

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
DALLAS COUNTY

FORM C/OH
COVER SHEET PG 1

2024 JAN 16 PM 2:19
1 Filer ID (Ethics Commission Filers)

The C/OH Instruction Guide explains how to complete this form.		2 Total pages filed: 19																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mr.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:15%;">Jason</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:5%;">A</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Metcalfe</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Jason	MI	A	NICKNAME		LAST	Metcalfe	SUFFIX		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2024 Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$		
MS / MRS / MR	Mr.	FIRST	Jason	MI	A													
NICKNAME		LAST	Metcalfe	SUFFIX														
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>9032 Clearhurst Dr</td> <td>Dallas</td> <td></td> <td>TX</td> <td>75238</td> </tr> </table> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	9032 Clearhurst Dr	Dallas		TX	75238							
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>537-5697</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	537-5697												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:10%; font-size: small;">THROUGH</td> <td style="width:5%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td>11</td> <td>/</td> <td>09</td> <td>/</td> <td>2023</td> <td>12</td> <td>/</td> <td>31 / 2023</td> </tr> </table>		Month	Day	Year		THROUGH	Month	Day	Year	11	/	09	/	2023	12	/	31 / 2023
Month	Day	Year		THROUGH	Month	Day	Year											
11	/	09	/	2023	12	/	31 / 2023											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>03 / 05 / 2024</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	03 / 05 / 2024											
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03 / 05 / 2024																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Commissioner-District #1																
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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<p style="font-size: large; margin: 0;">GO TO PAGE 2</p>																		

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 DALLAS COUNTY
 2024 JAN 16 PM 2:49

**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT**

**FORM C/OH
 COVER SHEET PG 2**

15 C/OH NAME Jason A Metcalf		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,284.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,007.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,432.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,510.00

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 of Candidate or Officeholder

Please complete either option below.

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



(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

2024 JAN 16 PM 2:49

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$2,284.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$\$0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$\$29,510.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$\$361.24
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$500.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$\$0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$\$2,146.75
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$\$0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$\$0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$\$0.00

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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 this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Green	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code PO Box 831832 Dallas TX 75083		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Fountain	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10630 Chesterton Dr Dallas TX 75283		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Dallas County Republican Party
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Geiszler	Amount of contribution (\$) \$24.00
Contributor address; City; State; Zip Code 3612 Villanova St University Park TX 75225		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Futurewei Technologies, Inc.
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Sabanayagam	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3216 Walker Pl Grapevine TX 76051		
Principal occupation / Job title (See Instructions) Chairman and CEO		Employer (See Instructions) Nirvana Holdings, LLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 DALLAS COUNTY
 2024 JAN 16 PM 2:50

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 this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean O'Leary	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 2717 State St Dallas TX 75204	
8 Principal occupation / Job title (See Instructions) Entrepreneur		9 Employer (See Instructions) Self
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Miller	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 11109 Muddler Cv Austin TX 78733	
Principal occupation / Job title (See Instructions) Software Entrepreneur		Employer (See Instructions) Self
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohit Joy	Amount of contribution (\$) \$5.00
	Contributor address; City; State; Zip Code 539 W Commerce St Dallas TX 75208	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Joy CPA LLC
Date 12/29/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Guest	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1819 North Randolph St Arlington VA 22207	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

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DALLAS COUNTY

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Tressider	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1109 Misty Woods Ct Bedford TX 76021	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter McDermott	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7383 Remcon Cir El Paso TX 79912	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Alphabet, Inc.
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Hatton	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7964 Xavier Ct Dallas TX 75218	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Self
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Shoults	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 9443 Spring Branch Dr Dallas TX 75238	
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Chandler <hr/> 6 Contributor address; City; State; Zip Code 708 Angus Ct Mt Pleasant SC 29464	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Chandler & Dudgeon, LLC
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ned Fleming, III <hr/> Contributor address; City; State; Zip Code 5420 LBJ Freeway Suite 100 Dallas TX 75240	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) SunTx Capital Partners
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Colleen Canion <hr/> Contributor address; City; State; Zip Code 9715 Windham Dr Dallas TX 75243	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigid Hayward <hr/> Contributor address; City; State; Zip Code 9032 Clearhurst Dr Dallas TX 75238	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Research Nurse		Employer (See Instructions) UT Southwestern
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Rich	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1410 Mayfield Ave Garland TX 75041		
8 Principal occupation / Job title (See Instructions) Lawn Maintenance		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

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 E:
2

2 FILER NAME
Jason A Metcalf

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$0.00

5 Date of loan
11/13/2023

7 Name of lender out-of-state PAC (ID#: _____)
Jason Metcalf

9 Loan Amount (\$)
\$1,000.00

6 Is lender a financial Institution?
 Y N

8 Lender address; City; State; Zip Code
9032 Clearhurst Dr Dallas TX 75238

10 Interest rate
0

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)
JM Strategies LLC

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
12/27/2023

Name of lender out-of-state PAC (ID#: _____)
Jason Metcalf

Loan Amount (\$)
\$28,500.00

Is lender a financial Institution?
 Y N

Lender address; City; State; Zip Code
9032 Clearhurst Dr Dallas TX 75238

Interest rate
0

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
JM Strategies LLC

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME Jason A Metcalf		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$0.00
5 Date of loan 11/14/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Metcalf	9 Loan Amount (\$) \$5.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 9032 Clearhurst Dr Dallas TX 75238	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) JM Strategies LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11/29/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Metcalf	Loan Amount (\$) \$5.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 9032 Clearhurst Dr Dallas TX 75238	Interest rate 0
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) JM Strategies LLC
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)		
4 Date 12/06/2023	5 Payee name Joy CPA LLC			
6 Amount (\$) \$250.00	7 Payee address; 539 W Commerce St, Ste 1525	City; Dallas	State; TX	Zip Code 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AccountingBanking	(b) Description Campaign Treasurer Fee		
	(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	Office sought	Office held	

Date 12/06/2023	Payee name The Federalist Society			
Amount (\$) \$20.00	Payee address; 1776 I St, NW	City; Washington	State; DC	Zip Code 20066
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Holiday Happy Hour		
	<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	Office sought	Office held	

Date 12/31/2024	Payee name Stripe Inc.			
Amount (\$) \$61.51	Payee address; 354 Oyster Point Blvd	City; San Francisco	State; CA	Zip Code 94103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing Fees 11/14-12/31/2023		
	<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	Office sought	Office held	

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2023	5 Payee name GoDaddy.com, LLC	
6 Amount (\$) \$22.16	7 Payee address; 2115 E GoDaddy Way	City; State; Zip Code Tempe AZ 85284
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Website domain
	(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	Office sought Office held
Date 12/29/2023	Payee name GoDaddy.com, LLC	
Amount (\$) \$7.57	Payee address; 2115 E GoDaddy Way	City; State; Zip Code Tempe AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Microsoft 365 Email
	<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	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
	<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	Office sought Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ \$0.00
5 Date 12/31/2023	6 Payee name Joy CPA LLC	
7 Amount (\$) \$500.00	8 Payee address; 539 W Commerce St	City; State; Zip Code Dallas TX 75208
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AccountingBanking	(b) Description Campaign Treasurer Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2023	5 Payee name Dallas County Republican Party	
6 Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11617 N Central Expy Dallas TX 75243	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fee
	(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	Office sought Office held
Date 11/17/2023	Payee name ProQuest LLC	
Amount (\$) \$43.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 789 E Eisenhower Pkwy Ann Arbor MI 48108	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Research
	<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	Office sought Office held
Date 11/19/2023	Payee name Office Depot	
Amount (\$) \$16.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11615 N Central Expy Dallas TX 75243	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Copy paper
	<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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2023	5 Payee name FedEx Office	
6 Amount (\$) \$6.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7927 Forest Ln Dallas TX 75230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description Paper cutting
	(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 Office sought Office held		
Date 11/23/2023	Payee name GoDaddy.com, LLC	
Amount (\$) \$18.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2115 E GoDaddy Way Tempe AZ 85284	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Website domain
	<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 Office sought Office held		
Date 11/30/2023	Payee name White Rock Coffee	
Amount (\$) \$13.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1010 E Northwest Hwy Dallas TX 75238	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Meeting with precinct chair
	<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 Office sought Office held		
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RECEIVED FOR FILING
 ELECTIONS DEPARTMENT
 2024 JAN 16 PM 2:50

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
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4 Date 12/01/2023	5 Payee name Sevy's Grill
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6 Amount (\$) \$64.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 8201 Preston Rd	City; Dallas	State; TX	Zip Code 75225
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FoodBeverageExpense	(b) Description Meeting with potential donor
	(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	Office sought	Office held
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Date 12/04/2023	Payee name Dream Cafe
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Amount (\$) \$28.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 6465 E Mockingbird, Ste 380	City; Dallas	State; TX	Zip Code 75214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Meeting with potential campaign staffer
	<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	Office sought	Office held
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Date 12/04/2023	Payee name Park Cities Republican Women
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Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8301 Harry Hines Blvd	City; Dallas	State; TX	Zip Code 75235
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description PCRW Christmas Luncheon
	<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	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2023	5 Payee name Lane's OAK'D BBQ	
6 Amount (\$) \$6.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 4525 Belt Line Rd	City; State; Zip Code Addison TX 75001
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FoodBeverageExpense	(b) Description DCRP Christmas dinner
	(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	Office sought Office held

Date 12/15/2023	Payee name Mailchimp		
Amount (\$) \$362.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 675 Ponce De Leon Ave NE, Ste 5000	City; Atlanta	State; Zip Code GA 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Email marketing	
	<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	Office sought	Office held

Date 12/23/2023	Payee name GoDaddy.com, LLC		
Amount (\$) \$7.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2115 E GoDaddy Way	City; Tempe	State; Zip Code AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Microsoft 365 Email	
	<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	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GoDaddy.com, LLC	
6 Amount (\$) \$7.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 9032 Clearhurst Dr	City; State; Zip Code Dallas TX 75238
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description Microsoft 365 Email
	<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	Office sought Office held

Date 11/14/2023	Payee name PoliEngine, LLC	
Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 621 NW 12th Ave City; State; Zip Code Gainesville FL 32601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Website hosting
	<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	Office sought Office held

Date 12/14/2023	Payee name PoliEngine, LLC	
Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 621 NW 12th Ave City; State; Zip Code Gainesville FL 32601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Website hosting
	<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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2024 JAN 16 PM 2:50

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 G: 6	2 FILER NAME Jason A Metcalf	3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2023	5 Payee name Parkmobile, LLC	
6 Amount (\$) \$2.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1100 Spring St NW Atlanta GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravellnDistrict	(b) Description Parking for Dallas County Commissioners meeeting
	(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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held

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