

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: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST APRIL	MI L.	OFFICE USE ONLY Date Received RECVD VIA EMAIL 04/27/2026	
	NICKNAME	LAST JONES	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE		Date Hand-delivered or Date Postmarked
	8506 Rose Garden Drive		Houston, TX 77083		Receipt # Amount
					Date Processed
					Date Imaged
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
506 S. Carroll Street., LaPorte, TX 77571					
7 CAMPAIGN TREASURER PHONE	AREA CODE 713	PHONE NUMBER 392.7891	EXTENSION		
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	THROUGH	Month Day Year
01/01/2026		02/01/2026			
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	☒ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	
03 03 2026					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
N/A		Fort Bend County Commissioner, PCT 4			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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13 C / OH NAME JONES, APRIL L.

14 Filer ID

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

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.

☐ Additional Pages

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) \$ 385.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 417.79

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 887.84

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.

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, 2026, to certify which, witness my hand and seal of office.

M. G. Salas

Signature of officer administering

Magdalena Chavez Salomon

Printed name of officer administering

LPA

Title of officer administering oath

SUBTOTALS - C/OH

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18 FILER NAME JONES, APRIL L.		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	385.00
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.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	417.79
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	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME JONES, APRIL L.		3 Filer ID
4 Date 01/22/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Aden, Karla (Ms.) 6 Contributor address; City; State; Zip Code 3135 Windchsse Blvd Houston, TX 77082	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not Employed
Date 01/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Curimbaba, Sally (Mrs.) Contributor address; City; State; Zip Code 6445 FM 1463 Road Katy, TX 77494	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) ASL International Inc.
Date 01/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Famuyiwa, Samuel (Mr.) Contributor address; City; State; Zip Code 8230 Mission Estates Drive Houston, TX 77083	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 01/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hayes, Dan (Mr.) Contributor address; City; State; Zip Code 1098 Clearmill Drive Lenoir City, TN 37772	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Primient
Date 01/12/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jones, Laura (Miss) Contributor address; City; State; Zip Code 8323 Deerland Bluff Ln Riverview, FL 33578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Juicy House LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME JONES, APRIL L.		3 Filer ID
4 Date 01/09/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jones, Roderick (Mr.) 6 Contributor address; City; State; Zip Code 218 Lakeland Drive. Brandon, MS 39042	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Maintenance		9 Employer (See Instructions) State of Mississippi
Date 01/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pathikonda, Suresh (Mr.) Contributor address; City; State; Zip Code 23 Monarch Trail Sugar Land, TX 77498	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tracy, Jones (Ms.) Contributor address; City; State; Zip Code 1550 Thurston Street Akron, TX 44320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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: 1/1 Rpt: 6/6	2 FILER NAME JONES, APRIL L.	3 Filer ID
4 Date 01/01/2026	5 Payee name Allied Signs	
6 Amount (\$) \$167.79 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6820 Harwin Drive. Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Candidate Push Cards.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

Date 01/01/2026	Payee name CSPAC, LLC	
Amount (\$) \$250.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11418 Oak Lake Ridge Court Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense January Consulting expenses.
Complete <u>ONLY</u> 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.

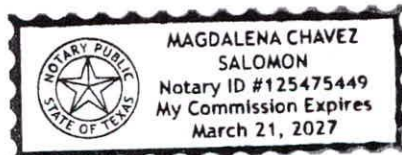
Filer name April L. Jones	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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 or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I 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, or persons making political contributions to me.
5. I am filing this affidavit with the 30th report due on February 2nd 2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

April Jones
Signature of Filer

Sworn to and subscribed before me by April L. Jones this the 27th day of April, 2026, to certify which, witness my hand and seal of office.
[Signature] 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 _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

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