JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME SUFFIX FB Flections Jeff McMeans ADDRESS / PO BOX; Z1218 Winding Path Way 4 CANDIDATE/ **OFFICEHOLDER** MAILING BCT 10 2022 RCVD Richmond, TX 77406 **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281) 341-444 6 PHONE Receipt # Amount \$ 6 CAMPAIGN М **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged Mc Means STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 302 OYSTER Creek Dr. STATE; CAMPAIGN ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN **EXTENSION TREASURER** (281) 494-3485 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED 29/2022 2022 07/01/ **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Other OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Je	effrey A. Mc Means	16 Filer I	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ \$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,650.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 20.00
	4.	TOTAL POLITICAL EXPENDITURES		\$3,627.66
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$ 7,379.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ Ø

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/Officeholder



Please complete either option below:

NOTARY STAMP/SEAL

20_____, to certify which, witness my hand and seal of office.

A. Hooper Condi A. Hooper

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

Jeffrey A. Mc Means 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,650,00
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 CONTRIBUTIONS	\$3,627.66
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 FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A(J)1

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 A(J)1: 7
2 FILERNAME Jeffrey A. Mc Means	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: 5 Full name of contributor out-of-state PAC ID#: 6 Contributor address; City; State; Zip Cod 3 45 Commerce Green # 200, Sugar Land	7 Amount of contribution (\$) 750.00
8 Contributor's principal occupation 9 Contributor's job	Attorney
	ributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
9/29/22 Sylvester Jaime Contributor address; City; State; Zip Code 1007 Barkston Dr., Katy TX 7749	750.00
Contributor's principal occupation A Horney Contributor's job	
Contributor's employer/law firm Self	ributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
9/26/22 Michael Njoku	250.00
Contributor address; City; State: Zip Code TX 7749	
Contributor's principal occupation 446/ NEY	Attorney
Contributor's employer/law firm	ributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 7
2 FILER NAME	Jeffrey A. Mc Me	edus	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/22	5 Full name of contributor out-of-state PAC Mike Hooper 6 Contributor address; City; 2218 Shode Crest, Richmon	State; Zip Code J, TX 77406	7 Amount of contribution (\$) 250.00
8 Contributor's	principal occupation retired	9 Contributor's job title	
10 Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/24/22	Full name of contributor out-of-state PAC I Steve Valikonis Contributor address; City; 2205 N. Belmont, Richmon	State; Zip Code	Amount of contribution (\$)
	orincipal occupation Attorney	Contributor's job title	Horney
Contributor's	employer/law firm Self	Law firm of contributor'	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/22/22	Full name of contributor out-of-state PAC I Richard Tate Contributor address; City; 206 S.2nd St., Richmond	State: Zip Code	Amount of contribution (\$)
Contributor's	principal occupation AHORNCY	Contributor's job title	Attorney
Contributor's	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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

7	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 7
2 FILER NAME	Teffrey A. McMe	ans	3 Filer ID (Ethics Commission Filers)
4 Date 9/21/22	5/Full name of contributor out-of-state PAC Ronald Knemann 6 Contributor address; City; 26718 Willow Ln, Katy,	State; Zip Code 77 77494	7 Amount of contribution (\$)
8 Contributor's	principal occupation CPA	9 Contributor's job title	CPA
10 Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/20/22	Full name of contributor out-of-state PAC I Grace Nwangumd Contributor address; City; ZIIA Hoyston St., Richmon	D#:	Amount of contribution (\$) 2 50.00
Contributor's p	orincipal occupation. Attorney	Contributor's job title	Attorney
Contributor's e	employer/law firm Se/F	Law firm of contributor's	
If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/20/22	Full name of contributor out-of-state PAC II Carolyn McDayiel Contributor address; BIOY Williams School, Necdvi		Amount of contribution (\$)
Contributor's p	principal occupation 440 ruey	Contributor's job title	Attorney
Contributor's e	employer/law firm Self	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Jeffrey A. McMe	egys	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
9/20/22	Jerry Bussell 6 Contributor address; City; 10Box 368 Sugar Land;	State; Zip Code TX 77487	100.00
8 Contributor's p	Attorney	9 Contributor's job title	Attorney
10 Contributor's e	employer/law firm Self	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)
9/20/22	Larry Dynham Contributor address; City;	State; Zip Code	250.00
	Contributor address; City; 15038 Rock Knoll, Houston	n,TX 77083	
	principal occupation ATTONNEY	Contributor's job title	Horney
Contributor's e	smployer/law firm Self	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC II	D#:)	Amount of contribution (\$)
9/20/22	Brandon Sims Contributor address; City; 1 Sugar Creek Center # 1045, Su	State: Zip Code	100.00
Contributor's p	principal occupation AHORNEY	Contributor's job title	Attorney
Contributor's e	employer/law firm Self	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

