle, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CONLEY, WILL &amp; ERIN</b>	Amount of contribution (\$) <b>200 00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>21 MOUNTAIN CREST DR. WIMBERLEY, TX 78676</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CROWELL, DAVID &amp; NANCY</b>	Amount of contribution (\$) <b>100 00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 455 KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
2 FILER NAME <u>MARK JONES</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/10/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>CUTLER, BARRY OR CAROL</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <u>1035 RANCHERS CLUB LN DRIFTWOOD, TX 78619</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>DOYLE, LUCINDA OR BRAN</u>	Amount of contribution (\$) <u>60.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>502 PINE SISKIN DR BUDA, TX 78610</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>EVANS, JOHN L &amp; JENNIFER A</u>	Amount of contribution (\$) <u>60.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>1603 PARKVIEW LN SAN MARCOS, TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>FERGUSON, TERRY OR PEGGY</u>	Amount of contribution (\$) <u>145.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>611 LITTLE BEAR RD BUDA, TX 78610</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>GANDY, Billie &amp; Holly</u>	Amount of contribution (\$) <u>60.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>300 INDIAN HILLS TR KYLE, TX 78640</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/10

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

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

7 Amount of contribution (\$) 60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 7/10/10

Full name of contributor  out-of-state PAC (ID#) HANSON, LOUIS

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

Amount of contribution (\$) 1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor  out-of-state PAC (ID#) HEIDEMAN, DANIE & SHARON

Contributor address: City: State: Zip Code  
140 BRISTMILL  
UHLAND, TX 78640

Amount of contribution (\$) 185.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor  out-of-state PAC (ID#) HOLT, JAMES & JOANN

Contributor address: City: State: Zip Code  
P.O. BOX 189  
KYLE, TX 78640

Amount of contribution (\$) 300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

Full name of contributor  out-of-state PAC (ID#) HUNTER, BART & CINDY

Contributor address: City: State: Zip Code  
710 HOBAN  
KYLE, TX 78640

Amount of contribution (\$) 60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/10

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

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 3/3/10

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **12**

2 FILER NAME **MARK JONES**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **7/10/10**

5 Full name of contributor  out-of-state PAC (ID#:  
**KINGSLA, MARY G**  
6 Contributor address; City; State; Zip Code  
**P.O. Box 1600  
KYLE, TX 78640**

7 Amount of contribution (\$) **100<sup>00</sup>**

8 In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **7/10/10**

Full name of contributor  out-of-state PAC (ID#:  
**LAMBERT, Deborah or William**  
Contributor address; City; State; Zip Code  
**1740 Ruby Ranch Rd  
BUENA, TX 78610**

Amount of contribution (\$) **100<sup>00</sup>**

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor  out-of-state PAC (ID#:  
**LANCASTER, Billie & Joy**  
Contributor address; City; State; Zip Code  
**204 PINTAIL ST  
KYLE, TX 78640**

Amount of contribution (\$) **100<sup>00</sup>**

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor  out-of-state PAC (ID#:  
**LARSON, Lucas or Kest**  
Contributor address; City; State; Zip Code  
**906 Home town PKWY  
KYLE, TX 78640**

Amount of contribution (\$) **85<sup>00</sup>**

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/10/10**

Full name of contributor  out-of-state PAC (ID#:  
**LEDoux, James or Kristine**  
Contributor address; City; State; Zip Code  
**508 SHADOWWOOD LN  
DRIPPING SPRINGS, TX 78620**

Amount of contribution (\$) **100<sup>00</sup>**

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
2 FILER NAME <u>MARIC JONES</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/10/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>LIN BARBARA BOBBA BLAIR Simpson</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>PO Box 17428 AUSTIN, TX 78760</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>LYON, JEREMY M OR FLENN</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>P.O. Box 427 BURSA, TX 78619</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>MAZUREK, RAY OR ELIZABETH</u>	Amount of contribution (\$) <u>160<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>101 Phalarope Dr BURSA, TX 78611</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>MCDONALD, KATHAN OR POLARES</u>	Amount of contribution (\$) <u>75<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>309 LAMAR ST SAN MARCOS, TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>McKINSIE, KIP &amp; WENDI</u>	Amount of contribution (\$) <u>60<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1605 BLUSHY BEND ROUND ROCK, TX 78681</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>12</b>	
2 FILER NAME <b>MARK JONES</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/6/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MOCK, KEITH &amp; POLLY</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>79 S PUYSA CREEK KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MOORE, DEBORAH &amp; MICHAEL</b>	Amount of contribution (\$) <b>110<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>706 S GROSS KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>NORTH, MIKE &amp; HOLLY</b>	Amount of contribution (\$) <b>600<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1736 KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>PINKARD, CASEY L OR DINA</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>770 JERRY'S LANE BUSBY, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>POSEY, DAVID &amp; SHEAR</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2280 JACK &amp; HAYS TRAIL BUSBY, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12

2 FILER NAME MARK JONES

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/10 5 Full name of contributor  out-of-state PAC (ID#) Prassel, Steven & Michelle  
6 Contributor address; City; State; Zip Code 331 Middle Creek  
Buda, TX 78040

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 7/10/10 Full name of contributor  out-of-state PAC (ID#) Ramsey, Lynne or Sandra  
Contributor address; City; State; Zip Code 12631 Redbus Tr  
Buda, TX 78610

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/3/10 Full name of contributor  out-of-state PAC (ID#) Garza, Dian or Ruiz, Rene  
Contributor address; City; State; Zip Code 10203 Colonial Club Dr  
Austin, TX 78747

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10 Full name of contributor  out-of-state PAC (ID#) Rosch, Wesley & Joyce  
Contributor address; City; State; Zip Code 207 South Cedar St  
Buda, TX 78610

Amount of contribution (\$) 145.00 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/10/10 Full name of contributor  out-of-state PAC (ID#) Rothert, Pres, Jr & Shannon  
Contributor address; City; State; Zip Code 6089 McNaughton  
Kyle, TX 78640

Amount of contribution (\$) 150.00 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
2 FILER NAME <u>MARK JONES</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/10/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>ROYAL THOMAS W OR JEAN</u>	7 Amount of contribution (\$) <u>100<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>211 FARVIEW RD SAN MARCOS, TX 78066</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>SALMERON, JOHN A OR CHARLA</u>	Amount of contribution (\$) <u>60<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>445 SAMPSON KYLE, TX 78640</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>SCHREIBER, RANDY</u>	Amount of contribution (\$) <u>60<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3004 LYNBROOKE DR AUSTIN, TX 78748</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6/28/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>SCHUMAN, ALBERT OR VICKI</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>506 PINE SISKIN BUCK, TX 78610</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/10/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>SMITH, WAYNE OR PAM</u>	Amount of contribution (\$) <u>60<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>538 YOKES CROSSING DRIFTWOOD, TX 78619</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>12</b>	
2 FILER NAME <b>MARK JONES</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/28/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SNYDER, VECOVICA &amp; DANIEL</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>401 BILHEW CR. BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>URBAN, ELIZABETH H</b>	Amount of contribution (\$) <b>545.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. DRAWER 930 BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>WHITE HOUSE, DENNIS ORNELL</b>	Amount of contribution (\$) <b>60.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>112 SYDNEY'S WAY BUDA, TX 78610</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>WOOD, PATRICIA</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>104 WILSON ST KYLE, TX 78640</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SALT LICK BBQ</b>	Amount of contribution (\$) <b>712.50</b>	In-kind contribution description (if applicable) <b>275 BURGERS MEALS</b>
Contributor address; City; State; Zip Code <b>P O BOX 311 DRIFTWOOD, TX 78619</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **12**

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

**6/28/10**

**Davis, Chester**

**2500<sup>00</sup>**

**Fireworks Display**

6 Contributor address; City; State; Zip Code

**12708 Azalea Cir  
Buda, TX. 78610**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**6/28/10**

**Bob Shelton & Onion Creek Ranchers**

**500<sup>00</sup>**

**Live Music**

Contributor address; City; State; Zip Code

**PO Box 846  
Buda, TX. 78610**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**6/28/10**

**Hays County Republican Party**

**150<sup>00</sup>**

Contributor address; City; State; Zip Code

**PO Box 1655  
SAN MARCOS, TX 78667**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>MARK JONES</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <b>12/22/09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK JONES</b>	9 Loan Amount (\$) <b>1263.43</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code	10 Interest rate <b>N/A</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instruction.)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address;    City;    State;    Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME MARIC JONES	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/9/10	5 Payee name Wells Fargo Bank
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6 Amount (\$) 64.28	7 Payee address; City; State; Zip Code 5401 S Fm 1626, Ste 400 Kyle, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/28/10	Payee name JEROO PATTERSON
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Amount (\$) 179.67	Payee address; City; State; Zip Code 4508 DUNN RD, #204 Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other (Postage)	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/10	Payee name KC Strategies
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Amount (\$) 2300.00	Payee address; City; State; Zip Code 644 South 1st St Austin, TX 78704
------------------------	--

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

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

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 (If travel outside of Texas, complete Schedule T)
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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

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

**FORM C/OH - FR**

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

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

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

**B. ASSETS**

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

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

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