

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| | | | | | |
|---|---|--|--|--|--------|
| 1 Filer ID (Ethics Commission Filers) 00088127 | | 2 Total pages filed: 15 | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Sharonda Joy | MI MI | ELECTRONICALLY FILED 02/27/2024 | |
| | NICKNAME | LAST Thomas | SUFFIX | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Date Postmarked | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | | | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | Receipt # | Amount |
| | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | Date Processed | |
| | 5 ORIGINAL PERIOD COVERED | | | Date Imaged | |
| Month | Day | Year | Month | Day | Year |
| | 01/26/2024 | | THROUGH | 02/24/2024 | |

6 EXPLANATION OF CORRECTION

The correction is to correct the total political contributions maintained as of the last day of the reporting period, as the transfer from the processing company was not yet sent to the bank however, all contributions were reported from the processed contributions.

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

Ms. Sharonda Joy Thomas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | |
|---|--|---|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088127 | 2 Total pages filed: 15 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Sharonda Joy | MI |
| | NICKNAME LAST Thomas | | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 777 Preston Street Suite 9N Houston, TX 77002 | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/27/2024 |
| | | | Date Hand-delivered or Date Postmarked |
| | | | Receipt # Amount |
| | | | Date Processed Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Delores Johnson | MI |
| | NICKNAME LAST Lewis | | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 971 W. 43rd Street Houston, TX 77018 | | |
| | AREA CODE PHONE NUMBER EXTENSION (832) 978-3672 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01/26/2024 02/24/2024 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| | 11 OFFICE OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) District Judge District 164 |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 15

13 C / OH NAME Thomas, Sharonda Joy (Ms.) **14** Filer ID (Ethics Commission Filers)
00088127

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 31,600.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 19,638.19 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 18,256.65 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Sharonda Joy Thomas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - JC/OH

| | |
|--|---|
| 18 FILER NAME Thomas, Sharonda Joy (Ms.) | 19 Filer ID (Ethics Commission Filers) 00088127 |
|--|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|-----------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 31,600.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 19,638.19 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 5/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Sufi | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77019 | |
| 8 Contributor's Principal Occupation Lawyer | | 9 Contributor's Job Title Lawyer |
| 10 Contributor's employer/law firm AZ | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albright, Margie | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77010 | |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black Woman's PAC | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-4475 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 6/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrell, Vashon <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77088 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Contributor's Principal Occupation Trucking | | 9 Contributor's Job Title Trucking |
| 10 Contributor's employer/law firm K-18 ALL PURPOSE LLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covington-Richard, Melanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77493 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Sales | | Contributor's Job Title Sales |
| Contributor's employer/law firm 2020 Exhibits | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Shelia <hr/> Contributor address; City; State; Zip Code Macomb, MI 48044 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 7/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gainous, Rodney | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77044 | |
| 8 Contributor's Principal Occupation Officer | | 9 Contributor's Job Title Officer |
| 10 Contributor's employer/law firm CBP | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackney, Ryan | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77006 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Ahmad, Zavitsanos & Mensing PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halepota , Shahmeer | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Houston , TX 77002 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm AZA Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 8/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 01/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Kiel | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Humble, TX 77396 | |
| 8 Contributor's Principal Occupation Technician | | 9 Contributor's Job Title Technician |
| 10 Contributor's employer/law firm Toshiba | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rodney | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston , TX 77036 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Rodney Jones Law Group PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Phylecia | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77396 | |
| Contributor's Principal Occupation Police Sergeant | | Contributor's Job Title Police Sergeant |
| Contributor's employer/law firm Aldine Police | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 9/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 01/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Ruth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77226 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Contributor's Principal Occupation Clerk | | 9 Contributor's Job Title Clerk |
| 10 Contributor's employer/law firm Harris County | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mensing, Todd <hr/> Contributor address; City; State; Zip Code Houston , TX 77025 | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm AZA | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Doyle & Associates <hr/> Contributor address; City; State; Zip Code Houston, TX 77002 | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 10/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, LaShonda <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77383 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Contributor's Principal Occupation Self | | 9 Contributor's Job Title Self |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarpong, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77056 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Pharmacist | | Contributor's Job Title Pharmacist |
| Contributor's employer/law firm Self-Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockwell, Lisa <hr/> Contributor address; City; State; Zip Code Houston , TX 77079 | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation Engineering | | Contributor's Job Title Engineering |
| Contributor's employer/law firm Shell | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 11/15 |
| 2 FILER NAME Thomas, Sharonda Joy (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibeaux , Toni | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Houston , TX 77014 | | |
| 8 Contributor's Principal Occupation Professional Driver | | 9 Contributor's Job Title Professional Driver |
| 10 Contributor's employer/law firm UPS | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uddin, Monica | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Houston, TX 77006 | | |
| Contributor's Principal Occupation Lawyer | | Contributor's Job Title Lawyer |
| Contributor's employer/law firm AZA | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 12/15 | 2 FILER NAME Thomas, Sharonda Joy (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088127 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 02/07/2024 | 5 Payee name Do You Know Printing |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$389.70 | 7 Payee address; City; State; Zip Code 14919 Stuebner Airline Houston, TX 77069 |
|----------------------------------|--|

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

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 02/23/2024 | Payee name EA Ventures |
|--------------------|---------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$11,500.00 | Payee address; City; State; Zip Code 5145 Gauley River Dr. Stone Mountain, GA 30087 |
|----------------------------|---|

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

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 01/29/2024 | Payee name M3 Graphics |
|--------------------|---------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$284.32 | Payee address; City; State; Zip Code 1730 Wilcrest Dr Houston, TX 77099 |
|-------------------------|---|

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

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 13/15 | 2 FILER NAME Thomas, Sharonda Joy (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/07/2024 | 5 Payee name M3 Graphics | |
| 6 Amount (\$) \$266.48 | 7 Payee address; City; State; Zip Code 1730 Wilcrest Dr Houston, TX 77099 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/08/2024 | Payee name M3 Graphics | |
| Amount (\$) \$1,130.57 | Payee address; City; State; Zip Code 1730 Wilcrest Dr Houston, TX 77099 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Printing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name M3 Graphics | |
| Amount (\$) \$1,079.85 | Payee address; City; State; Zip Code 1730 Wilcrest Dr Houston, TX 77099 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 14/15 | 2 FILER NAME Thomas, Sharonda Joy (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/21/2024 | 5 Payee name Northeast Political Action Group | |
| 6 Amount (\$) \$415.00 | 7 Payee address; City; State; Zip Code 6019 Mohawk Houston, TX 77007 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Outreach |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/22/2024 | Payee name Pizza Hut | |
| Amount (\$) \$270.15 | Payee address; City; State; Zip Code 3620 Katy Freeway Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2024 | Payee name Raise The Money | |
| Amount (\$) \$1,684.12 | Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 15/15 | 2 FILER NAME Thomas, Sharonda Joy (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088127 |
| 4 Date 02/21/2024 | 5 Payee name Roadwomen | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code P.O. BOX 22678 Houston, TX 77227 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) membership fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Southern Blue Strategies | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 2420 Bissonnet St Houston, TX 77005 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/23/2024 | Payee name Veritex Community Bank | |
| Amount (\$) \$18.00 | Payee address; City; State; Zip Code 5900 Memorial Dr Suite 100 Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |