

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jill	MI M
	NICKNAME	LAST METCALFE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
			STATE; ZIP CODE TX 77338
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 813-2231	EXTENSION
	6 CAMPAIGN TREASURER NAME		
	MS / MRS / MR	FIRST JACKIE	MI R
	NICKNAME	LAST METCALFE	SUFFIX SR.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;
			STATE; ZIP CODE TX 77338
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 826-0901	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		THROUGH
			Month Day Year 08 / 21 / 2023 10 / 06 / 2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11 / 07 / 2023	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) ALDINE ISD TRUSTEE POSITION #1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED OCT 10 2023

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 180. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,802. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3292.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 677.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

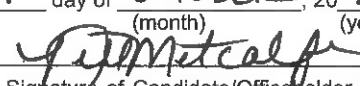
NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is JILL METCALFE, and my date of birth is OCTOBER 19 1979.
 My address is 5002 THEISS, HUMBLE, TX, 77338, USA.
(street) (city) (state) (zip code) (country)
 Executed in HARRIS County, State of TX, on the 9 day of OCTOBER, 20 23.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>JILL METCALFE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3970.-</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>832.-</i>
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>3292.75</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

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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 8-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA VILLANUEVA	7 Amount of contribution (\$) 100.-
6 Contributor address; City; State; Zip Code 13902 LILLJA HOUSTON TX 77037		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORIE LATIGO	Amount of contribution (\$) 250.-
Contributor address; City; State; Zip Code 21889 LOST MEADOW NEW CANEY TX 77357		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA RODRIGUEZ	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 18870 WOODRIDGE COURSE TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-26-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEIDI HELTON	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 5645 SHVTL HOUSTON TX 77032		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 8-27-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELINA CHAPA	7 Amount of contribution (\$) 200.-
6 Contributor address; City; State; Zip Code 30511 IMPERIAL LEGENDS DR. SPRING TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANDICE MOORE	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 201 WESTHEIMER #F HOUSTON TX 77066		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMA CISNEROS	Amount of contribution (\$) 40.-
Contributor address; City; State; Zip Code 9814 CLANTON PINES HUMBLE TX 77396		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBIE PETTY	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 31 W TALLOWBERRY THE WOODLANDS TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 9-2-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS LUCKER	7 Amount of contribution (\$) 25.-
6 Contributor address; City; State; Zip Code 3523 INDIAN FOREST DR. SPRING TX 77373		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-2-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA MANSKER	Amount of contribution (\$) 100.-
Contributor address; City; State; Zip Code 31231 LAKEVIEW BEND SPRING TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUD HURLEY	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 22114 KENCHESTER HOUSTON TX 77073		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARIN MANSKER	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 3518 ORCHARD VALLEN LN SPRING TX 77386		
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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 9-3-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMIE SPATES	7 Amount of contribution (\$) 100.-
6 Contributor address; City; State; Zip Code 768 COUNTY RD 4480 WINNSBORO TX 75494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERTHA VAUE	Amount of contribution (\$) 30.-
Contributor address; City; State; Zip Code 3702 WOODCREEK GLEN HOUSTON TX 77073		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-4-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBIN DEROVEN	Amount of contribution (\$) 100.-
Contributor address; City; State; Zip Code 166 DEER LAKE HUFFMAN TX 77336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TINA BIDJAS	Amount of contribution (\$) 250.-
Contributor address; City; State; Zip Code 810 SAINT ANDREWS HUMBLE TX 77339		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 9-10-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNDSEY BAKER	7 Amount of contribution (\$) 25.-
6 Contributor address; City; State; Zip Code 29527 BROOKCHASE SPRING TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORRY DICKINSON	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 425 10th AVE. TWO HARBOES MN 55616		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMANUEL GIVERBERO	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 1039 WILLOW OAKS CIR PASADENA TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD REALTY	Amount of contribution (\$) 50.
Contributor address; City; State; Zip Code 5630 APGAR HOUSTON TX 77032		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 9-17-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BART MILLER	7 Amount of contribution (\$) 150.-
6 Contributor address; City; State; Zip Code 219 BLUSHWOOD PL. SPRING TX 77382		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NMN LLC	Amount of contribution (\$) 200.-
Contributor address; City; State; Zip Code 95 SAGAMORE RIDGE PLAZA SPRING TX 77389		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN TANNER	Amount of contribution (\$) 300.-
Contributor address; City; State; Zip Code 19735 CYPRESSWOOD LAKE DR. SPRING TX 77373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBIE WOODRONE, SR.	Amount of contribution (\$) 100.-
Contributor address; City; State; Zip Code 5728 HOWELL HOUSTON TX 77032		
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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 9-22-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNIE SHELDON	7 Amount of contribution (\$) 100.-
6 Contributor address; City; State; Zip Code 34 N. RUSHWING CIR. THE WOODLANDS TX 77381		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINIC TONGA	Amount of contribution (\$) 200.-
Contributor address; City; State; Zip Code 19803 BOLTON BRIDGE LN HUMBLE TX 77338		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARA UPCHURCH	Amount of contribution (\$) 150.-
Contributor address; City; State; Zip Code 4512 PAGE STREET AUSTIN TX 78723		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS UPCHURCH	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 3224 Falconers Way Pflugerville TX 78660		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)
4 Date 10-3-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANESSA JIMINEZ	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code 1011 LEBEN LN SPRING TX 77373		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-8-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL METCALFE	Amount of contribution (\$) 350.-
Contributor address; City; State; Zip Code 5602 THEISS HUMBLE TX 77338		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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: 1	
2 FILER NAME JILL METCALFE		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 832.⁰⁰	
5 Date 9.17.23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKIE METCALFE	8 Amount of Contribution \$ 312.⁰⁰	9 In-kind contribution description SNACKS @ LAUNCH PARTY
7 Contributor address; City; State; Zip Code 21822 CARISBROOK HUMBLE TX 77388		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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 9.17.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADRIANNA NAVARRO-TANNER	Amount of Contribution \$ 520.⁰⁰	In-kind contribution description MARQUEE LETTERS DELOR @ LAUNCH PARTY
Contributor address; City; State; Zip Code 18903 WATT POINT SPRING TX 77388		<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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 3	2 FILER NAME JILL METCALFE	3 Filer ID (Ethics Commission Filers)
4 Date 9-14-23	5 Payee name ANGEL ALBARRAN	
6 Amount (\$) 315.00	7 Payee address; City; State; Zip Code 717 W ALABAMA APT#1 HOUSTON TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description GRAPHIC DESIGN
	<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 9-12-23	Payee name SIGNS 365.COM	+ 9/8/23 290.- + 9/8/23 130.-
Amount (\$) 1590.00	Payee address; City; State; Zip Code 51245 Filomena Dr. SHELBYTWP MI 48315	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	<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 9-11-23	Payee name PRINT PLACE	
Amount (\$) 280.64	Payee address; City; State; Zip Code 1130 AVE. H ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description POST CARDS
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JILL METCALFE	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-23	5 Payee name SIGNS365.COM	
6 Amount (\$) 290.-	7 Payee address; 51245 FILOMENA DR.	City; State; Zip Code SHELBY TWP MI 48315
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(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 9-8-23	Payee name SIGNS365.COM	
Amount (\$) 130.-	Payee address; 51245 FILOMENA DR.	City; State; Zip Code SHELBY TWP MI 48315
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JILL METCALFE	3 Filer ID (Ethics Commission Filers)
4 Date 10-8-23	5 Payee name SIGNS 365.COM	
6 Amount (\$)	7 Payee address; 51245 FILomenA DR.	City; State; Zip Code SHELBY TWP MI 48315
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(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 10-8-23	Payee name ROB'S HARDWARE	
Amount (\$) 54.61	Payee address; 21714 AUDINE WESTFIELD	City; State; Zip Code HUMBLE TX 77338
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POSTS + SUPPLIES TO MOUNT SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED