



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Sonyu Jones</u>		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)	\$ <u>500.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>600.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6246.69</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1100.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7483.00</u>

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.

*Sonyu Jones*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Sonyu Jones, and my date of birth is 2-26-77.

My address is 5222 Avalon Point, Missouri City TX, 77459, US.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 18<sup>th</sup> day of May, 20 26.  
(month) (year)

*Sonyu Jones*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Sonya Jones</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>600.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>7483.<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6246.<sup>69</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2569.<sup>45</sup></i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>800.<sup>00</sup></i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <i>1 of 1</i>
2 FILER NAME <i>Sonya Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/13/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda K. Care</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>25722 Kingsland Blvd Katy, TX 77494</i>		
8 Principal occupation / Job title (See Instructions) <i>Realtor</i>		9 Employer (See Instructions) <i>CB&amp;A.</i>
Date <i>4/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susana Soto</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1000 Louisiana St. Houston, TX 77002</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>H.O.L.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <i>1 of 3</i>	
2 FILER NAME <i>Sonya Jones</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>12,785.00</i>	
5 Date <i>3/30</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>All Inc Transportation LLC</i>	8 Amount of Contribution \$ <i>\$330.00</i>	9 In-kind contribution description <i>Advertising Expense/Postcards</i>
7 Contributor address; City; State; Zip Code <i>3710 Legion Houston, TX 77026</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Owner</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>All Inc Transportation</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date <i>4/4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>All Inc Transportation LLC</i>	Amount of Contribution \$ <i>\$360</i>	In-kind contribution description <i>(Banners) Advertising Expense</i>
Contributor address; City; State; Zip Code <i>3710 Legion Houston TX 77026</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Owner</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>All Inc Transportation</i>	
Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2 of (3)</b>	
2 FILER NAME <b>Sonya Jones</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>12,785.00</b>	
5 Date <b>4/4/2026</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALL Inc Transportation LLC</b>	8 Amount of Contribution \$ <b>\$1200</b>	9 In-kind contribution description <b>campaign Solicitation (Blockwalkers) Expense.</b>
7 Contributor address; City; State; Zip Code <b>3710 Legion Houston TX 77026</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b><del>CEO</del> Owner</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>ALL Inc Transportation</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>N/A</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
Date <b>5/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALL Inc Transportation LLC</b>	Amount of Contribution \$ <b>\$175.00</b>	In-kind contribution description <b>Billboard Signs Advertising Expense</b>
Contributor address; City; State; Zip Code <b>3710 Legion Houston TX 77026</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Owner</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>ALL Inc Transportation</b>	
Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		Contributor's job title (FOR JUDICIAL)(See Instructions) <b>N/A</b>	
Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A.</b>			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Sonyu Jones</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>12,785.<sup>00</sup></i>	
5 Date <i>5/16/2026</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CGI Strategic Communications Group</i>	8 Amount of Contribution \$ <i>\$10,720</i>	9 In-kind contribution description <i>Political Consulting P.R. Management Mktg. &amp; Social Media Mgmt.</i>
7 Contributor address; City; State; Zip Code <i>2000 K. St. N.W. Washington, DC 20006</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Owner</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>CGI</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

**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: <u>1 of 3</u>
2 FILER NAME <u>Sonyu Jones</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>7483.00</u>
5 Date of loan <u>8-31-2025</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Sonyu Jones</u>	9 Loan Amount (\$) <u>4533.00</u>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>6140 Hwy 6 Ste 3260 Missouri City, TX 77459</u>	10 Interest rate <u>—</u>
		11 Maturity date <u>—</u>
12 Principal occupation / Job title (See Instructions) <u>—</u>		13 Employer (See Instructions) <u>—</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <u>N/A</u> <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <u>N/A</u>	19 Amount Guaranteed (\$) <u>N/A</u>
18 Guarantor address; City; State; Zip Code <u>N/A</u>		
20 Principal Occupation (See Instructions) <u>N/A</u>		21 Employer (See Instructions) <u>N/A</u>

  

Date of loan <u>9-30-25</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Sonyu Jones</u>	Loan Amount (\$) <u>\$450</u>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>6140 Hwy 6 Ste. 3260 Missouri City, TX 77459</u>	Interest rate <u>—</u>
		Maturity date <u>—</u>
Principal occupation / Job title (See Instructions) <u>—</u>		Employer (See Instructions) <u>—</u>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor <u>N/A</u>	Amount Guaranteed (\$) <u>N/A</u>
Guarantor address; City; State; Zip Code <u>N/A</u>		
Principal Occupation (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>N/A</u>

**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: <b>2 of 3</b>
2 FILER NAME <b>Sonja Jones</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>7483.00</b>
5 Date of loan <b>3/30/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sonja Jones</b>	9 Loan Amount (\$) <b>\$200</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>6140 Hawyle Ste. 3260 Missouri City, TX 77459</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Principal occupation / Job title (See Instructions) <b>—</b>		13 Employer (See Instructions) <b>—</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <b>N/A</b> <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$) <b>N/A</b>
	18 Guarantor address; City; State; Zip Code <b>N/A</b>	
20 Principal Occupation (See Instructions) <b>N/A</b>		21 Employer (See Instructions) <b>N/A</b>
Date of loan <b>3/30/26</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sonja Jones</b>	Loan Amount (\$) <b>\$1300</b>
Is lender a financial Institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>6140 Hawyle Ste. 3260 Missouri City, TX 77459</b>	Interest rate <b>—</b>
		Maturity date <b>—</b>
Principal occupation / Job title (See Instructions) <b>—</b>		Employer (See Instructions) <b>—</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	Amount Guaranteed (\$) <b>N/A</b>
	Guarantor address; City; State; Zip Code <b>N/A</b>	
Principal Occupation (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>

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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: <b>3 of 3</b>
2 FILER NAME <b>Sonja Jones</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>7483.<sup>00</sup></b>
5 Date of loan <b>4/6/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sonja Jones</b>	9 Loan Amount (\$) <b>\$1000</b>
6 Is lender a financial institution? <b>Y <u>N</u></b>	8 Lender address; City; State; Zip Code <b>6140 Hwy 6 Ste. 3260 Missouri City, TX 77459</b>	10 Interest rate <u>          </u>
		11 Maturity date <u>          </u>
12 Principal occupation / Job title (See Instructions) <u>          </u>		13 Employer (See Instructions) <u>          </u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$) <b>N/A</b>
	18 Guarantor address; City; State; Zip Code <b>N/A</b>	
20 Principal Occupation (See Instructions) <b>N/A</b>		21 Employer (See Instructions) <b>N/A</b>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>9/10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/2/25</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>\$ 23.47</b>	7 Payee address; City; State; Zip Code <b>5900 Highway 6 Missouri City, TX 77459</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>T- Stakes</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>9/2/25</b>	Payee name <b>Elyse Bailey</b>	
Amount (\$) <b>\$1180.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 107 Kingshill, VI 00851</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Graphics Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>9/10/25</b>	Payee name <b>Banners On The Cheap</b>	
Amount (\$) <b>\$78.80</b>	Payee address; City; State; Zip Code <b>11550 Stonehollow Dr. Austin TX 78758</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Retractable Banner</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/10/25</b>	5 Payee name <b>Milli Reed</b>	
6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Campaign Kickoff Decor.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b> Office sought <b>County Clerk</b> Office held <b>Trustee</b>	
Date <b>9/12/25</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>\$14.99</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Adjustable Microphone Stand</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b> Office sought <b>County Clerk</b> Office held <b>Trustee</b>	
Date <b>9/17/25</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>\$83.63</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Podium Stand and microphone</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b> Office sought <b>County Clerk</b> Office held <b>Trustee</b>	

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>9/10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9-17-25</b>	5 Payee name <b>Office Depot</b>	
6 Amount (\$) <b>\$33.61</b>	7 Payee address; City; State; Zip Code <b>5766 Highway 6 Missouri City TX 77459</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense Advertising Expense</b>	(b) Description <b>Campaign Kickoff Flyers.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>9/17/25</b>	Payee name <b>Universal Signs &amp; Banners</b>	
Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>7825 Highway 6. Houston TX 77083</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Banner</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>9/22/25</b>	Payee name <b>Universal Signs &amp; Banners</b>	
Amount (\$) <b>\$25.00</b>	Payee address; City; State; Zip Code <b>7825 Highway 6 Houston TX 77083</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Replacement Sticker</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>9/10</b>		2 FILER NAME <b>Sonya Jones</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/23/25</b>		5 Payee name <b>Universal Sign</b>			
6 Amount (\$) <b>\$27.00</b>		7 Payee address; City; State; Zip Code <b>7825 Highway 6 Houston TX 77083</b> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Change Order.</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonya Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	
Date <b>9/23/25</b>		Payee name <b>UZ Marketing</b>			
Amount (\$) <b>\$26.95</b>		Payee address; City; State; Zip Code <b>5900 Bingle Rd. Houston TX 77092</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Sign Purchase</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonya Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	
Date <b>9/25/25</b>		Payee name <b>Anytime Mailbox</b>			
Amount (\$) <b>\$10.81</b>		Payee address; City; State; Zip Code <b>6140 Highway 6 Missouri City TX 77459</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Postal</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonya Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/25/25</b>	5 Payee name <b>Anytime Mailbox</b>	
6 Amount (\$) <b>\$25.00</b>	7 Payee address; City; State; Zip Code <b>6140 Highway 6 Missouri City TX 77459</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Postal Verification and Notary.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <b>Sonya Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>		
Date <b>9/30/25</b>	Payee name <b>Royal Branding</b>	
Amount (\$) <b>\$220.00</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-SHIRTS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <b>Sonya Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>		
Date <b>9/31/25</b>	Payee name <b>Go Daddy</b>	
Amount (\$) <b>\$9.48</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address. <b>100 S Mill Ave Tempe AZ 85281</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Web Mail Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <b>Sonya Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>		

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/14/25</b>	5 Payee name <b>UZ Marketing</b>	
6 Amount (\$) <b>\$118.62</b>	7 Payee address; City; State; Zip Code <b>5900 Bingle Rd Houston TX 77092</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Push Cards.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>10/15/25</b>	Payee name <b>A'Lings Restaurant</b>	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>6542 Highway 90 Sugar Land TX 77498</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense Event Expense</b>	Description <b>Campaign Kickoff Catering</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>10/20/25</b>	Payee name <b>Bank of Texas</b>	
Amount (\$) <b>\$5.60</b>	Payee address; City; State; Zip Code <b>5500 Kirby Houston TX 77005</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Service Fee.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>9/10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/17/25</b>	5 Payee name <b>Civitech</b>	
6 Amount (\$) <b>\$53.63</b>	7 Payee address; City; State; Zip Code <b>21750 Hardy Oak Blvd. San Antonio TX 78258</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign Canvassing.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>11/17/25</b>	Payee name <b>Anytime Mail box</b>	
Amount (\$) <b>\$13.34</b>	Payee address; City; State; Zip Code <b>6140 Highway 6 Missouri City TX 77459</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Postal Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>
Date <b>11/20/25</b>	Payee name <b>Bank of Texas</b>	
Amount (\$) <b>\$5.00</b>	Payee address; City; State; Zip Code <b>5500 Kirby Houston TX 77008</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/ Banking</b>	Description <b>Service Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonya Jones</b>	Office sought <b>County Clerk</b>
		Office held <b>Trustee</b>

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>Sonya Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/21/25</b>	5 Payee name <b>Fort Bend Democratic Party/</b>	
6 Amount (\$) <b>\$1250.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>13515 Southwest Fwy. Sugar Land TX 77478</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Filing Fee</b>
	(c) <input type="checkbox"/> Check if individual's residence address. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <b>Sonya Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>		
Date <b>11/21/25</b>	Payee name <b>Bank of Texas</b>	
Amount (\$) <b>\$10.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>5500 Kirby Houston TX 77008</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Cashier's Check Fee</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <b>12/17/25</b>	Payee name <b>Civitech</b>	
Amount (\$) <b>\$53.63</b>	Payee address; City; State; Zip Code <b>21750 Hardy Oak Blvd. San Antonio, TX 78258</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <b>Campaign Canvassing.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <b>Sonya Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>		

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: #10	<b>2</b> FILER NAME Sonya Jones	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/17/25	<b>5</b> Payee name Bank of Texas	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 5500 Kirby Houston TX 77008 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/ Banking	<b>(b)</b> Description Service Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 1/21/26	Payee name Bank of Texas	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 5500 Kirby Houston TX 77008 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/ Banking	Description Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 1/25/26	Payee name Anytime Mailbox	
Amount (\$) \$13.34	Payee address; City; State; Zip Code 6140 Hwy 6. Missouri City TX 77459 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postal Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME: <b>Songa Jones</b>		3 Filer ID (Ethics Commission Filers)
4 Date: <b>1/29/26</b>	5 Payee name: <b>Elyse Bailey</b>		
6 Amount (\$): <b>\$50.00</b>	7 Payee address: <b>P.O. Box 107</b>		City; State; Zip Code: <b>Kingshill, VI 00851</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising Expense</b>		(b) Description: <b>Custom design flyer &amp; upload to homepage</b>
	(c) <input type="checkbox"/> Check if individual's residence address. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name: <b>Songa Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>			
Date: <b>1/29/26</b>	Payee name: <b>U2 Marketing</b>		
Amount (\$): <b>\$122.34</b>	Payee address: <b>5900 Bingle Rd</b>		City; State; Zip Code: <b>Houston TX 77092</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising</b>		Description: <b>Push Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name: <b>Songa Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>			
Date: <b>1/31/26</b>	Payee name: <b>Go Daddy</b>		
Amount (\$): <b>\$9.48</b>	Payee address: <b>100 S. Mill Ave</b>		City; State; Zip Code: <b>Tempe AZ 85281</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising Expense</b>		Description: <b>Web Mail Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name: <b>Songa Jones</b> Office sought: <b>County Clerk</b> Office held: <b>Trustee</b>			

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 8</i>	2 FILER NAME <i>Sonya Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-22-2026</i>	5 Payee name <i>Bank of Texas</i>	
6 Amount (\$) <i>\$5.00</i>	7 Payee address; City; State; Zip Code <i>5500 Kirby Houston TX 77008</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>	(b) Description <i>Service Fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sonya Jones</i>	Office sought <i>County Clerk</i>
		Office held <i>Trustee</i>
Date <i>2-25-26</i>	Payee name <i>Anytime mailbox</i>	
Amount (\$) <i>\$13.34</i> <del><i>\$122.34</i></del>	Payee address; City; State; Zip Code <i>6140 Hwy 6. Missouri City TX 77459</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other-Postal</i>	Description <i>Postal Expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sonya Jones</i>	Office sought <i>County Clerk</i>
		Office held <i>Trustee</i>
Date <i>2-22-2026</i>	Payee name <i>Civitech</i>	
Amount (\$) <i>\$53.63</i>	Payee address; City; State; Zip Code <i>21750 Hardy Oak Blvd SAN Antonio, TX 78258</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Campaign Canvassing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sonya Jones</i>	Office sought <i>County Clerk</i>
		Office held <i>Trustee</i>

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 8</b>		2 FILER NAME <b>Sonyu Jones</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-28-26</b>		5 Payee name <b>Go Daddy</b>			
6 Amount (\$) <b>\$9.48</b>		7 Payee address; <b>100 S. Mill</b>		City; State; Zip Code <b>Tempe AZ 85281</b>	
		<input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Web email Hosting.</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonyu Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	
Date <b>3.21.2026</b>		Payee name <b>Civitech</b>			
Amount (\$) <b>\$53.63</b>		Payee address; <b>21750 Hardy Oak Blvd.</b>		City; State; Zip Code <b>SAN Antonio TX 78258</b>	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>		Description <b>Campaign Canvassing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonyu Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	
Date <b>3.22.2026</b>		Payee name <b>Anytime mailbox</b>			
Amount (\$) <b>\$13.34</b>		Payee address; <b>6140 Highway 6</b>		City; State; Zip Code <b>Missouri City TX 77459</b>	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other-Postal</b>		Description <b>Postal Expense</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sonyu Jones</b>		Office sought <b>County Clerk</b>	
				Office held <b>Trustee</b>	

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 8	<b>2</b> FILER NAME Sonya Jones	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-23-2026	<b>5</b> Payee name Bank of Texas	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 5500 Kirby Houston TX 77008 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Service Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 3-28-26	Payee name Go Daddy	
Amount (\$) \$9.48	Payee address; City; State; Zip Code 100 S. Mill Tempe AZ 85281 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Webmail Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 4-1-26	Payee name UZ Marketing	
Amount (\$) \$43.72	Payee address; City; State; Zip Code 5900 Bingle Rd. Houston TX 77092 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x8 Sign Purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4 of 9	<b>2</b> FILER NAME Sonya Jones	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-1-2026	<b>5</b> Payee name UZ Marketing	
<b>6</b> Amount (\$) \$103.16	<b>7</b> Payee address; City; State; Zip Code 5900 Bingle Houston TX 77092 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Push cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 4/1/2026	Payee name Amazon	
Amount (\$) \$16.83	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee
Date 4/6/2026	Payee name UZ Marketing	
Amount (\$) \$766.17	Payee address; City; State; Zip Code 5900 Bingle Houston TX 77092 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Signs	Description 4x4 Sign Purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk
		Office held Trustee

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 8	2 FILER NAME Sonya Jones	3 Filer ID (Ethics Commission Filers)
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4 Date 4-6-2026	5 Payee name U2 Marketing
--------------------	------------------------------

6 Amount (\$) \$127.49	7 Payee address; 5900 Bingle	City; Houston	State; TX	Zip Code 77092
<input type="checkbox"/> Check if individual's residence address.				

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 4x8 Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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Date 4-9-2026	Payee name Amazon
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Amount (\$) \$64.32	Payee address; 	City; 	State; 	Zip Code 
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Post Driver Equipment.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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Date 4-10-2026	Payee name Dollar Tree
-------------------	---------------------------

Amount (\$) \$17.86	Payee address; 20228 Fort Bend Pkwy	City; Cmissouri City, TX	State; TX	Zip Code 77459
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zipties & Patriotic Bows
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 8.	2 FILER NAME Sonya Jones	3 Filer ID (Ethics Commission Filers)
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4 Date 4-10-26	5 Payee name Civitech
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6 Amount (\$) \$53.63	7 Payee address; 21750 Hardy Oak <input type="checkbox"/> Check if individual's residence address.	City; San Antonio TX	State; TX	Zip Code 78258
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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Date 4-12-2026	Payee name Amazon
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Amount (\$) \$13.93	Payee address; <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailing Labels
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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Date 4.22.26	Payee name Bank of Texas
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Amount (\$) \$5.00	Payee address; 5500 Kirby <input type="checkbox"/> Check if individual's residence address.	City; Houston TX	State; TX	Zip Code 77008
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
---	--	-------------------------------	------------------------

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 8	2 FILER NAME Sonya Jones	3 Filer ID (Ethics Commission Filers)
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4 Date 4-21-26	5 Payee name Campaign Verify
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6 Amount (\$) \$95.00	7 Payee address; 1215 31st N.W. <input type="checkbox"/> Check if individual's residence address.	City; Washington DC	State; DC	Zip Code 20007
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Consulting Expense	(b) Description National Campaign Verification and Validation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
---	--	-------------------------------	------------------------

Date 4-22-26	Payee name U2C Marketing
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Amount (\$) \$145.45	Payee address; 5900 Bingle <input type="checkbox"/> Check if individual's residence address.	City; Houston TX	State; TX	Zip Code 77092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x8 Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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Date 4-28-26	Payee name Go Daddy
-----------------	------------------------

Amount (\$) \$9.48	Payee address; 100 S. mill <input type="checkbox"/> Check if individual's residence address.	City; Tempe AZ	State; AZ	Zip Code 85281
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Webmail Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 8	2 FILER NAME Sonya Jones	3 Filer ID (Ethics Commission Filers)
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4 Date 5-10-2026	5 Payee name Civitech
---------------------	--------------------------

6 Amount (\$) \$53.63	7 Payee address: 21750 Hardy Oak Blvd	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.	SAN Antonio TX 78258		

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya Jones	Office sought County Clerk	Office held Trustee
---	--	-------------------------------	------------------------

Date 5-8-2026	Payee name Paid the money
------------------	------------------------------

Amount (\$) \$11.00	Payee address: 1215 31st Street N.W.	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.	Washington DC 20001		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonya C. Jones	Office sought County Clerk	Office held Trustee
---	---	-------------------------------	------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b> 1 of 1	<b>2 FILER NAME:</b> Songyu Jones	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$ 2569.45
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution American Express	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 69.45	(b) Date Expenditure Charged 3/30/26
	(c) Date(s) Credit Card Issuer Paid 4/26/2026	
<b>7 PAYEE</b>	(a) Payee name UZ Marketing	(b) Payee address; City, State, Zip Code 5900 Bingle Houston, TX 77092
	<input type="checkbox"/> Check if individual's residence address.	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Songyu Jones	Office Sought FBC Clerk
		Office Held FBISD - Trustee
<b>PAYMENT</b>	(a) Amount Charged \$ 2500	(b) Date Expenditure Charged 5/13/26
	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>	(a) Payee name Connectoov	(b) Payee address; City, State, Zip Code 11331 Richmond Houston, TX 77082
	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description SMS Campaign
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Songyu Jones	Office Sought FBC-CLERK
		Office Held FBISD - Trustee
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought
		Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>(1)</i>	<b>2</b> FILER NAME <i>Sonyal Jones</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/16/2026</i>	<b>5</b> Payee name <i>Rise Virtual Staffing</i>	
<b>6</b> Amount (\$) <i>\$800.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>649 Surrey Lane Flower Mound TX 75022</i> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Virtual Assistants &amp; A. I. Phone Banking.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sonyal Jones</i>	Office sought <i>FBC-Clerk</i>
		Office held <i>FBIISD - Trustee</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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