CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: April | MI: L.
NICKNAME | LAST: Jones | SUFFIX

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☒ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month / Day / Year: 05 / 17 / 2026 THROUGH 06 / 30 / 2026

OFFICE USE ONLY

Date Received: RECVD VIA EMAIL 07/20/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

This report is being amended solely to correct a clerical error in the notarization. The notary inadvertently entered the incorrect month when completing the notarization. No other information in the report has been changed.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.

☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

April L. Jones
Signature of Candidate/Officeholder

MAGDALENA CHAVEZ SALOMON
Notary ID #125475449
My Commission Expires
March 21, 2027

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by April L. Jones this the 20th day of July, 20 26, to certify which, witness my hand and seal of office.

Magdalena Chavez-Salomon — CPA

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

- corrected -

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

2 Total pages filed: 15

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: APRIL | MI: L.

NICKNAME | LAST: JONES | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

8506 Rose Garden Drive

Houston, TX 77083

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Michael | MI:

NICKNAME | LAST: Burton | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Type text here

506 S. Carroll Street., LaPorte, TX 77571

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

713.392.7891

8 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)

9 PERIOD COVERED

Month Day Year: 05/17/2026 THROUGH Month Day Year: 06/30/2026

10 ELECTION

ELECTION DATE: Month 11 | Day 03 | Year 2026

ELECTION TYPE

- ☐ Primary
- ☑ Runoff
- ☐ Other
- ☒ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Candidate for Fort Bend County Commissioner, Precint 4.

GO TO PAGE 2

– corrected –

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	JONES, APRIL	14 Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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.

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,851.73
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,965.48
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 13,157.69
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFIDAVIT

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.

MAGDALENA CHAVEZ SALOMON
Notary ID #125475449
My Commission Expires
March 21, 2027

April Jones
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said April L. Jones, this the 15th day of July, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering | Magdalena Chavez-Salomon CPA (Printed name of officer administering) | Title of officer administering oath

- corrected -

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID
JONES, APRIL	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 8,295.00
2.	[X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 556.73
3.	[X] SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	[X] SCHEDULE E: LOANS	$ 0.00
5.	[X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 3,965.48
6.	[X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	[X] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	[X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	[X] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 0.00
10.	[ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

- corrected -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/15

2 FILER NAME: JONES, APRIL

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
06/02/2026	Anderson, Emily	4807 Pin Oak Park, #3311 Houston, TX 77081	$500.00	Engineer	Halff Associates, Inc.
06/03/2026	Bankhead, Dietrich (Mr.)	5307 Paseo Caceres Dr. Houston, TX 77007	$500.00	Engineer	KHEOPS
06/01/2026	Baskin, Marcus (Mr.)	9622 Paintbrush Ledge Ln Houston, TX 77089	$250.00	Engineer	Pape-Dawson
06/07/2026	Bobrick, William (Mr.)	PO box 637 Sugar Land, TX 77478	$25.00	Organizer	AFT of Texas
05/19/2026	Calhoun, John (Mr.)	126 e Amite st Jackson, MS 39201	$1,500.00	CEO	IMS

- corrected -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/15

2 FILER NAME: JONES, APRIL

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
06/04/2026	Doss, Corbin (Mr.)	2644 W Adams St Chicago, IL 60612	$500.00	Engineer	Infrastructure Engineering Inc
06/04/2026	Doss, Corbin (Mr.)	2644 W Adams St Chicago, IL 60612	$500.00	Engineer	Infrastructure Engineering Inc
06/16/2026	Harris, Judy (Miss)	3226 Dandelion Dr. Richmond, TX 77469	$20.00	Not Employed	Not Employed
05/19/2026	Hill, Rod (Mr.)	126 E Amite St Jackson, MS 39201	$1,000.00	COO	IMS
06/29/2026	Jeffers, Alvin (Mr.)	7413 Summer Tanager Trl Raleigh, NC 27614	$100.00	Executive	Hillenbrand

- corrected

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/15

2 FILER NAME: JONES, APRIL

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
06/03/2026	Khan, Kashif (Mr.)	12408 Gaskin Way Carmel, IN 46032	$1,250.00	Civil Engineer	Infrastructure Engineering Inc
05/20/2026	Lacsamana, Anthony (Mr.)	3107 Winchester Way Sugar Land, TX 77479	$100.00	Union Organizer	Fort Bend Employee Federation
06/14/2026	LeBlanc, Paul (Mr.)	2907 Wild Olive Way Richmond, TX 77469	$100.00	Not Employed	Not Employed
05/31/2026	Newton, Patrice (Ms.)	3221 Sw Stone Ave Topeka, KS 66614	$100.00	Credentialer	ZT Corp.
06/30/2026	Newton, Patrice (Ms.)	3221 Sw Stone Ave Topeka, KS 66614	$100.00	Credentialer	ZT Corp.

- corrected -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/15

2 FILER NAME: JONES, APRIL

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
06/30/2026	Russell, Dylan (Mr.)	$250.00
	6 Contributor address; City; State; Zip Code: 4518, Pebblestone Dr, Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions): Attorney	9 Employer (See Instructions): Sorrels Law	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/02/2026	Serna, Oscar (Mr.)	$500.00
	Contributor address; City; State; Zip Code: 12715 Carriage Glen Dr., Tomball, TX 77377	
Principal occupation / Job title (See Instructions): Engineer	Employer (See Instructions): Maestas & Associates, LLC	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
06/17/2026	Wong, Chunhoi (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: 3230 Spring Trail Drive, Sugar Land, TX 77479-3048	
Principal occupation / Job title (See Instructions): Engineer	Employer (See Instructions): IEA	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/15

2 FILER NAME: JONES, APRIL

3 Filer ID:

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $

5 Date	6 Full name of contributor / 7 Contributor address; City; State; Zip Code	8 Amount of contribution ($)	9 In-kind contribution description
06/30/2026	☐ out-of-state PAC (ID#:_____) Annie's List PO Box 303277 Austin, TX 78703	$181.73	Text messaging Communications. ☐ 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	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description
05/26/2026	☐ out-of-state PAC (ID#:_____) Salomon, Camila (Ms.) 19311 Mission Cove Lane Richmond, TX 77407	$375.00	Professional campaign support services, graphic design, social media management, content ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
College student	Not Employed
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)	

- corrected -

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: Sch: 1/1 Rpt: 9/15

2 FILER NAME: JONES, APRIL

3 Filer ID: apriljonesconsulting8@gmail.com

4 TOTAL OF UNITEMIZED PLEDGES — $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)

-corrected-

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: Sch: 1/1 Rpt: 10/15

2 FILER NAME
JONES, APRIL

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

– corrected

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID
Sch: 1/5 Rpt: 11/15	JONES, APRIL	

Expenditure 1

4 Date	5 Payee name
05/21/2026	Academy Sports Outdoors

6 Amount ($)	7 Payee address; City; State; Zip Code
$129.89	2404 Southwest Frwy Houston, TX 77098-4602

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ASO Straight Leg One Push Canopy 10x10 Red Bright 01

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Expenditure 2

Date	Payee name
06/06/2026	Advocation FB

Amount ($)	Payee address; City; State; Zip Code
$90.67	10698 Snyder Road Richmond, TX 77469

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Primary - Drinks, food for workers.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Expenditure 3

Date	Payee name
05/24/2026	Advocation FB

Amount ($)	Payee address; City; State; Zip Code
$375.00	10698 Snyder Road Richmond, TX 77469

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DTF imprint one sided campaign shirts & puppy scarf imprinted.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

-corrected-

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID
Sch: 2/5 Rpt: 12/15	JONES, APRIL	

4 Date	5 Payee name
05/23/2026	Allied Signs

6 Amount ($)	7 Payee address; City; State; Zip Code
$433.00	6820 Harwin Drive. Houston, TX 77036

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Signs, push cards.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/19/2026	Allied Signs

Amount ($)	Payee address; City; State; Zip Code
$622.44	6820 Harwin Drive. Houston, TX 77036

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Signs, push cards.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/18/2026	Allied Signs

Amount ($)	Payee address; City; State; Zip Code
$216.50	6820 Harwin Drive. Houston, TX 77036

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Push cards 1000 pieces.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

-corrected-

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID
Sch: 3/5 Rpt: 13/15	JONES, APRIL	

4 Date	5 Payee name
05/18/2026	Allied Signs

6 Amount ($)	7 Payee address; City; State; Zip Code
$54.13	6820 Harwin Drive. Houston, TX 77036

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Push Cards.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/12/2026	Anna, Lykoudis (Mrs.)

Amount ($)	Payee address; City; State; Zip Code
$322.62	1010 Walker School Road Sugar Land, TX 77479

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Primary race - Block walking.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/27/2026	Dibrell and Associates

Amount ($)	Payee address; City; State; Zip Code
$299.00	4203 Glade Shadow Ct Katy , TX 77494

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Primary - Text messaging.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

– corrected –

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID
Sch: 4/5 Rpt: 14/15	JONES, APRIL	

4 Date	5 Payee name
05/22/2026	Dibrell and Associates

6 Amount ($)	7 Payee address; City; State; Zip Code
$292.14	4203 Glade Shadow Ct Katy , TX 77494

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Primary texting to Precinct 4

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/30/2026	Perry's Steakhouse and Grill

Amount ($)	Payee address; City; State; Zip Code
$480.09	2115 Town Square Place Sugar Land, TX 77479

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dinner - Team meeting to discuss campaign.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/12/2026	Quincy, Patrick (Mr.)

Amount ($)	Payee address; City; State; Zip Code
$150.00	Fort bend County Fairgrounds, 4310 TX-36 Rosenberg, TX 77471

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense June 19, 2026, 1:00 – 8:00 PM, Fort Bend County Fairgrounds,4310 TX-36 S, Rosenberg, TX 77471,

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

-corrected-

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID
Sch: 5/5 Rpt: 15/15	JONES, APRIL	

4 Date	5 Payee name
05/28/2026	Saloman, Maggie (Mrs.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	19311 Mission Cove Lane Housotn, TX 77407

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Primary - Poll workers,

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held