

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction guide explains how to complete this form.

1 See page Schedule A

3 ACCOUNT # (if applicable)

2 FILER NAME

1 Ronald E. Jones

7 Amount of contribution (if applicable)

4 Date

5 Full name of contributor (last, first, middle initial)

8 Included contribution description (if applicable)

Home Builders Assn.

5/31/07

6 Contributor address, City, State, ZIP Code

9 300.00

5816 W. PLANO PRWD PLANO TX 75093

10 If travel outside of Texas, complete Schedule T

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

Full name of contributor

Contributor address, City, State, ZIP Code

Amount of contribution (if applicable)

Included contribution description (if applicable)

4/2/07

Full name of contributor

Contributor address, City, State, ZIP Code

50.00

Amount of contribution (if applicable)

Included contribution description (if applicable)

Date

Full name of contributor

Contributor address, City, State, ZIP Code

Amount of contribution (if applicable)

Included contribution description (if applicable)

6/1/07

Full name of contributor

Contributor address, City, State, ZIP Code

100.00

Amount of contribution (if applicable)

Included contribution description (if applicable)

Date

Full name of contributor

Contributor address, City, State, ZIP Code

Amount of contribution (if applicable)

Included contribution description (if applicable)

6/1/07

Full name of contributor

Contributor address, City, State, ZIP Code

100.00

Amount of contribution (if applicable)

Included contribution description (if applicable)

Date

Full name of contributor

Contributor address, City, State, ZIP Code

Amount of contribution (if applicable)

Included contribution description (if applicable)

5/23/07

Full name of contributor

Contributor address, City, State, ZIP Code

200.00

Amount of contribution (if applicable)

Included contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Amount of contribution (if applicable)

Included contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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