7	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 2
2 FILER NAME	Jeffrey A. McMi	eans	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/22	5 Full name of contributor out-of-state PAC Thomas Kanak 6 Contributor address; City; POBOX 486 Needville	State; Zip Code 7x 7746	7 Amount of contribution (\$)
8 Contributor's	principal occupation Attorney	9 Contributor's job title	Attorney
10 Contributor's e	employer/law firm Self	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC I	D#:)	Amount of contribution (\$)
9/20/22	Marshall Dujka Contributor address; 4250 Clayhead Rd, Richmon	State; Zip Code 1 C/JX 77406	1,000.00
Contributor's p	principal occupation Kefail		Retail
Contributor's e	Landmark Industries	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/20/22	Full name of contributor out-of-state PAC II Teff Novy Contributor address; City; 402 Brooks St. Sugar Land	State: Zip Code	Amount of contribution (\$) 500, 00
Contributor's p	orincipal occupation Attorney	Contributor's job title	Attorney
Contributor's e	employer/law firm Se/f	Law firm of contributor's	11,0.
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

7	The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: 7
2 FILER NAME	Jeffrey A. McM	egns	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: 9/20/22 6 Contributor address; City; State; Zip Code 19/5 Cypress Kyn, Suyar Land, TX 77476 8 Contributor's principal occupation		7 Amount of contribution (\$)	
0 00111100101010	Sales		Solesman
10 Contributor's	employer/law firm $HCSG$	11 Law firm of contributor	's spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
9/20/22	Full name of contributor out-of-state PAC I Stephen Dy Ko Contributor address; City; IIII Wilcrest Green # 100, Ho	State: Zin Code	Amount of contribution (\$) $250,00$
	Controller	Contributor's job title	troller
Contributor's	employer/law firm wise Food stores	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 9/19/22	Full name of contributor out-of-state PAC I Betsy Grubbs Contributor address; City; SIX E. Foley St., Alvin,	State: Zip Code	Amount of contribution (\$)
Contributor's	principal occupation AHONURY	Contributor's job title	1 Horney
Contributor's employer/law firm Teltscik-Grubbs PLLC Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)		
	A CONTRACTOR OF THE CONTRACTOR		

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SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME	Jeffrey A. Mc Mean	15	3 Filer ID (Ethics Commission Filers)
4 Date 9/13/22	5 Full name of contributor out-of-state PAC I Reuben Stafford 6 Contributor address; City; 1006 FM359, Richmond	State; Zip Code 77406	7 Amount of contribution (\$) 500.00
8 Contributor's p	orincipal occupation OWNER	9 Contributor's job title	er
10 Contributor's	employer/law firm Menlstor Roofing	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's p	principal occupation	Contributor's job title	,
Contributor's employer/law firm Law firm of contributor's spouse (if any)			's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	10		
1 Total pages Schedule F1:	2 FILER NAME JEffrey A. N	1c Megus 3 Filer ID (E	Ethics Commission Filers)
4 Date 08/15/2022	5 Payee name Toolbox Studi		
6 Amount (\$)	7 Payee address; 10123 Broad way, S	San Antonio TX	78217
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	website	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
08/16/2022	Danny Boy Cookers	Gary Marin	
Amount (\$)	Payee address; 6410 Rawlings Rd.	Needville, TX	77461
PURPOSE OF EXPENDITURE	Ponation Advertision	· I	1
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
08/16/22	Toy Lutheron / It's	the Pits Cookers	
Amount (\$)	Payee address;	City; State	
250,00	717 FM 359	Richmond 1x	77406
PURPOSE OF EXPENDITURE	Donaton/Advertis	1	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
0.000	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 CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)
Oreal Calar ayment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jeffrey A	, Mc Megas	3 Filer ID (Ethics Commission Filers)
4 Date / 03/ 7022	5 Payee name Toolbox Styc	dos	
6 Amount (\$) 1456,26	7 Payee address: 10123 Broad way	San Antonio	State; Zip Code 78217
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	We	bsite
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
10/04/22	Fort Bend Herol	d	
Amount (\$)	Payee address;	City;	State; Zip Code
290,00	1902 South 4th St.	Rosen berg	TX 7747)
PURPOSE OF EXPENDITURE	Advertising Expe	ense News Ma	yazine Ad TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			10.00
9/13-29/22	Ane dot		
Amount (\$)	Payee address;	City;	State; Zip Code
281.40	1340 Poydras 57.#1=	770, New Orlean	s, LA 70112
DUDDOGE	Category (See Categories listed at the top of this s	_	
PURPOSE OF EXPENDITURE	Fundralsing Expense	es fees	
	Check if travel outside of Texas. Complete S	chedule T. 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			

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

The Instruction	Guide explains when and how to complete this form.	1 Total pages Schedule M:
2 FILER NAME Jef	frey A. M. Means	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	frey A. McMeans rebsite/Domain	
Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED