

MISCELLANEOUS ELECTRONIC SUBMISSION TO THE FEC (FEC Form 99)

NAME OF COMMITTEE (In Full)

ROBERT JONES FOR TENNESSEE

FEC IDENTIFICATION NUMBER

C00941971

Mailing Address 1991 OLD STAGECOACH ROAD

City

JONESBOROUGH

State

TN

ZIP Code

37659

July Quarterly Report

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ROBERT JONES FOR TENNESSEE

ADDRESS (number and street)

1991 OLD STAGECOACH RD.

Check if different
than previously
reported. (ACC)

JONESBOROUGH

TN

37659

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00941971

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

D D

Y Y Y Y

in the
State of

TN

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

D D

Y Y Y Y

in the
State of

5. Covering Period

04

01

2026

through

07

01

2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cindy E. Harlow

Signature of Treasurer



Date

07

14

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

Robert Jones for Tennessee

Report Covering the Period: From: 04 01 2026 To: 07 01 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$ 5 , 0 0 0 . 0 0	\$ 9 , 4 0 0 . 0 0
(b) Total Contribution Refunds (from Line 20(d))	\$ 0 . 0 0	\$ 0 . 0 0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$ 5 , 0 0 0 . 0 0	\$ 9 , 4 0 0 . 0 0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 2 , 3 9 9 . 5 4	\$ 3 , 7 3 8 . 7 1
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	\$ 2 , 3 9 9 . 5 4	\$ 3 , 7 3 8 . 7 1
8. Cash on Hand at Close of Reporting Period (from Line 27)		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0 . 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0 . 0 0	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Receipts

Page 3

Write or Type Committee Name

Robert Jones for Tennessee

Report Covering the Period: From: 04 01 2026 To: 07 01 2026

I. RECEIPTS**COLUMN A
Total This Period****COLUMN B
Election Cycle-to-Date****11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

\$ 5 , 0 0 0 . 0 0

\$ 9 , 4 0 0 . 0 0

\$ 5 , 0 0 0 . 0 0

\$ 9 , 4 0 0 . 0 0

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES****13. LOANS:**(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)****15. OTHER RECEIPTS
(Dividends, Interest, etc.)****16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

\$ 5 , 0 0 0 , . 0 0

\$ 9 , 4 0 0 . 0 0

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	\$ 2 , 3 9 9 . 5 4	\$ 3 , 7 3 8 . 7 1
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$	\$
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	\$	\$
(b) Of All Other Loans	\$	\$
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	\$	\$
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$	\$
(b) Political Party Committees.....	\$	\$
(c) Other Political Committees (such as PACs)	\$	\$
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	\$	\$
21. OTHER DISBURSEMENTS	\$	\$
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	\$ 2 , 3 9 9 . 5 4	\$ 3 , 7 3 8 . 7 1

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	\$ 3 , 0 6 0 . 8 3
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	\$ 5 , 0 0 0 . 0 0
25. SUBTOTAL (add Line 23 and Line 24).....	\$ 8 , 0 6 0 . 8 3
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	\$ 2 , 3 9 9 . 5 4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	\$ 5 , 6 6 1 . 2 9

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

Robert Jones

Date of Receipt

07 01 2026

A.

Mailing Address

1991 Old Stagecoach Rd.

City

Jonesborough

State

TN

Zip Code

37659

FEC ID number of contributing
federal political committee.

C 0 0 9 4 1 9 7 1

Amount of Each Receipt this Period

5 , 0 0 0 . 0 0

Name of Employer

Self employed - All Tails Vet

Occupation

Owner

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$ 9 , 4 0 0 . 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

Date of Receipt

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

☐ Memo Item

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

☐ Memo Item

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶

\$ 5 , 0 0 0 . 0 0

TOTAL This Period (last page this line number only) ▶

\$ 5 , 0 0 0 . 0 0

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1 OF 11

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Google One

Date of Disbursement

04 08 2026

Mailing Address
1600 Amphitheatre PkwyCity
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C 0 0 9 4 1 9 7 1

Purpose of Disbursement
Administrative expenses

001

Amount of Each Disbursement this Period

\$ 1 8 , . 6 0 , .

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
PresidentDisbursement For:
Primary ☒ General
Other (specify) ▼☐ Memo Item

State: TN District:

Full Name (Last, First, Middle Initial)

B. Zoom.com

Date of Disbursement

05 01 2026

Mailing Address
55 Almaden Blvd., 6th FL.City
San JoseState
CAZip Code
95113

FEC Identification Number

C 0 0 9 4 1 9 7 1

Purpose of Disbursement
Administrative expenses

0 0 1

Amount of Each Disbursement this Period

\$ 1 8 , . 6 0 , .

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
PresidentDisbursement For:
Primary ☐ General
Other (specify) ▼☐ Memo Item

State: TN District:

Full Name (Last, First, Middle Initial)

C. Zoom.com

Date of Disbursement

06 01 2026

Mailing Address
55 Almaden Blvd., 6th FL.City
San JoseState
CAZip Code
95113

FEC Identification Number

C 0 0 9 4 1 9 7 1

Purpose of Disbursement
Administrative expenses

0 0 1

Amount of Each Disbursement this Period

\$ 1 8 , . 6 0 , .

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
PresidentDisbursement For:
Primary ☐ General
Other (specify) ▼☐ Memo Item

State: TN District:

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 5 5 . 8 0

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Zoom.com			Date of Disbursement 07 / 01 / 2026	
Mailing Address 55 Almaden Blvd., 6th Fl				
City San Jose	State CA	Zip Code 95113	FEC Identification Number C 0 0 9 4 1 9 7 1	
Purpose of Disbursement Administrative expenses		0 0 1	Amount of Each Disbursement this Period \$ 1 8 , . 6 0 ,	
Candidate Name Robert Jones		Category/ Type		
Office Sought: ☒ House ☒ Senate ☐ President	Disbursement For: ☐ Primary ☒ General Other (specify) ▼		☐ Memo Item	
State: TN	District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement	

B.			Date of Disbursement	
Mailing Address				
City	State	Zip Code	FEC Identification Number C 0 0 9 4 1 9 7 1	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name Robert Jones		Category/ Type	☐ Memo Item	
Office Sought: ☒ House ☒ Senate ☐ President	Disbursement For: ☐ Primary ☐ General Other (specify) ▼			
State:	District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement	

C.			Date of Disbursement	
Mailing Address				
City	State	Zip Code	FEC Identification Number C 0 0 9 4 1 9 7 1	
Purpose of Disbursement Type text here			Amount of Each Disbursement this Period	
Candidate Name Robert Jones		Category/ Type	☐ Memo Item	
Office Sought: ☒ House ☒ Senate ☐ President	Disbursement For: ☐ Primary ☐ General Other (specify) ▼			
State:	District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement	

SUBTOTAL of Disbursements This Page (optional) ▶ \$ 1 8 , . 6 0

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 3 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. RT Rushordertees.com

Mailing Address

2727 Commerce Way

City

Philadelphia

State

PA

Zip Code

19154

Purpose of Disbursement

Campaign materials

0 0 6

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

Date of Disbursement

04 02 2026

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 6 9 9 . 9 3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VistaPrint

Mailing Address

95 Hayden Ave

City

Lexington

State

MA

Zip Code

02421

Purpose of Disbursement

Campaign materials

0 0 6

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

Date of Disbursement

04 20 2026

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 1 , 0 4 2 , . 4 1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Type text here

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

\$ 1 , 7 4 2 . 3 4

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 4 OF 11

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 19b
21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. BP

Date of Disbursement

05 13 2026

Mailing Address

501 Westlake Park Blvd.

City

Houston

State

TN

Zip Code

77079

Purpose of Disbursement

Travel Expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 3 6 . 0 3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scotchman

Date of Disbursement

05 13 2026

Mailing Address

8565 Magellan Pkwy, Ste. 400

City

Richmond

State

VA

Zip Code

23227

Purpose of Disbursement

Travel Expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 3 5 . 7 1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Weigel's

Date of Disbursement

05 13 2026

Mailing Address

3100 Weigel Lane

City

Powell

State

TN

Zip Code

37849

Purpose of Disbursement

Travel Expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 3 2 . 4 2

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

\$ 1 0 4 . 1 6

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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PAGE 5 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. BP

Date of Disbursement

05 13 2026

Mailing Address

501 Westlake Park Blvd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 6 , . 0 3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scotchman

Date of Disbursement

05 13 2026

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 5 , . 7 1 , .

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Weigel's

Date of Disbursement

05 13 2026

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

3 4 , . 4 2 , .

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 1 0 6 . 1 6

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

PAGE 6 OF 11

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Shell

Date of Disbursement

05 14 2026

Mailing Address

150 N Dairy Ashford Rd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 3 . 0 1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sec Gordonsville

Date of Disbursement

05 14 2026

Mailing Address

477 Gordonsville Hwy

City

Gordonsville

State

TN

Zip Code

38563

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 5 4 . 5 6

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Speedway

Date of Disbursement

05 14 2026

Mailing Address

500 Spedway Dr.

City

Enon

State

OH

Zip Code

45323

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 2 3 . 1 4

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 1 1 0 . 7 1

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. BP

Date of Disbursement

05 14 2026

Mailing Address

501 Westlake Park Blvd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 8 . 7 6

☐ Memo Item

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

Full Name (Last, First, Middle Initial)

B. BP

Date of Disbursement

05 14 2026

Mailing Address

501 Westlake Park Blvd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 6 . 0 1

☐ Memo Item

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

Full Name (Last, First, Middle Initial)

C. Shell

Date of Disbursement

05 15 2026

Mailing Address

150 N Dairy Ashford Rd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 2 8 . 5 5

☐ Memo Item

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

SUBTOTAL of Disbursements This Page (optional) ▶ \$ 7 3 . 3 2

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Shell

Date of Disbursement

05 15 2026

Mailing Address

150 N Dairy Ashford Rd.

City

Houston

State

TX

Zip Code

77079

FEC Identification Number

C 0 0 9 4 1 7 9 1

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Amount of Each Disbursement this Period

\$ 4 . 9 2

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State:

TN

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shell

Date of Disbursement

05 15 2026

Mailing Address

150 N Dairy Ashford Rd.

City

Houston

State

TX

Zip Code

77079

FEC Identification Number

C 0 0 9 4 1 7 9 1

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Amount of Each Disbursement this Period

\$ 3 8 . 4 3

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State:

TN

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shell

Date of Disbursement

05 15 2026

Mailing Address

150 N Dairy Ashford Rd.

City

Houston

State

TX

Zip Code

77079

FEC Identification Number

C 0 0 9 4 1 7 9 1

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Amount of Each Disbursement this Period

\$ 3 7 . 8 2

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State:

TN

District:

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 8 1 . 1 7

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Citgo

Date of Disbursement

05 15 2026

Mailing Address

1293 Eldridge Pkwy

City

Houston

State

TX

Zip Code

77077

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 9 , . 4 9 , .

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 7-Eleven

Date of Disbursement

05 18 2026

Mailing Address

3200 Hackberry Rd.

City

Irving

State

TX

Zip Code

75063

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 2 9 , . 8 5 , .

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RaceTrac

Date of Disbursement

05 18 2026

Mailing Address

200 Galleria Pkwy SE, Ste. 900

City

Atlanta

State

GA

Zip Code

30339

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 1 , . 4 6 , .

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ \$ 1 0 0 . 8 0

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. BP

Date of Disbursement

05 18 2026

Mailing Address

501 Westlake Park Blvd.

City

Houston

State

TX

Zip Code

77079

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 2 7 . 2 5 .

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Exxon Mobil

Date of Disbursement

05 18 2026

Mailing Address

22777 Springwoods Village Pkwy

City

Spring

State

TX

Zip Code

77389

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 1 . 7 5 .

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Weigel's

Date of Disbursement

05 18 2026

Mailing Address

3100 Weigel Lane

City

Powell

State

TN

Zip Code

37849

Purpose of Disbursement

Travel expenses

0 0 2

Candidate Name

Robert Jones

Category/
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

Primary

☒ General

Other (specify) ▼

State: TN

District:

FEC Identification Number

C 0 0 9 4 1 7 9 1

Amount of Each Disbursement this Period

\$ 3 5 . 1 4 .

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 9 4 . 1 4

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

Full Name (Last, First, Middle Initial)

A. Santok Inc/Exxon MobilMailing Address
1301 W Hwy 25 70City
NewportState
TNZip Code
37821Purpose of Disbursement
Travel expenses

0 0 2

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
President
State: TN District:Disbursement For:
Primary ☐ General ☒
Other (specify) ▼

Date of Disbursement

05 18 2026

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

\$ 1 8 , . 5 0 , .

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
President
State: District:Disbursement For:
Primary ☐ General ☐
Other (specify) ▼

Date of Disbursement

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name
Robert JonesCategory/
TypeOffice Sought: House
☒ Senate
President
State: District:Disbursement For:
Primary ☐ General ☐
Other (specify) ▼

Date of Disbursement

FEC Identification Number

C 0 0 9 4 1 9 7 1

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶

\$ 1 8 . 5 0

TOTAL This Period (last page this line number only)..... ▶

\$ 2 , 3 9 9 . 5 4

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a

13b

NAME OF COMMITTEE (In Full)
Robert Jones for Tennessee**LOAN SOURCE** Full Name (Last, First, Middle Initial)

N/A

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

\$ 0 . 0 0

TOTALS This Period (last page in this line only).....▶

\$ 0 . 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NAME OF COMMITTEE (In Full) Robert Jones for Tennessee						FEC IDENTIFICATION NUMBER C 0 0 9 4 1 9 7 1							
LENDING INSTITUTION (LENDER) Full Name N/A				Amount of Loan				Interest Rate (APR)					
Mailing Address				Date Incurred or Established									
City		State		Zip Code		Date Due							
A. Has loan been restructured? No Yes If yes, date originally incurred													
B. If line of credit, Amount of this Draw:												Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported on Schedule C.)													
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify:								What is the value of this collateral?					
								Does the lender have a perfected security interest in it? No Yes					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:								What is the estimated value?					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:								Location of account: Address: City, State, Zip:					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.													
G. COMMITTEE TREASURER Typed Name Signature								DATE					
H. Attach a signed copy of the loan agreement.													
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.													
AUTHORIZED REPRESENTATIVE Typed Name Signature								DATE					

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS**Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)☐ 9
☐ 10

NAME OF COMMITTEE (In Full)

Robert Jones for Tennessee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)