

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

N/A

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Jeffrey A.  
NICKNAME LAST SUFFIX  
Jeff McMeans

OFFICE USE ONLY

Date Received

OCT 31 2022 RCVD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
21218 Winding Path Way  
Richmond, TX 77406

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 341-4446

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS (MRS) / MR FIRST MI  
Jane G.  
NICKNAME LAST SUFFIX  
McMeans

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
302 Oyster Creek Dr.  
Sugar Land, TX 77478

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 494-3485

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
09 / 30 / 2022 THROUGH 10 / 29 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
11 / 08 / 22  General  Special

12 OFFICE

OFFICE HELD (if any)  
CCL #2

13 OFFICE SOUGHT (if known)

SOME

14 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.

Additional Pages

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

GO TO PAGE 2



# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>Jeffrey A. McMeans</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2,500.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>2,654.40</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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: <b>2</b>
2 FILER NAME <b>Jeffrey A. Mc Means</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>10/12/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Bill Vidor</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>3030 Sunset Blvd., Houston, TX 77005</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Paul Romano</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>4610 Sweetwater Blvd #200 SugarLand, TX 77479</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Partner</b>
Contributor's employer/law firm <b>Romano &amp; Sumner, PLLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Philip Klosowsky</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>14015 SW Fwy #14 SugarLand, TX 77479</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>self</b>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## 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:
2 FILER NAME <i>Jeffrey A. Mc Meaus</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>10/18/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Fort Bend Republican Womens Club PAC</i>	7 Amount of contribution (\$) <i>\$1,000. ✓</i>
6 Contributor address; City; State; Zip Code <i>26 Charlesto St. N, Sugar Land, TX 77478</i>		
8 Contributor's principal occupation <i>PAC</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/17/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ralph Gonzalez</i>	Amount of contribution (\$) <i>\$500. ✓</i>
Contributor address; City; State; Zip Code <i>905 Front St., Richmond, TX 77469</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>self</i>		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 <input type="checkbox"/> out-of-state PAC ID#: _____	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**  
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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                        | 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 FILER NAME <i>Jeffrey A. McMeans</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
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4 Date <i>10/28/22</i>	5 Payee name <i>Fort Bend Independent</i>
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6 Amount (\$) <i>400.00</i>	7 Payee address; <i>12551 Emily Court, Sugar Land TX 77478</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Ad</i>
	(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
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Date <i>10/24/22</i>	Payee name <i>Katy Times</i>
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Amount (\$) <i>913.50</i>	Payee address; <i>P.O. Box 678 Katy TX 77492</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Ad</i>
	<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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Date <i>10/21/22</i>	Payee name <i>Texas Street Media, LLC</i>
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Amount (\$) <i>800.00</i>	Payee address; <i>14100 SWFWY #230 Sugar Land TX 77478</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Ad</i>
	<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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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                        |                               |                                |  |

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1 Total pages Schedule F1:	2 FILER NAME <b>Jeffrey A. McMeans</b>	3 Filer ID (Ethics Commission Filers) <b>N/A</b>
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4 Date <b>10/1-20/22</b>	5 Payee name <b>Anedot</b>
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6 Amount (\$) <b>40.90</b>	7 Payee address; City; State; Zip Code <b>1346 Poydras St. #1770, New Orleans, LA 70112</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expenses</b>	(b) Description <b>Fees</b>
	(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
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Date <b>10/11/22</b>	Payee name <b>Jeffrey A. McMeans</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>21218 Winding Path Way, Richmond, TX 77406</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>loan repayment to self</b>	Description <b>loan repayment</b>
	(c) <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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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