2026

2026

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8	**OFFICE USE ONLY**
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. · FIRST: April · MI: L. · NICKNAME · LAST: Jones · SUFFIX	Date Received: RECEIVED VIA EMAIL 08/30/2026
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)	Date Hand-delivered or Date Postmarked · Receipt # · Amount $
5 ORIGINAL PERIOD COVERED	Month 02 / Day 02 / Year 2026 THROUGH Month 02 / Day 22 / Year 2026	Date Processed · Date Imaged

6 EXPLANATION OF CORRECTION

After a thorough review of the previously filed report, the campaign has made the following corrections to ensure full transparency and compliance with the Texas Ethics Commission. All omissions were unintentional and not made with any intent to misrepresent:
1. The Campaign Treasurer on file has now been properly reflected. **2.** The reporting period has been corrected to accurately reflect the proper coverage dates, confirming there is no gap in reporting and that the correct starting date is now shown. **3.** A completed and notarized affidavit has been submitted with this filing. **4.**The appropriate election type designation has been added. **5.** All expenses paid from personal funds have been fully disclosed and itemized.

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 Jones
Signature of Candidate/Officeholder

NOTARY PUBLIC STATE OF TEXAS
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 27th day of April, 20 26, to certify which, witness my hand and seal of office.

Magdalena Chavez-Salomón 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: 8

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	MI
Ms.	APRIL	L.

NICKNAME	LAST	SUFFIX
	JONES	

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	FIRST	MI
Mr.	Michael	

NICKNAME	LAST	SUFFIX
	Burton	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

506 S. Carroll Street., LaPorte, TX 77571

7 CAMPAIGN TREASURER PHONE

AREA CODE: 713 PHONE NUMBER: 392.7891 EXTENSION:

8 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☒ 8th day before election
☐ Runoff
☐ Exceeded modified reporting limit
☐ 15th day after campaign treasurer appointment (officeholder only)
☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 02/02/2026 THROUGH Month Day Year: 02/22/2026

10 ELECTION

ELECTION DATE: Month 03 Day 03 Year 2026

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other
☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): N/A

12 OFFICE SOUGHT (if known): Fort Bend County Commissioner, PCT 4

GO TO PAGE 2

– CORRECTED –

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	JONES, APRIL L.	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)	$ 550.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 7,524.66
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1437.94
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFIDAVIT

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

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.

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 27th day of April, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering | Magdalena Chavez-Salomón 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 L.	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 550.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 7,524.66
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: 1/1

2 FILER NAME: JONES, APRIL L.

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)
02/03/2026	Boykin, Frank & Becky 9819 Queensbridge Drive Sugar Land, TX 77498	$100.00	Not Employed	Not Employed
02/04/2026	Harris, Judy 3226 Dandelion Dr. Richmond, TX 77469	$50.00	Not Employed	Not Employed
02/03/2026	Tankard, Ted 10218 Reading Rd Richmond, TX 77469	$100.00	Not Employed	Not Employed
02/09/2026	Verma, Amarjit 14403 Ardwell Dr Sugar Land, TX 77498	$300.00	Not Employed	Not Employed

— CORRECTED —

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID
Sch: 1/2	JONES, APRIL L.	

4 Date	5 Payee name
02/03/2026	Advocation FB

6 Amount ($)	7 Payee address; City; State; Zip Code
$380.00 ☑ Reimbursement from political contributions intended	10698 Snyder Road Richmond, TX 77469

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 T-shirts

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

Date	Payee name
02/13/2026	Allied Signs

Amount ($)	Payee address; City; State; Zip Code
$518.52 ☑ Reimbursement from political contributions intended	6820 Harwin Drive. Houston, TX 77036

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Push Cards for Commissioner PCT 4

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

Date	Payee name
02/09/2026	CSPAC, LLC

Amount ($)	Payee address; City; State; Zip Code
$250.00 ☑ Reimbursement from political contributions intended	11418 Oak Lake Ridge Court Sugar Land, TX 77498

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

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

- CORRECTED -

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2	**2** FILER NAME JONES, APRIL L.	**3** Filer ID
4 Date 02/06/2026	**5** Payee name M3 Graphics Signs LED	
6 Amount ($) $3,187.87 ☑ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code 11730 S. Wilcrest Drive Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mailers for Primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 02/09/2026	Payee name M3 Graphics Signs LED	
Amount ($) $3,188.27 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11730 S. Wilcrest Drive Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mailers for Primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
April L. Jones	

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear oraffirmthatI understand that I amrequired to file mycampaign finance reports electronically if I, myagent or consultant, or a person withwhomI contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, orpersonsmakingpolitical contributionsto me.
5. I am filing this affidavit withthe 8th Day before Election report due on February 23, 2026. I understand that this affidavit isrequired to be filed with each campaign finance report forwhich I am claiming an exemptionfromelectronic filing.

Please complete either option below:

(1) Affidavit

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

NOTARY STAMP / SEAL

April Jones
Signature of Filer

Sworn to and subscribed before me by April L. Jones this the 27th day of April, 20 26, to certify which, witness my hand and seal of office.

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

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER