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 Conim	issian Filers)	2 Total pages	filed.	
3 CANDIDATE/ OFFICEHOLDER	MS - MRS - MR MC.	Britton	Patr		OFFICI	E USE ONLY	
NAME					Date Received		
	NICKNAME.	LAST	5	UFFIX			
		Jones	A.W. (
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1132 Gary A	APT : SUITE #.	Nederland TX 7	P CODE 7627			
Change of Address		0.174.5.144.0055	P* 3, *P* 1, *7, 1.* 5, 1.				
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	540-5444	EXTENSION			ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS MRS - MR	Britton	N		Receipt #	Amount \$	
NAME	Mr.			HEEN	Date Processed		
	NICKNAME LAST SUFFIX JOVES			Date Imaged			
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE). APT			STATE	ZIP CODE	
TREASURER ADDRESS	11326-W	GODE PHONE NUMBER EXTENSION	J	TX	77627		
(Residence or Business)		,					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION						
PHONE	(409) 540-5444						
9 REPORT TYPE	January 15	30th day before	e election Runoff		treasurer	after campaign appointment der Onlys	
	July 15	8th day before	election Exceede Reportin	e Modifieo g Limit	Final Rep	ort (Attach C OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Ye	ar	
COVERED	4	26 2025	THROUGH	7	15 20	25	
11 ELECTION	ELECTION CA	T E	ELE	CTION TYPE			
	Month Day Year Primary Runoff Other Description						
	5 3	25 Gener	ral Special	-0.00			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	SHY (fknown	;		
	Neulakind a	ity Council p	rembr N/	4			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURE	NS ACCEPTED OR POLITICAL EXP RES MAY HAVE BEEN MADE WITH	OUT THE CAN	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME COMMITTEE NAME						
Final Audal Pro-	GENERAL	COMMITTEE ADDRESS					
Additional Pages	SPECIFIC	ECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	Management of the Control of the Con	COMMITTEE CAMPAIGN	TREASURER ADDRESS				
		GO TO	O PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME B	ritton Jones Campaign	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,470.06
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 988.76
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	M	
	Bruff	
	Signature of Car	ndidate or Officeholder
	Disease agreed to side or setting believe	
	Please complete either option below	':
(1) Affidavit		
NOTARY STAMP/SEAL		. — 14
Sworn to and subscribed	before me by Britton Jones this the	15th day of July
	which, witness my hand and seal of office.	
- Jose Under		Otty Clerk
Signature of officer administer	and a state of a state	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
	W	
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	Briton Jones Campaign	20 Filer ID (Ethics Co	nmission Filers)
		DLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$ 500
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5		SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s 4,470. °E
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7		SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.		SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K. INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	• •		-
The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME	Britton Jones Compaign		3 Filer ID (Ethics Commission Filers)
4 Date		PAC (IÜ#)	7 Amount of contribution (\$)
May 6 2025			
8 Principal occu	2811 Washville Ave Wedrla. pation / Job title (See Instructions)	9 Employer (See Instructional Condit Units	(chons)
Date	Full name of contributorout-of-state	PAC :ID#)	Amount of contribution (\$)
may 6 Joe5	Jedf Unrhy for Noderland Mayor Contributor address. City	State; Zip Code	\$300
2017	3 1515 N. Zeth St Nederlin	nd TX 77627	
	pation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor out-of-state	FAC (IDF))	Amount of contribution (\$)
	Contributor address: City:	State: Zip Code	
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruc	 ptions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	I ctions)
ANN TO SERVICE AND ADDRESS AND			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS I	NEEDED

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

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Reintal Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Britton Jones Campaign Frebook 7 Payee address: State: Zip Code \$ 500,00 Menlo Park CA 94025 1 Hacker Way (a) Category (See Categories listed at the top of this schedule (b) Description 8 PURPOSE Ads Ad Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete QNLY if direct Britton Junes expenditure to benefit C/OH Nedokad Courcil Member NA 4130125 Frebook Amount (\$) Payee address; City, State Zip Code \$400 1 Hacker WLY Menlo Park 94025 Category (See Categories listed at the top of this schedule) Description ALS **PURPOSE** Ad. Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin TX officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH NA Nederkind Carril member Britton Joms Pavee name Jeff Ortiz Campayn 5/5/25 Amount (\$) Pavee address State: Zip Code Nashville \$116.66 wederland Description Category (See Categories listed at the top of this schedule) PURPOSE Ad Expense Text messing OF EXPENDITURE Cherik if travel outside of Texas, Complete Schedule T Check if Austin TX officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Nederland Cours: I mente Britton Jones

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

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 research a category and letted above.

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Selanes/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Britton Jones Camp	2. ` 4. ^	3 Filer ID (Ethics	s Commission Filers)	
4 Date 6/6/25	5 Payee name				
6 Amount (\$)	7 Payee address:	City;	State:	Zip Code	
\$58.40	223 N 14th St	Nederland	TX	77627	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Otler	Postage F	ce		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX. officeholder living	g expense	
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Britton Jones	NA	Wedelu	oloval Me	wher
Date	Payee name				
6/6/25	Brittontones				
Amount (\$)	Payee address;	City.	State.	Zip Code	
\$3,395	1132 bery Aus	Medoland	TX	7762	7
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Lour Reinbirsenent	Reinbusem donation	ent of p	political	
	Check if travel outside of Toxas, Complete Schedule T.	Check if Aust	in TX officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	Britton Junes	NA	Arech-1	and Lity Cos	xi/ma
Date	Payee name		, man		
Amount (\$)	Payee address:	City;	State:	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achodule)	Description			
	Check fitraveloutside of Texas. Complete Schedule T	Check if Austr	ın TX officeholder livinç	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		