CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 12 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mo NAME Date Received NICKNAME 4 CANDIDATE/ 1132 bary Avenue Nederland, TX 77627 OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 540-5444 (409) PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN 1132 bary Avenue Nederland, TX 77627 **TREASURER** ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (409) 540-5444 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit Day 10 PERIOD COVERED 1/16/2025 / 3 /25 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Other Description Primary Runoff Day Month General 5 / 3 / 25 Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Nedoland City Council-Ward 2 NA 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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1 1 - (16 Filer ID (Ethics Commission Filers)			
15 O/O/I PANIE	Britton Janes	TO FIRE ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 749.94			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,574.94			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,498.57			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 6076.37			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information			
rec	quired to be reported by me under Title 15, Election Code.				
:	Bring !	en			
	Signature of Ca	indidate or Officeholder			
Please complete either option below:					
	JONI UNDERWOOD				
	NOTARY PUBLIC STATE OF TEXAS				
(1) Affidavit	My COMM, EXP. 09/25/27				
	NOTARY ID 590909-2				
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by Britton Jones this the	3rd day of April.			
20 $\frac{25}{}$ to certify	which, witness my hand and seal of office.				
Jan Under	TO CONTROL OF THE PROPERTY OF	City Clark			
Signature d officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is				
		state) (zip code) (country)			
Executed in	County, State of, on the day of(month	, 20 (year)			
	Signature of Candid	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Britton Jones Campaign 20 Filer ID (Ethics Coi	mmission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9,574.94
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,498.59
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE A1

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

If the requested information is not applicable, Do Nor metado tino page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Britton Jones Campalyn	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
1/16/25	6 Contributor address; City; State; Zip Code	\$ 1,000.00			
	1132 bary Ave Nederland TX 770	27			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Cheuron				
Date	Full name of contributor	Amount of contribution (\$)			
2/3/25	Britton Jores Contributor address; City; State; Zip Code	\$2,000.00			
	1132 bary Ave. Nederland TX 776:	27			
	Tach Employer (See Chevron	At It me			
Date	Full name of contributor	Amount of contribution (\$)			
2/5/25	Stephen Horn Contributor address; City; State; Zip Code	\$50.00			
	1412 Andra Ln, San Marlos, TX 786	66			
	bation / Job title (See Instructions) Employer (See Self Emp	Instructions)			
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)			
2/11/25	Elizabeth Cstellano Contributor address; City; State; Zip Code 89102	\$500.00			
	3305 Calle de Corrida, Las vegas, No	/			
. A	pation / Job title (See Instructions) Employer (See Fetired	instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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 A1:	
2 FILER NAME	Britton Jones Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	: (ID#:)	7 Amount of contribution (\$)	
3/1/25	Dall 65 Higgins 6 Contributor address; City;		\$ 100.00	
	1609 N. 27th St. Nederland;	[X 1762]		
4 1	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	ions)	
Date 3/12/25	Brenda Mays	State: Zio Code	Amount of contribution (\$)	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 3/12/25	Full name of contributor out-of-state PAC Patti Jones Contributor address; City; 1011 MinoSa Nederland TX	State; Zip Code	Amount of contribution (\$)	
	pation / Job title (See Instructions)	Employer (See Instruct Rethred	ions)	
Date 3/19/25	Randy Haltom	State; Zip Code 77651 Pules, Tx 776)	Amount of contribution (\$)	
,	oation / Job title (See Instructions)	Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

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 A1:
2 FILER NAME	Britton Jones	Campaig	1h	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
1 10		_	. ———	\$100.00
3120125	Dand Wasser 6 Contributor address;	City;	State; Zip Code	
	678 Fidgewood pation / Job title (See Instructions)	Or. Port	Neches, Tx 7765	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	fetired		petiren	Authorities and the second sec
Date	Full name of contributor	out-of-state PAG	į	Amount of contribution (\$)
3 23 25	Wilbert Moore Contributor address;			\$500,00
·	1312 M. 18th St.	Nedada	JTX 77627	
Principal occup		a shridish r		tions)
	Process Operator		Vulero	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
200125	Patti Jones			الم مع
3/23/25	Contributor address;	City;	State; Zip Code	\$200.00
	1011 Mimosa Dr.	Nederlan	J,TX77627	
	pation / Job title (See Instructions)		Employer (See Instruction Feet Ned	otions)
1-60			7 77710	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
2h/hc	Henry LaBrie	,	,.,	\$1,000.00
3/26/25	Contributor address;	• •	State; Zip Code	41,00=
	10655 Hwy 365	Benumon	+,TX 77705	
	pation / Job title (See Instructions)		Employer (See Instruc	
Develo	per		Labrie Pre	pertoes
			•	•
				•
	ATTACH ADDI	TIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED

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

SCHEDULE A1

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 A1:		
2 FILER NAME	Britton Jones Campaigh	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
3/30/25	Cory Crenshaw 6 Contributor address; City; State; Zip C	1		
8 Principal occur	8009 6/4 dy S Ave. Beaumont, TX 77 Dation / Job title (See Instructions) 9 Employer (S	ee Instructions)		
,	wer Self	Employed		
	Full name of contributor Doubol-state PAC (ID#	Amount of contribution (S)		
4/1/25	Lestre Maxwell Contributor address; City; State; Zip C	ode \$ 1,000.		
	188 Sterling Luge Dr Nederland T. ration / Job title (See Instructions) Employer (S	Zdr 7		
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)		
	Refind Retind	~ાં		
Date 3/26/25	Full name of contributor Bout-of-state PAC (ID# 52-225 IBEW PAC Voluntary Fund Contributor address; City; State; Zip Contributor address; City;	\$1,000		
Principal occup	Dation / Job title (See Instructions) Employer (S N/A	See Instructions)		
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)		
	Contributor address; City; State; Zip C	ode		
Principal occuj	pation / 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.				

www.ethics.state.tx.us

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/Politica Credit Card Payment	al Committee 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 explain	s now to complete this form.		
1 Total pages Schedule F1:		S Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/25	5 Payee name Facebook	, ,		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 250.00	1 Hicker Way	Menlo Park	. CA 94025	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Aldvertising Expense	AJS		
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austin	ı, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Britten Sove S	Office sought Nederland Council L	Jurd J. WA	
Date	Payee name	······································	All provided MANAGE TO THE STATE OF THE STAT	
1/24/25	City of Nederlan	d		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$25.00	207 N. 12th St.	Nederla-d	TX 77627	
	Category (See Categories listed at the top of this s	chedute) Description		
PURPOSE		س. اسد		
OF EXPENDITURE	FeeS	Filing Fe	2	
	Check if travel outside of Texas. Complete So	chedule T. Check if Austir	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Brittan Jours	Nederland Corneil Wi	rd2 N/A	
Date	Payee name			
1/31/25	Jeff Ortiz Lampa	ign		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$151.55	2811 Nashville Ave.	Nederland	1 TX 77627	
············	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE OF EXPENDITURE	Reimbursenent	Reimbro	sement - Pish Carols	
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Neddend Careilland 2

expenditure to benefit C/OH

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Britton Janes Campaig	3	Filer ID (Ethio	cs Commission Filers)
4 Date 2/2/25	5 Payee name Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$35.00	1 Hucker Way	Menlo Park	LA	94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, To	X, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Britan Jack No.	Office sought Wind corneil W	ard2	Office held N/A
2/9/25	Nederland Heritage Festival			:
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5.17	1523 Boston Ave.	Nedokad	ケメ	77627
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Parade		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX	K, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name Britton Janes Wed	Office sought Madlaril W	and 2	Office held
Date	Payee name			
2/11/25	Squirespace			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$38.38	225 Varick St #12	New York City	λ $\lambda \gamma$	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Website		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	C, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Bitton Toves New	Office sought Levend Council Wa	vd2	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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
Candidata/Officaholder/Political Committee

Event Expense Fees Footl/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Britton Joves Lumpa, 5 Payee name Britton Jones 4 Date 7 Payee address; 6 Amount (\$) Zip Code State: 1132 Gary Avenue \$74.69 Nechdard X 77627 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Shirt embroidry OF Reinbursenent EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Wederland Courcil Win Sittonstores Good boxs Signs Zip Code \$1,032.50 5002 N. Howard Ave. Tampa Description Category (See Categories listed at the top of this schedule) **PURPOSE** Vard Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook Amount (\$) Payee address; City; Zip Code \$200.00 94025 Menlo Pork CA 1 Hacker Way Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ittonJones ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement a Overhead/Rental Expense ig Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 Britton Jans	Campaign	3 Filer ID (Ethics Commission Filers)	
3/4/25	5 Payee name Jeff Ortiz Camp	kign		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$217	2811 Nashville	Nederland	TS 77627	
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description		
PURPOSE OF EXPENDITURE	Reimbursannt	. Tshirts .	+ Boorhangers	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	candidate / Officeholder name Briton Javes Ne	Office sought Williad Cancil L	Office held Verol 2 Viff	
Date ,	Payee name			
3/4/25	Good Guys Signs			
Amount (\$) \$636,90	Payee address; 5002 N. Howard AVE.	-Tamper	State; Zip Code FL 33603	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE		. 1	·	
OF EXPENDITURE	other	yard S.	1900)	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1 1/1/	dud Carcil		
Date	Payee name			
3/4/25	4Imprint			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$488,00	101 Commerce St.	cantosh	WI 54901	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	after	Koozies		
	Check if travel outside of Texas. Complete Schedule	Check If Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Britan Junes Wed	Office sought	Office held NA	
	ATTACH ADDITIONAL COPIES OF T		DED	

SCHEDULE F1

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

if the requested information is not applicable, bo 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/Politica Credit Card Payment		Loan Repayment/Reinnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Britton Jores Carr	1payn	3 Filer ID (Ethics Commission Filers)	
4 Date 3/11/25	5 Payee name SquareSpace			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
38.38	225 Vanick St. #12	New York C	ity NY 10014	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Fres	Website	•	
	(c) Check if travel outside of Texas, Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Britton Janus M	Veder War Lune 1 wa	office held	
Date	Payee name			
3/11/25	Facebook			
Amount (\$)	Payee address;	City;	State; Zip Code	
250.00	1 Hucken Way	Menlopark	CA 94025	
	Category (See Categories listed at the top of this sci	hedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	AdS.		
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austi	n, TX, officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name **Brithan JEwis	Office sought Weddeled Liones	Office held Ward \(\text{WA} \)	
Date ,	Payee name			
4/2/25	Jeff Ortiz Campai	yn		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$56.00	2811 Nashville	Nederland	TX77627	
	Category (See Categories listed at the top of this sch	hedule) Description		
PURPOSE OF EXPENDITURE	Advertising exponse	Pushcar	ds/doorhangers	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Bother tones	A rederand City	Egonall word 2 N/A	