JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	² Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Jeft	FIRST	\mathcal{A}^{MI}	OFFICE USE ONLY	
NAME	NICKNAME Jeff	LAST Mc Meg	SUFFIX	· Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX ZIZI8 W Richuon	inding poth	CITY; STATE; ZIP CODE	OCT 31 202	22 R(
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 341-4446	EXTENSION	Date Hand-delivered or Date Postmarke	ed
6 CAMPAIGN	MS (MRS) MR	FIRST	MI	Receipt # Amount \$	
TREASURER NAME	NICKNAME	JQIC	G. SUFFIX	. Date Processed	
		ne Means	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI GTCT CTCCKD		STATE; ZIP CODE	
(Residence or Business)	SugarL	and, TX +	7478		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Ø9	Day Year /30/2023	THROUGH	Day Year / 79 / 20220	
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYP	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPO NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE THEY RECEIVE NOTICE OF SUCH EXPENDITUR	OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages		1			
	SPECIFIC	COMMITTEE CAMPAIGN TRE		A	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	1	
		GO TO	PAGE 2		

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Revised 11/4/2020

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

		the second s	
15 JC/OH NAME	Jeffrey A. Mc	Means 16 File	r ID (Ethics Commission Filers) $\mathcal{N} \mid \mathcal{A}$
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL O PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	EES OF LOANS, OR	\$ Ø
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,		\$2,500,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITU	JRES	\$2,654,40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST DAY	\$7,225.34
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F 	LL OUTSTANDING LOANS AS OF THE PERIOD	\$ Ø
required to be reported by me under Title 15, Election Code.			
Please complete either option below:			
(1) Affidavit	My Note: Expires Sept.mour 1, My Note: Expires	IDI A. HOOPER ary ID # 11844249 September 1, 2024	
NOTARY STAMP/SEAL Sworn to and subscribed before me by Jeffrey A. M. Megns this the 31 day of Oct.			
and 22, to certify which, witness my hand and seal of office. Concl A Hooper Condi A. Hooper Notary Publ			
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	
Wy autress is	(street)		(zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		Signature of Candidate/Off	iceholder (Declarant)

SUBTOTALS - JC/OH		ORM JC/OH SHEET PG 3
19 FILERNAME Jeffrey A. M. Means	20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	· · · · · · · · · · · · · · · · · · ·	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,500.00
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 CO	ONTRIBUTIONS	\$2,654.40
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$

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MONETARY POLITICAL CONTRIBUTION (JUDICIAL)	IS SCHEDULE A(J)1		
If the requested information is not applicable, DO NOT in	clude this page in the report.		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Z		
2 FILER NAME Jeffrey A. Mc Med	N-S 3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC ID#: 10/12/22 6 Contributor address; City; 3030 Sunset Blvd., Houston, 7	State; Zip Code $\begin{pmatrix} 7 \\ 4 \\ 77005 \end{pmatrix}$ Amount of contribution (\$)		
8 Contributor's principal occupation Attorney 9	Contributor's job title Attorney		
	Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor I out-of-state PAC ID#: Amount of contribution (\$) 10/13/22 Paul Komano 4500,00 Contributor address; City; State; Zip Code V610 Sweet water Blvd #200 SugarLand Ty77479 Contributor's principal occupation Contributor's principal occupation Attorney			
Contributor's principal occupation Attorney Contributor's job title Partner			
Contributor's employer/law firm ROMGHO & SUMMER PLLC If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)		
Date Full name of contributor out-of-state PAC ID#: 19/16/22 Philip Klosowsky Contributor address; City; 19015 SWFWY #14 Sugarban Contributor's principal occupation Attorney Contributor's employer/law firm	Amount of contribution (\$) tate: Zip Code $d_{TX} 77473$ Contributor's job title Afforney Law firm of contributor'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.			

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MONET (JUDICI	SCHEDULE A(J)1			
If the requ	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:	
2 FILER NAME Jeffrey A. Mc Means			3 Filer ID (Ethics Commission Filers)	
4 Date 10/18/22	5 Full name of contributor out-of-state PAC Fort Bend Republican Women 6 Contributor address; City; 26 Charlesto St. N, Sugar 1	7 Amount of contribution (\$) #1000.		
8 Contributor's principal occupation PAC 9 Contributor's job title				
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)	I		
Date Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) 10/17/22 Contributor address; City; State; Zip Code 505 Front St., Kichmond, TX 77469				
	principal occupation Attorney	Contributor's job title	Attorney	
Contributor's	employer/law firm	Law firm of contributor	'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		Amount of contribution (\$)	
	Contributor address; City;	State: Zip Code		
Contributor's	principal occupation	Contributor's job title		
Contributor's	employer/law firm	Law firm of contributor	'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.				

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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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan / Fees Office Food/Beverage Expense Pollin, Y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jeffrey A. Mc	Means	3 Filer ID (Ethios Commission Filers)
⁴ Date /28/22	5 Payee name Fort Bend Inde		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
400.00	12551 EmilyCourt, S	uyar Land	TX 77478
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	A	d
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/22	Koty Time.	S	
Amount (\$)	Payee address;	City;	State; Zip Code
913,50	P.O.Box 678	Koty	Tx 77492
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF	Advertising Expense	A	l
EXPENDITURE	THUR TISING EXPENSE	//4	
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/21/22	Texas Street Media	, LLC	
Amount (\$)	Payee address;	City;	State; Zip Code
800.00	14100 SWFWY #230	Sugar Land	TX 77478
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	Adventising Expenses	Ad	
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Y Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel In District Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME JEFFrey A. M	Means 3 Filer ID (Ethios Commission Filers)	
4 Date 10/1-20/22	5 Payee name Anedot		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
40.90	1346 Poydros St.#1770,	New Orleans, LA 70112	
8	(a) Category (See Čategories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundrolsing Expenses	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 10/11/2-2	Payee name Jeffrey A.McN	leous	
Amount (\$) 500.00	Payee address; 21218 Winding Path Way	city; State; Zip Code Kichmond, TX 77406	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	loon repayment to self	loan repayment	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			