

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR Jaison K
Joseph

OFFICE USE ONLY

Date Received

OCT 7 2024

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

7718 Bayou Green Ln
Sugarland TX 77479

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 364 8087

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR Tom
VIRIPPAN

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

122 Nina Lane, Stafford

TX 77479

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 462 4596

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

07 / 16 / 2024 THROUGH 10 / 05 / 24

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

Tax Assessor - collector

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME JASON JOSEPH 16 Filer ID (Ethics Commission Filers)

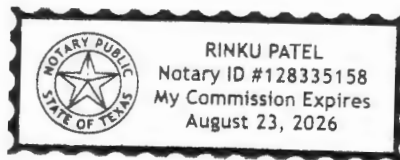
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 7750.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7750
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15368.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7618

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.

Jason Joseph
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jason Joseph this the 7th day of October, 2024, to certify which, witness my hand and seal of office.

Rinku Patel RINKU PATEL 1st Vice President
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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

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

19 FILER NAME

Jason Joseph

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7750
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	\$ 7618
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7750
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

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:

2 FILER NAME

JASON JOSEPH

3 Filer ID (Ethics Commission Filers)

4 Date

7/17/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Daniel Mathew

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

4419 Ludwig LN Stafford TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Sebastian Thattumkal V

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2310 Sherman Court Missouri City TX - 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Benju Vicknamparampil

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3398 Melony Hill Lane Pearland TX 77584

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Lenin Mathews

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

3015 Road Rumerak Missouri City 77499

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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:

2 FILER NAME

Jaison Joseph

3 Filer ID (Ethics Commission Filers)

4 Date

7/18/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Christopher George

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

12011 Glenmullen Ln Richmond TX 77407

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/24

Full name of contributor out-of-state PAC (ID#: _____)

Mattheu Samuel

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1810 Misty Oaks Ln, Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/24

Full name of contributor out-of-state PAC (ID#: _____)

Jacob Lee

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

627 Royal Lakes Blvd Richmond TX 77409

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/24

Full name of contributor out-of-state PAC (ID#: _____)

David Hamilton

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

419 Scanlan Heights Ln Missouri City TX-77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME <i>Jason Joseph</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Eberle</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code <i>9506 Plaza Terrace Dr, Missouri City, TX 77459</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cindy Adkins</i>	Amount of contribution (\$) <i>50</i>
Contributor address; City; State; Zip Code <i>2118 S. Shadow Grove Ln, Richmond, TX 77406</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marie Moffatt</i>	Amount of contribution (\$) <i>25</i>
Contributor address; City; State; Zip Code <i>1718 Teal Brook Ln. Sugar Land TX 77479</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Baeh Williams</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>8505 Yearful Oak King Kate, TX 77494</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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:
2 FILER NAME <i>Jason Joseph</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emiley Barnes</i>	7 Amount of contribution (\$) <i>50</i>
6 Contributor address; City; State; Zip Code <i>626 Saguaro Way Richmond TX 77469</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn Scott</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>1834 Fall Meadow Dr Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Schiro Justin</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>2118 Meadow Ash Ct Richmond TX 77407</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trey Sesson</i>	Amount of contribution (\$) <i>20</i>
Contributor address; City; State; Zip Code <i>6319 Tavantino Ct Sugarland TX 77479</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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:

2 FILER NAME

Tolson Joseph

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Rick Garcia

7 Amount of contribution (\$)

30

6 Contributor address; City; State; Zip Code

Richmond TX 77407

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/16/24

Full name of contributor out-of-state PAC (ID#: _____)

Brad Moon

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

13139 Porkchop Way Ln, Sugar Land 77497

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/24

Full name of contributor out-of-state PAC (ID#: _____)

Robert Behm

Amount of contribution (\$)

75

Contributor address; City; State; Zip Code

24219 Felon Point Dr, Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/24

Full name of contributor out-of-state PAC (ID#: _____)

Doug White

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

5423 Ashley Way Ct, Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

2 FILER NAME

Tolson Joseph M

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Kenneth Omaruji

7 Amount of contribution (\$)

150

6 Contributor address; City; State; Zip Code

5224 Braeburn Dr. Bellaire TX 77401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/24

Full name of contributor out-of-state PAC (ID#: _____)

Karen MacWilliam

Amount of contribution (\$)

5

Contributor address; City; State; Zip Code

211 Teal Lane, Sugarland TX, 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/24

Full name of contributor out-of-state PAC (ID#: _____)

Gordon Franklin

Amount of contribution (\$)

20

Contributor address; City; State; Zip Code

1218 Lake Pointe Pkwy, Sugarland TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/24

Full name of contributor out-of-state PAC (ID#: _____)

Jennifer Harter

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

24815 Mount Auburn Dr Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1:

2 FILER NAME

Janson ~~the~~ Joseph

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Joseph Wozniak

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

26310 Christian Canyon Ln, Richardson TX 77466

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/20

Full name of contributor out-of-state PAC (ID#: _____)

Stephen Rogers

Amount of contribution (\$)

75

Contributor address; City; State; Zip Code

9525 Roeder Rd Needville TX 77461

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21/24

Full name of contributor out-of-state PAC (ID#: _____)

Kuy Kuykendall

Amount of contribution (\$)

25

Contributor address; City; State; Zip Code

1110 Colonial Heights Dr. Richmond TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/24

Full name of contributor out-of-state PAC (ID#: _____)

Gretchen Netzbald

Amount of contribution (\$)

10

Contributor address; City; State; Zip Code

1333 Star Lake Dr. Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME <i>Jolson Joseph</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/29/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shaji Daniel</i>	7 Amount of contribution (\$) <i>250</i>
6 Contributor address; City; State; Zip Code <i>18770 Lydon B. J. Pkwy Mesquite TX. 75150</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/01/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mathew P.</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>4122 Aldenhams Dr. Garland TX 75043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/2/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Binoy Daniel</i>	Amount of contribution (\$) <i>10</i>
Contributor address; City; State; Zip Code <i>6315 Misty Creek Mission City TX 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/4/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Xuemei Yang</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>5511 Tyler Park Ln. Katy TX 77494</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME <i>Jacson Joseph</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill - William Michie.</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code <i>9111 S. Fitzgerald Way Midwinters TX - 77459</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Placet</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>Sugar Land TX-77479</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Ramsey</i>	Amount of contribution (\$) <i>75</i>
Contributor address; City; State; Zip Code <i>5603 Mimosa Ln Richmond 77406</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Matthews</i>	Amount of contribution (\$) <i>200</i>
Contributor address; City; State; Zip Code <i>2110 Seabourne Creek LN Midwinters City 77471</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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:

2 FILER NAME

Jason Joseph

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Dennis M Scott

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

3526 Grayson Garden Ct Fulshear TX 77744

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/15/24

Full name of contributor out-of-state PAC (ID#: _____)

Abel Mantalvo

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1906 Wildwood Ln Richmond TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/24

Full name of contributor out-of-state PAC (ID#: _____)

Michel Beard

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3702 Meyer Rd Needville 77461

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/24

Full name of contributor out-of-state PAC (ID#: _____)

Karen Perez

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

4715 Bryce Landing N, Katy 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME <i>Jason Joseph</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cyndia Rodriguez</i>	7 Amount of contribution (\$) <i>50</i>
6 Contributor address; City; State; Zip Code <i>608 Lettist Richmond TX 77469</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christian Amuta</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>8802 Wasatch Valley LN Richmond TX 77407</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wilson Bailey</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>17806 Hayward Hdl Dr Richmond 77407</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Needville Republican Womens Pol</i>	Amount of contribution (\$) <i>400</i>
Contributor address; City; State; Zip Code <i>14323 Buffalo Street, Needville TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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:
2 FILER NAME <i>Tolson Joseph.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/26/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Republican Women's Club of Party - Pte</i>	7 Amount of contribution (\$) <i>800</i>
6 Contributor address; City; State; Zip Code <i>9550 Spring Green Blvd, Ste 408-122 Katy TX 77494</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/25/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Republican Party of Texas</i>	Amount of contribution (\$) <i>750</i>
Contributor address; City; State; Zip Code <i>867 Brazos St, #101, Acusti, TX 78701</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/28/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dhilon Baby</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>8207 Golden Hbr, Missouricity 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/05/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nehls Roy Congress</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>15500 Wess Rd #318 Sugar Land 77469.</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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:

2 FILER NAME

Janson Joseph

3 Filer ID (Ethics Commission Filers)

4 Date

9/10/24

5 Full name of contributor

Alexander Daniel

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100

6 Contributor address;

906 Alexander St Stafford TX 77477

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10/24

Full name of contributor

Tony Simon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address;

1402 N. Tejva River Circle, Sugarland TX 77478

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <i>1</i>	
2 FILER NAME <i>Jason Joseph</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>2300</i>	
5 Date <i>9/21/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Covering Katy News</i>	8 Amount of Contribution \$ <i>2000</i>	9 In-kind contribution description <i>Campaign Advertisement</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Online Magazine</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>9/30/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Congress DAE</i>	Amount of Contribution \$ <i>300</i>	In-kind contribution description <i>social media advertisement</i>
Contributor address; City; State; Zip Code <i>449 Ludwig Ln, Stafford, TX 77477</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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 FILER NAME <i>Jason Joseph.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09/09/24</i>		5 Payee name <i>TAM Digital Media Printing</i>			
6 Amount (\$) <i>2500</i>		7 Payee address; City; State; Zip Code <i>13910 Murphy Rd, Stafford, TX - 77477.</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense.</i>		(b) Description <i>Printing.</i>		
	<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	
Date <i>8/1/24</i>		Payee name <i>Laird Plastics</i>			
Amount (\$) <i>2294.90</i>		Payee address; City; State; Zip Code <i>W. Little York Rd Houston TX 77041</i>			
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	
Date <i>08/24/24</i>		Payee name <i>Tractor Supply #</i>			
Amount (\$) <i>984</i>		Payee address; City; State; Zip Code <i>310 Fichmond TX 77469.</i>			
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	

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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>JASON JOSEPH</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/17/2024</i>	5 Payee name <i>Lonestar Saloon</i>
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6 Amount (\$) <i>254.67</i>	7 Payee address; City; State; Zip Code <i>Lonestar Saloon Richmond 77469</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverages</i>	(b) Description <i>Fundraising</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>8/15/24</i>	Payee name <i>Amazon</i>
------------------------	-----------------------------

Amount (\$) <i>120</i>	Payee address; City; State; Zip Code <i>Amazon Inc USA.</i>
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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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Date <i>8/2/24</i>	Payee name <i>Southern Trailers</i>
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Amount (\$) <i>2029</i>	Payee address; City; State; Zip Code <i># 432-8472999 TX 79360</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation</i>	Description <i>Trailer for Campaign</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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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:	2 FILER NAME <i>Jason Joseph</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/22/24</i>	5 Payee name <i>Twilio Inc</i>	
6 Amount (\$) <i>150</i>	7 Payee address; <i>CA, 94105.</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising.</i>	(b) Description
	(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 <i>8/23/24</i>	Payee name <i>Court Hardware</i>	
Amount (\$) <i>35</i>	Payee address; <i>Stafford TX . 77477.</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead.</i>	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
Date <i>8/31/24</i>	Payee name <i>Lowes</i>	
Amount (\$) <i>86.56.</i>	Payee address; <i>3807 Fm 1092 Rd</i>	City; State; Zip Code <i>Missouri City TX . 77459</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>zip file</i>
	<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 FILER NAME <i>Jaison Joseph</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/10/24</i>		5 Payee name <i>Idea Print</i>			
6 Amount (\$) <i>5000</i>		7 Payee address; <i>2617 S. Main St</i>		City; <i>Stafford</i>	State; Zip Code <i>TX 77477</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<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 <i>8/19/24</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>654.89</i>		Payee address; <i># 574 Sugarland TX</i>		City; <i>Sugarland</i>	State; Zip Code <i>TX 77478</i>
8 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
Date <i>8/19/24</i>		Payee name <i>Floyds</i>			
Amount (\$) <i>58.43</i>		Payee address; <i>Sugarland TX</i>		City; <i>Sugarland</i>	State; Zip Code <i>TX 77479</i>
8 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 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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:	2 FILER NAME <i>Jolson Joseph</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/25/24</i>	5 Payee name <i>Home Depot</i>
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6 Amount (\$) <i>124.71</i>	7 Payee address; City; State; Zip Code <i>#0574 Superland TX . 77478</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Hardware</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>10-26-24</i>	Payee name <i>Turillo</i>
-------------------------	------------------------------

Amount (\$) <i>350</i>	Payee address; City; State; Zip Code <i>Turillo Inc. USA . CA . 94105</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>IMS</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>10/2/24</i>	Payee name <i>Home Depot</i>
------------------------	---------------------------------

Amount (\$) <i>75.71</i>	Payee address; City; State; Zip Code <i>#6530 Rosenberg TX 77471</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Hardware</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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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>JULSON JOSEPH I</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/04/24</i>	5 Payee name <i>Twirlo</i>	
6 Amount (\$) <i>358</i>	7 Payee address; <i>Twirlo Inc, CA 94105</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Sms</i>
	<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
Date <i>10/04/24</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>300</i>	Payee address; <i># 0574 Sugarland TX 77478</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Hardware</i>
	<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
Date <i>8/20/24</i>	Payee name <i>U2 Marketing</i>	
Amount (\$) <i>2276</i>	Payee address; <i>5200 Mitchelldale st Houston 77092</i>	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

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 FILER NAME <i>Jayson Joseph</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/14/24</i>	5 Payee name <i>42 Marketing</i>
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6 Amount (\$) <i>1882</i>	7 Payee address; City; State; Zip Code <i>5200 Mitchelldale St Houston 77092</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Yard Sign.</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>10/19/24</i>	Payee name <i>Twilio inc</i>
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Amount (\$) <i>520</i>	Payee address; City; State; Zip Code <i>Twilio Inc USA. CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>SMS</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>10/29/24</i>	Payee name <i>Twilio inc</i>
-------------------------	---------------------------------

Amount (\$) <i>350</i>	Payee address; City; State; Zip Code <i>Twilio inc, USA CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>SMS</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 | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>JALSON JOSEPH.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-7-24</i>	5 Payee name <i>Twilio Inc</i>	
6 Amount (\$) <i>67.49.</i>	7 Payee address; <i>CA. 94105. US.</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising.</i>	(b) Description <i>GMS</i>
	<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 <i>10/9/24</i>	Payee name <i>Gri. Gurusuruppam Temple</i>	
Amount (\$) <i>160</i>	Payee address; <i>713 729-8994 TX. 77035.</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Tickets.</i>
	<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 <i>10/9/24</i>	Payee name <i>Tractor Supply</i>	
Amount (\$) <i>524</i>	Payee address; <i>#310 Richmond TX. 77469</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Hardware</i>
	<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