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 (Ethics Commission Filers)

2 Total pages filed: 25

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: JEFFREY | MI: L | NICKNAME | LAST: BONEY | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: POBOX2239 MISSOURI CITY TX 77459

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (832) 868-5663

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: SHARWIN | MI: W | NICKNAME | LAST: BONEY | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 2239 Missouri City TX 77459

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (281) 216-1646

9 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)

10 PERIOD COVERED

Month Day Year: 5 / 17 / 26 THROUGH 6 / 30 / 26

11 ELECTION

ELECTION DATE — Month Day Year: 11 / 3 / 26

ELECTION TYPE

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

12 OFFICE

OFFICE HELD (If any): MISSOURI CITY COUNCILMEMBER

13 OFFICE SOUGHT (If known): FORT BEND COUNTY TREASURER

14 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

OFFICE USE ONLY

Date Received: RECVD VIA EMAIL 07/15/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Jeffrey L. Boney		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$530.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$4,550.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$6,588.05
	4.	TOTAL POLITICAL EXPENDITURES	$7,227.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$238.89
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$47,991.76

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

JASMINE BONEY
My Notary ID # 133566979
Expires February 2, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeffrey L. Boney this the 15th day of July, 20 26, to certify which, witness my hand and seal of office.

Jasmine Boney — Jasmine Boney — Notary

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jeffrey L. Boney	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4,550.00
2.	[ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[X] SCHEDULE E: LOANS	$ 5,851.48
5.	[X] SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,227.00
6.	[ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ] SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ] SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	[ ] SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: #3

2 FILER NAME: Jeffrey L. Bonlex

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5/19/26	LARAN VONOO	1703 LAKE DUNMAN DR RICHMOND TX 77406	$150.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/18/26	ROBERT GARNER	4411 ALMEDA RD HOUSTON TX 77004	$500.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/18/26	GERALD WOMACK	4412 ALMEDA RD HOUSTON TX 77004	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/20/26	JOHNNY WILLIAMS	11902 MEADOWDALE DR MEADOWSPACE TX 77477	$200.00

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
5/20/26	DANNETTE K. DAVIS	$250.00
	6 Contributor address; City; State; Zip Code: 1417 LAUREL LEAF LN PEARLAND TX 77581	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
5/22/26	PP6 GLOBAL LLC	$2,000.00
	Contributor address; City; State; Zip Code: 17109 CHAMPIONS LAKEWAY TOMBALL TX 77375	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
5/26/26	JERI BROOKS	$300.00
	Contributor address; City; State; Zip Code: 1850 PORTSMOUTH ST #C HOUSTON TX 77098	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
6/12/26	PRESTON CHERRY	$400.00
	Contributor address; City; State; Zip Code: 450 W. SAINT JOSEPH #2 ALLOUEZ WA 54301	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/3
2 FILER NAME Jeffrey L. Boney	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
6/26/26	TONY COUNCIL / 8204 WESTGLEN DR HOUSTON TX 77063	$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1/8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $ ____

5 Date of loan: 5/18/26

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

9 Loan Amount ($): $535.47

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

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: S

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan: 5/20/26

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

Loan Amount ($): $262.80

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☒ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 2 8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $ —

5 Date of loan: 5/27/26

7 Name of lender: Jeffrey L. Boney ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $1,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: PO Box 2239 Missouri City Tx 77459

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 (See Instructions)

21 Employer (See Instructions)

Date of loan: 5/18/26

Name of lender: Jeffrey L. Boney ☐ out-of-state PAC (ID#: _____)

Loan Amount ($): $190.71

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO Box 2239 Missouri City Tx 77459

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☒ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 3/8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $ ———

5 Date of loan: 5/18/26

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

9 Loan Amount ($): $136.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: PO Box 2239 MISSOURI CITY TX 77459

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 (See Instructions)

21 Employer (See Instructions)

Date of loan: 5/22/26

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

Loan Amount ($): $391.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☒ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 4/8
2 FILER NAME Jeffrey L. Boney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$ —

5 Date of loan 5/26/26	7 Name of lender ☐ out-of-state PAC (ID#:) SHARWIN BONEY	9 Loan Amount ($) $100.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code PO Box 2239 Missouri City TX 77459	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral ☒ none	15 ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan 5/26/26	Name of lender ☐ out-of-state PAC (ID#:) SHARWIN BONEY	Loan Amount ($) $250.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code PO Box 2239 Missouri City TX 77459	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☒ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 5/8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $ —

5 Date of loan: 6/3/26

7 Name of lender: Jeffrey L. BONEY ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $50.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

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 (See Instructions)

21 Employer (See Instructions)

Date of loan: 6/8/26

Name of lender: Jeffrey L. Boney ☐ out-of-state PAC (ID#: _____)

Loan Amount ($): $100.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☑ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 6/8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan: 6/2/26

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

9 Loan Amount ($): $2,208.79

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: P O Box 2239 MISSOURI CITY TX 77459

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 (See Instructions):

21 Employer (See Instructions):

Date of loan: 6/9/26

Name of lender: Jeffrey Boney ☐ out-of-state PAC (ID#:)

Loan Amount ($): $100.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO Box 2239 Missouri City TX 77459

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral ☐ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 7/8

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $ ____

5 Date of loan: 6/1/26

7 Name of lender ☐ out-of-state PAC (ID#: _____): Jeffrey L. Boney

9 Loan Amount ($): $200.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: PO Box 2239 Missouri City TX 77459

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 (See Instructions)

21 Employer (See Instructions)

Date of loan: 6/18/26

Name of lender ☐ out-of-state PAC (ID#: _____): Jeffrey L. Boney

Loan Amount ($): $190.71

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: PO Box 2239 Missouri City TX 77459

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☒ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 8/8
2 FILER NAME Jeffrey L. Boney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 6/18/26	7 Name of lender ☐ out-of-state PAC (ID#:_____) SHARWIN BONEY	9 Loan Amount ($) $136.00
6 Is lender a financial institution? Y ☒ N	8 Lender address; City; State; Zip Code PO Box 2239 Missouri City Tx 77459	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral ☒ none	15 ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1/11	2 FILER NAME Jeffrey L. Boney	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/26	5 Payee name FACEBOOK	
6 Amount ($) $107.00	7 Payee address; 1 HACKER WAY MENLO PARK CA 94025	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 5/18/26	Payee name JAYLEN WILSON	
Amount ($) $160.00	Payee address; 1218 KINGS CREEK TRAIL MISSOURI CITY TX 77459	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE	Description POLL WORKER
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 5/18/26	Payee name ANDREA JOHNSON	
Amount ($) $240.00	Payee address; 17202 QUIET COVE CT MISSOURI CITY TX 77489	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE	Description POLL WORKERS
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 2/11

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers):

4 Date: 5/19/26

5 Payee name: FACEBOOK

6 Amount ($): $107.00

7 Payee address; City; State; Zip Code: 1 HACKER WAY MENLO PARK CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 5/21/26

Payee name: FACEBOOK

Amount ($): $107.00

Payee address; City; State; Zip Code: 1 HACKER WAY MENLO PARK CA 94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: ADVERTISING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 5/20/26

Payee name: ANDREA JOHNSON

Amount ($): $225.00

Payee address; City; State; Zip Code: 17202 QUIET COVEY CT MISSOURI CITY TX 77489

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 (Ethics Commission Filers)
3/11	Jeffrey L. Boney	

Payee 1

4 Date	5 Payee name	
5/21/26	KIMANI BRISCOE	
6 Amount ($)	**7 Payee address;** City; State; Zip Code	
$120.00	1000 FARRAH LN STAFFORD TX 77477	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLING EXPENSE

(b) Description: POLL WORKER

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Payee 2

Date	Payee name	
5/21/26	ANDREA JOHNSON	
Amount ($)	**Payee address;** City; State; Zip Code	
$210.00	17202 QUIET COVE CT MISSOURI CITY TX 77489	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Payee 3

Date	Payee name	
	EDNA JONES	
Amount ($)	**Payee address;** City; State; Zip Code	
$550.00	8931 BLUEBERRY LN HOUSTON TX 77049	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

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: 4/11	2 FILER NAME Jeffrey L. Boney	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/26	5 Payee name ANDREA JOHNSON	
6 Amount ($) $435.00	7 Payee address; City; State; Zip Code 7262 QUIET COVE LN MISSOURI CITY TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE	(b) Description: POLL WORKERS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 5/22/26	Payee name DELORES FELIX	
Amount ($) $560.00	Payee address; City; State; Zip Code 546 LYNN WOOD DR MISSOURI CITY TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): POLLING EXPENSE	Description: POLL WORKER
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 5/22/26	Payee name BURNELL NEAL	
Amount ($) $150.00	Payee address; City; State; Zip Code 2031 QUAIL PLACE DR MISSOURI CITY TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): POLLING EXPENSE	Description: POLL WORKER
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 3/11

2 FILER NAME: Jeffery L. Boney

3 Filer ID (Ethics Commission Filers)

4 Date: 5/22/26

5 Payee name: City HSS Johnson

6 Amount ($): $120.00

7 Payee address; City; State; Zip Code: 900 Winston St #204 Houston TX 77009

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: Poll Worker

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 5/22/26

Payee name: ANGELA HUTCHINSON

Amount ($): $525.00

Payee address; City; State; Zip Code: 5315 Haven Woods Dr Houston TX 77066

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date: 5/22/26

Payee name: SHEILA JEFFERSON

Amount ($): $776.00

Payee address; City; State; Zip Code: 2135 Skyview Dawn - Houston TX 77047

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 (Ethics Commission Filers)
6/11	Jeffery L. Boney	

Expenditure 1

4 Date	5 Payee name
5/26/26	FACEBOOK

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$107.00	1 HACKER WAY	MENLO PARK	CA	94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING EXPENSE	ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Expenditure 2

Date	Payee name
5/27/26	FACEBOOK

Amount ($)	Payee address;	City;	State;	Zip Code
$107.00	1 HACKER WAY	MENLO PARK	CA	94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
ADVERTISING EXPENSE	ADVERTISING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Expenditure 3

Date	Payee name
5/27/26	SHEICA JEFFERSON

Amount ($)	Payee address;	City;	State;	Zip Code
$192.00	2135 SKYVIEW DAWN	HOUSTON	TX	77047

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
POLLING EXPENSE	POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 (Ethics Commission Filers)
7/11	Jeffery La Bosey	

Payee 1

4 Date	5 Payee name	
5/27/26	IRENE CRAWFORD	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
$180.00		

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
POLLING EXPENSE	POLL WORKER

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Payee 2

Date	Payee name	
5/27/26	IRENE LAWRENCE	
Amount ($)	**Payee address;**	**City; State; Zip Code**
$300.00	4007 ELM STREAM CT	FRESNO TX 77545

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
POLLING EXPENSE	POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Payee 3

Date	Payee name	
5/26/26	JAVEN WILSON	
Amount ($)	**Payee address;**	**City; State; Zip Code**
$67.00	1218 KINGS CREEK TRAIL	MISSOURI CITY TX 77459

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
POLLING EXPENSE	POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 8/11

2 FILER NAME: Jeffrey L. Boney

3 Filer ID (Ethics Commission Filers)

4 Date: 5/27/26

5 Payee name: ANDREA JOHNSON

6 Amount ($): $250.00

7 Payee address; City; State; Zip Code: 7202 DUDLEY COVE CT MISSOURI CITY TX 77489

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: POLL WORKERS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 5/27/26

Payee name: DELORES FELIX

Amount ($): $120.00

Payee address; City; State; Zip Code: 546 LINN WOOD DR MISSOURI CITY TX 77489

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 5/27/26

Payee name: BURNELL NEAL

Amount ($): $140.00

Payee address; City; State; Zip Code: 2031 QUAIL PLACE DR MISSOURI CITY TX 77489

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 (Ethics Commission Filers)
9/11	Jeffrey L. Boney	

4 Date	5 Payee name
6/1/26	CYBER CINCO

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$45.00	2402 MORNING PARK DR	KATY	TX	77484

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONSULTING EXPENSE	MARKETING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
5/29/26	KIMANI BRISCOE

Amount ($)	Payee address;	City;	State;	Zip Code
$180.00	1000 FARRAH LN	STAFFORD	TX	77477

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	POLLING EXPENSE	POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
5/29/26	JAYLEN WILSON

Amount ($)	Payee address;	City;	State;	Zip Code
$135.00	1218 KINGSCREEK TRAIL	MISSOURI CITY	TX	77459

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	POLLING EXPENSE	POLL WORKER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 10/11

2 FILER NAME: Jeffrey L. Barry

3 Filer ID (Ethics Commission Filers)

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4 Date: 5/26/26

5 Payee name: KIMANI BRISCOE

6 Amount ($): $360.00

7 Payee address; City; State; Zip Code: 1000 KARRAH LN STAFFORD TX 77477

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: POLL WORKER

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 6/2/26

Payee name: CYBERCINCO

Amount ($): $195.00

Payee address; City; State; Zip Code: 2402 MORNING PARK DR KATY TX 77494

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONSULTING EXPENSE

Description: MARKETING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date: 6/15/26

Payee name: Jeffrey L. Barry

Amount ($): $100.00

Payee address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): LOAN REPAYMENT

Description: LOAN REPAYMENT/PERSONAL

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1 1 1

2 FILER NAME: Jeffrey L Boney

3 Filer ID (Ethics Commission Filers)

4 Date: 6/15/22

5 Payee name: FACEBOOK

6 Amount ($): $107.00

7 Payee address; City; State; Zip Code: 1 HACKER WAY MENLO PARK CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 6/29/22

Payee name: Jeffrey L Boney

Amount ($): $250.00

Payee address; City; State; Zip Code: PO BOX 2239 MISSOURI CITY TX 77459

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): LOAN REPAYMENT.

Description: LOAN REPAYMENT - PERSONAL

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED