

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: 7	
3 CANDIDATE / OFFICEHOLDER NAME		MS MRS MR FIRST MI		OFFICE USE ONLY			
		Mr. Britton P					
NICKNAME LAST SUFFIX		Jones					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS PO BOX APT / SUITE # CITY STATE ZIP CODE					
<input type="checkbox"/> Change of Address		1132 Gary Ave, Nederland, TX 77627		Date Received			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION					
(409) 540-5444							
6 CAMPAIGN TREASURER NAME		MS MRS MR FIRST MI					
Mr. Britton P		NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked			
Jones				Receipt # Amount \$			
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		Date Processed			
(Residence or Business)		1132 Gary Ave, Nederland, TX 77627		Date Imaged			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION					
(409) 540-5444							
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
		<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month Day Year Month Day Year					
		4 4 2025 THROUGH 4 25 2025					
11 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description			
		5 3 2025		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
		N/A		Nederland City Council - Ward 2			
14 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME			
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Britton Jones</i>		16 Filer ID (Ethics Commission Filers)
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17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>1,586.86</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,586.86</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>/</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,930.67</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4,958.⁸²</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>/</i>

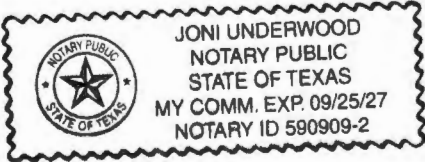
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Britton Jones* this the *25th* day of *April*, 20 *25*, to certify which, witness my hand and seal of office.

[Signature] *Jon Underwood* *City Clerk*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Britton Jones</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,586.86</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>200.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,930.67</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	
Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:		2 FILER NAME Britton Jones	
3 Filer ID (Ethics Commission Filers)			
4 Date 4/6/2025		5 Payee name Facebook	
6 Amount (\$) \$500		7 Payee address: City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad expense		(b) Description Facebook
	(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 Britton Jones	
		Office sought Nederland City Council - Ward 2	
Date 4/6/2025		Payee name Lamar Advertising	
Amount (\$) \$639.34		Payee address: City: State: Zip Code 4520 W. Cardinal Drive Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Billboards
	<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 Britton Jones	
		Office sought Nederland City Council - Ward 2	
Date 4/11/2025		Payee name SquareSpace	
Amount (\$) \$38.38		Payee address: City: State: Zip Code 225 Varick St., 12th Floor, New York, New York 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Website
	<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 Britton Jones	
		Office sought Nederland City Council - Ward 2	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Brittan Jones		3 Filer ID: (Ethics Commission Filers)	
4 Date 4/12/2025		5 Payee name Facebook			
6 Amount (\$) \$500		7 Payee address: 1 Hacker Way		City: Menlo Park, CA	State: Zip Code: 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description Facebook		
	(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 Brittan Jones			
Date 4/15/2025		Payee name Jeff Ortiz Campaign			
Amount (\$) \$524.66		Payee address: 2811 Nashville Ave		City: Nederland, TX	State: Zip Code: 77627
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description 1/3 cost text messaging		
	<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 Brittan Jones			
Date 4/20/25		Payee name Facebook			
Amount (\$) \$500		Payee address: 1 Hacker-Way		City: Menlo Park, CA	State: Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Facebook		
	<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 Brittan Jones			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Britton Jones</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/21/2025</i>		5 Payee name <i>Jeff Ortiz Campaign</i>			
6 Amount (\$) <i>\$129.91</i>		7 Payee address: <i>2811 Nashville</i>		City: <i>Nederland, TX</i>	State: <i>TX</i>
				Zip Code: <i>77627</i>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		(b) Description <i>1/3 door hanger/push card</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>Britton Jones</i>		Office sought <i>Nederland City Council - Ward 2</i>	
				Office held	
Date <i>4/23/2025</i>		Payee name <i>Shipley Donuts</i>			
Amount (\$) <i>\$78.38</i>		Payee address: <i>2370 Null St. Ste. G, Port Neches, TX</i>		City: <i>TX</i>	State: <i>TX</i>
				Zip Code: <i>77651</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Candidate Breakfast</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>Britton Jones</i>		Office sought <i>Nederland City Council Ward 2</i>	
				Office held	
Date <i>4/23/2025</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$20</i>		Payee address: <i>1 Hacker Way, Menlo Park, CA</i>		City: <i>CA</i>	State: <i>94025</i>
				Zip Code: <i>94025</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>Facebook</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>Britton Jones</i>		Office sought <i>Nederland City Council - Ward 2</i>	
				Office held	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Britton Jones		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200.00	
5 Date 4/9/25	6 Full name of contributor [] out-of-state PAC (ID#) Rustin Penland	8 Amount of Contribution \$ 200	9 In-kind contribution description Political Signis
7 Contributor address: 1224 N 22nd St Nederland TX 77627		[] Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self employed		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor [] out-of-state PAC (ID#)	Amount of Contribution \$	In-kind contribution description
	Contributor address: City: State: Zip Code		
		[] Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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