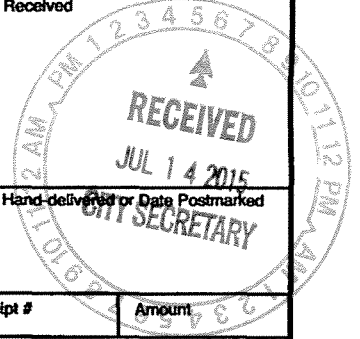
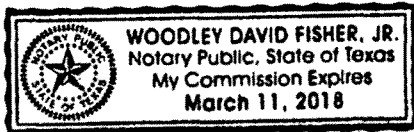


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000006	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Jolanda		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Jo Jones		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10709 Marsha Ln. Houston, TX 77024		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Claudina		
	NICKNAME LAST SUFFIX Jones		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2610 Scott St. Houston, TX 77004		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 659-4473		
8 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2015 THROUGH 06/30/2015		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Jones, Jolanda**14 ACCOUNT #** (Ethics Commission filers)
00000006**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED** \$ 0.002. **TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)** \$ 0.00**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED** \$ 20.004. **TOTAL POLITICAL EXPENDITURES** \$ 3,003.44**CONTRIBUTION
BALANCE**5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD** \$ 0.00**OUTSTANDING
LOAN TOTALS**6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD** \$ 0.00**17 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 Jolanda F. Jones this the 14th day of July, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 3/4		2 FILER NAME Jones, Jolanda		3 ACCOUNT # (TEC filers) 00000006	
4 Date 01/30/2015	5 Payee name Houston GLBT Political Caucus				
6 Amount (\$) \$120.00	7 Payee address City; State; Zip Code PO Box 66664 Houston, TX 77266				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) ☐ Meeting Sponsorship ☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 03/26/2015	Payee name Jolanda Jones Campaign for HISD Board				
Amount (\$) \$2,863.44	Payee address City; State; Zip Code 10709 Marsha Ln. Houston, TX 77024				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) ☐ Campaign Contribution ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

**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' **

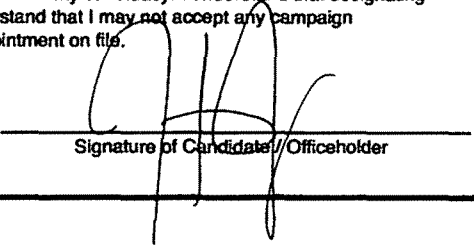
Page 4 of 4

1 C/OH NAME Jones, Jolanda**2 ACCOUNT # (Ethics Commission filers)**

00000006

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**

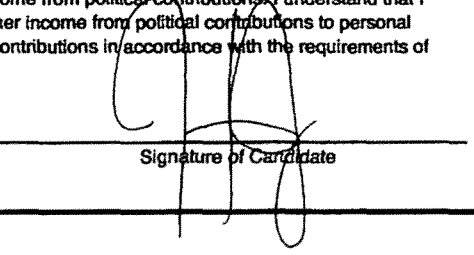
** Complete A & B below only if you are not an officeholder **

A. CAMPAIGN FUNDS

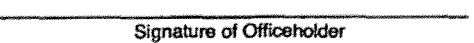
Check only one:

☒ 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