

**SCANNED**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

JAN 08 2018

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files):	2 Total pages filed: <b>43</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Jones</b>	FIRST <b>David</b> LAST	MI <b>L.</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX <b>6548 John Curry Rd. Christoval, Texas 76935</b>	APT / SUITE #	CITY STATE ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>374-3604</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>JONES</b>	FIRST <b>DAVID</b> LAST	MI  SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>6548 John Curry, Christoval, Tx</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(325 )</b>	PHONE NUMBER <b>374-3604</b>	EXTENSION
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 (candidate only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (after C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>07 / 01 / 2017</b>	THROUGH	Month Day Year <b>12 / 31 / 2017</b>
11 ELECTION	ELECTION DATE Month Day Year <b>1 / 1 / 2017</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Sheriff</b>	13 OFFICE SOUGHT (if known) <b>Sheriff</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name:  Address / PO Box Apt / Suite # City State Zip Code		
<b>GO TO PAGE 2</b>			

**OFFICE USE ONLY**

Date Received  
  
**JAN 08 2018**

Date Hand-delivered or Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

FORM C/OH

JAN 08 2018 COVER SHEET PG 2

15 C/OH NAME **David Jones** 16 ACCOUNT # (Ethics Commission Filer)**17 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

 GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

 additional pages**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS); UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ \$2,786.00

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4,228.77

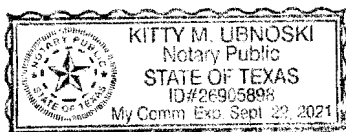
**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

**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.



*David Jones*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Jones, this the 8 day of Jan., 20 18, to certify which, witness my hand and seal of office.

*Kitty M. Ubnoski*  
Signature of officer administering oath

Kitty M Ubnoski  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SCANNED

## POLITICAL EXPENDITURES

JAN 08 2018

## 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: <b>1</b>	2 FILER NAME <b>David Jones</b>	3 ACCOUNT # (Ethics Commission Filer)
4 Date <b>12/31/17</b>	5 Payee name <b>First Financial Bank</b>	
6 Amount (\$) <b>\$36.00</b>	7 Payee address: City: State: Zip Code <b>PO BOX 701, Abilene, Tx 79604</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (if travel outside of Texas, complete Schedule T) <b>Banking fees</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/04/17</b>	Payee name <b>Keith Muncey</b>	
Amount (\$) <b>\$500.00</b>	Payee address: City: State: Zip Code <b>222 West Harris, San Angelo, Texas 76903</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Community event</b>	Description (if travel outside of Texas, complete Schedule T) <b>Supplies for kids safety event at SO</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/04/17</b>	Payee name <b>David Jones</b>	
Amount (\$) <b>\$2,250.00</b>	Payee address: City: State: Zip Code <b>6548 John Curry, Christoval, Tx</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Loan repayment</b>	Description (if travel outside of Texas, complete Schedule T) <b>Loan repayment</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED