CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00088127		15			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	Ms.	Sharonda Joy			02/27/2024	
		NICKNAME	LAST		SUFFIX	1	
			Thomas			Date Hand-delivered or I	Data Bostmarkod
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered or i	Date Postiliarkeu
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp	paign treasurer			
			appointment (office	• •		Date Processed	·
		X 8th day before election	Final Report (Attacl				
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	01/26/2024	THROUGH	02/24/2024			
6	EXPLANATION OF C						
		orrect the total political conf sent to the bank however,					m the processing
	company was not yet	Selle to the bank however,	all contributions were	eported from the proc	esseu continuu	10115.	
7	AFFIDAVIT		Lew	oor or offirm under n	analty of parium	that this corrected	roport is true
				ear, or affirm, under po correct.	enally of perjury	, that this corrected	report is true
			Cha	ale than base masst to am.	, and all annlinat	-lt-t	
			Che	ck the box next to any	and all applicat	oie statements:	
			П	Semiannual reports	s: I swear, or	affirm that the origin	al report
			ш	was made in good fa			or to
				misrepresent the info	ormation contain	ned in the report.	
			X	Other reports: 1 s	swear, or affirm,	that I am filing this o	corrected
			Ш	report not later than			
				that the report as ori swear, or affirm, that			
				filed was made in go		·	3
				Ma	Charanda la	The area a	
					s. Sharonda Jo		
	AFFIX NOTABY OF	AND LOCAL ABOVE		Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsa	rihad hafara ma by the sai	d		thic th	20	day
	of	ribed before me, by the sai , 20, to cer	tify which witness my	hand and seal of office	, נוווט נו	IC	day
	01	, 20, to cer	ary wincii, withess my	iana ana scai di dilice	٠.		
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	Γitle of officer admini	istering oath
	-	-					-

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

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088127 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Sharonda Joy NAME Date Received **ELECTRONICALLY FILED** 02/27/2024 NICKNAME LAST **SUFFIX Thomas** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 777 Preston Street MAILING Amount Receipt # **ADDRESS** Suite 9N Houston, TX 77002 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. **Delores Johnson** NAME NICKNAME LAST **SUFFIX** Lewis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 971 W. 43rd Street **ADDRESS** (Residence or Business) Houston, TX 77018 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 978-3672 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Year Day Year Day **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE 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 J	by (Ms.)	14 Filer ID (00088127	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without it officeholders are required to report this information	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAN	LDIEDCES LOANS		
TOTALS	CTRONICALLY)	\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	6)	\$ 31,600.00	
EXPENDITURE TOTALS	<u></u>	\$ 0.00			
		\$ 19,638.19			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 18,256.65	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Ms. Sh	aronda Joy Thomas		
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
		aid	, this the	day	
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			4 of 15	
18 FILER N	IAME s, Sharonda Joy (Ms.)	19 Filer ID 00088127	(Ethics Commiss	sion Filers)
	ULE SUBTOTALS DF SCHEDULE		SUBTOTA	L AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	31,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,638.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1: /7 Rpt: 5/15	
2	FILER NAME				3 Filer ID	(Ethics Commission Fil	ers)
	Thomas, Sh	aronda Joy (Ms.)			00088	127	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7 Amoun	t of Contribution (\$)	
	02/23/2024	Ahmad, Sufi				\$5,0	00.00
		6 Contributor address; City;	State; Zip Code				
		Houston, TX 77019					
8		Principal Occupation		9 Contributor's Job Title			
	Lawyer			Lawyer			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's s	spouse (if any	')	
12		s a child, law firm of parent(s) (i	f any)				
12	ii continbutor i	s a criliu, law litti or pareni(s) (i	iany)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	01/27/2024	Albright, Margie				;	\$50.00
		Contributor address; City;	State; Zip Code				
		,	, , ,				
		Houston, TX 77010					
_	Contributor's I	Principal Occupation		Contributor's Job Title			
	retired	Timolpai Goodpailon		retired			
		employer/law firm		Law firm of contributor's s	spouse (if any	v)	
	retired				, p = 1 (1)	,	
_		s a child, law firm of parent(s) (i	f anv)				
			,,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	02/14/2024	Black Woman's PAC				\$	200.00
		Contributor address; City;	State; Zip Code		"		
		Arlington, TX 76012-44	75				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any	′)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/7 Rpt: 6/15
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Thomas, Sh	aronda Joy (Ms.)				00088127
4	Date 02/16/2024	5 Full name of contributor Burrell, Vashon6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5.00
		Houston, TX 77088				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Trucking			Trucking		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		JRPOSE LLC				
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/30/2024	Covington-Richard, Mela Contributor address; City;			\$100.00	
		Katy, TX 77493				
	Contributor's Principal Occupation Contributor's Job Title					
	Sales			Sales		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	2020 Exhibit					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	T	Amount of Contribution (\$)
	02/19/2024	Franklin, Shelia	–			\$100.00
		Contributor address; City;	State; Zip Code			
_	0	Macomb, MI 48044		I constitute to the second		
	retired	Principal Occupation		Contributor's Job Title retired		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	retired	employer/iaw iiini		Law littl of contributors sp	Jou	se (II ally)
	If contributor is	s a child, law firm of parent(s) (if	any)	_ L		

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/7 Rpt: 7/15
2	FILER NAME	aronda Joy (Ms.)			3	Filer ID (Ethics Commission Filers) 00088127
4	Date 02/21/2024	5 Full name of contributor Gainous, Rodney6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00
		Houston, TX 77044				
8		Principal Occupation		9 Contributor's Job Title		
L	Officer			Officer		
10	CBP	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/16/2024	Hackney, Ryan Contributor address; City;			\$5,000.00	
		Houston, TX 77006				
Contributor's Principal Occupation Contributor						
	Attorney			Attorney		
		employer/law firm itsanos & Mensing PLLC		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	anv)			
	coacc	o a oa, iam o. pa.o(o) (,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/16/2024	Halepota , Shahmeer	_			\$5,000.00
Contributor address; City; State; Zip Code						
	Contributor's F	Houston , TX 77002 Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	iniopai o coapation		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	AZA Law					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/7 Rpt: 8/15
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Thomas, Sh	aronda Joy (Ms.)				00088127
4	Date 01/30/2024	Full name of contributor Hill, KielContributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$20.00
		Humble, TX 77396				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Technician			Technician		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Toshiba					
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/19/2024	Jones, Rodney Contributor address; City;		-	\$500.00	
		Houston , TX 77036				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		es Law Group PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/27/2024	Lewis, Phylecia				\$250.00
Contributor address; City; State; Zip Code Humble, TX 77396						
\vdash	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Police Serge	eant		Police Sergeant		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Aldine Police					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	SCHEDULE A(J)1					
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)1 Rpt: 9/15	L:
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Thomas, Sh	aronda Joy (Ms.)				0008812	27	
4	Date 01/28/2024	5 Full name of contributor Mathis, Ruth6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount o	of Contribution (\$)	\$150.00
		Houston, TX 77226						
8		Principal Occupation		9 Contributor's Job Title				
	Clerk			Clerk				
10		employer/law firm		11 Law firm of contributor's s	pous	se (if any)		
	Harris Coun							
12	! If contributor i	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	of Contribution (\$)	
	02/16/2024	Mensing, Todd						\$5,000.00
		Contributor address; City;	State; Zip Code		"			
		Houston , TX 77025						
	Contributor's Principal Occupation			Contributor's Job Title				
	Attorney			Attorney				
	Contributor's 6	employer/law firm		Law firm of contributor's spouse (if any)				
	If contributor i	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	of Contribution (\$)	
	02/23/2024	Paul Doyle & Associate					(.,	\$5,000.00
		Contributor address; City;						•
		, , , , , , , , , , , , , , , , , , ,	, ,					
		Houston, TX 77002						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's spouse (if				
	If contributor i	s a child, law firm of parent(s) (i	f any)					

	MONET	ARY POLITICAL	ONS		SCHEDULE A	HEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: ch: 6/7 Rpt: 10/15	
2	FILER NAME				3 Fi	ler ID (Ethics Commission	Filers)
	Thomas, Sh	aronda Joy (Ms.)			0	0088127	
4	Date 02/24/2024	Full name of contributor Payne, LaShondaContributor address; City;	out-of-state PAC (ID#:		7 A	mount of Contribution (\$)	\$50.00
		Spring, TX 77383					
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title			
	Self			Self			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse ((if any)	
	Self	•					
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	01/31/2024	Sarpong, Linda Contributor address; City;				\$100.00	
		Houston, TX 77056					
Contributor's Principal Occupation Contributor's Job Title							
	Pharmacist			Pharmacist			
		employer/law firm		Law firm of contributor's sp	oouse ((if any)	
	Self-Employ						
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	01/28/2024	Stockwell, Lisa					\$25.00
Contributor address; City; State; Zip Code Houston , TX 77079							
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title	1		
	Engineering			Engineering			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse ((if any)	
	Shell						
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			

MONET	TARY POLITICAL CONTRIBUTI	SCHEDULE A(J)1			
The Instru	ection Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 11/15		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Thomas, Sh	naronda Joy (Ms.)		00088127		
4 Date	5 Full name of contributor ut-of-state PAC (ID:	#:)	7 Amount of Contribution (\$)		
02/24/2024	Thibeaux , Toni		\$25.00		
	6 Contributor address; City; State; Zip Code Houston , TX 77014				
8 Contributor's	I Principal Occupation	9 Contributor's Job Title	1		
Professiona		Professional Driver			
10 Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)		
UPS			, (),		
12 If contributor i	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID:	#:)	Amount of Contribution (\$)		
02/16/2024	Uddin, Monica		\$5,000.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77006				
	Principal Occupation	Contributor's Job Title			
Lawyer		Lawyer			
	employer/law firm	Law firm of contributor's s	pouse (if any)		
AZA					
If contributor i	is a child, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/4 Rpt: 12/15	Thomas, Sharonda Joy (Ms.) 00088127	
4	Date	5 Payee name	
L	02/07/2024	Do You Know Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$389.70	14919 Stuebner Airline	
		Haveter TV 77000	
Ļ		Houston, TX 77069	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Printing	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		_
	Date	Payee name	
L	02/23/2024	EA Ventures	
	Amount (\$) \$11,500.00	Payee address; City; State; Zip Code 5145 Gauley River Dr.	
	\$11,500.00	5145 Gauley River Dr.	
		Stone Mountain, GA 30087	
H	PURPOSE		_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Digital Marketing	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
F	Date	Payee name	=
	01/29/2024	M3 Graphics	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$284.32	1730 Wilcrest Dr	
		Houston, TX 77099	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	1	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memorial Legal Services The Instruction G			/ages	/Contract Labor		OTHER (enter	a category not listed a	above)
		_		The instruction G	ulue explains n	low to co	IIIPIE	ete tilis iorili.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/4 Rpt: 13/15		Thomas, Sh	aronda Joy (M	s.)					00088127		
4	Date	5	Payee name									
	02/07/2024		M3 Graphics	S								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$266.48		1730 Wilcres	st Dr								
			Houston, TX	77099								
8	PURPOSE	⊢				1	(h)	Description				
ľ	OF			e Categories listed at	the top of this sche	dule)	(D)	Description	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		Printing Exp	ense				=		officeholder livin	•	
								Printing				
								_				
9	Complete ONLY if direct		Candidate/Offic	eholder name	O:	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н					•					
+	Date	Π	Payee name									
	02/08/2024	ı	M3 Graphics	:								
	Amount (\$)	┡	Payee addres		Stato:	Zip Co	do					
	\$1,130.57	ı	1730 Wilcres		State,	Zip Co	ue					
	Φ1,130.57		1730 WIICIE	St DI								
			Houston, TX	77099								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Printing Exp	ense				\Box			nplete Schedule T.	
									, TX,	officeholder livin	ig expense	
								Printing				
	Complete ONL V if direct	<u>_</u>	Candidata/Offic	oholder neme	0:	ffice cou	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	U	ffice sou	gnı			Office h	ieiu	
		_										
	Date	ı	Payee name									
	02/20/2024		M3 Graphics	5								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$1,079.85		1730 Wilcres	st Dr								
			Houston, TX	77099								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF		Printing Exp		and top or and done	uu.o,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		- 3 1					Check if Austin,	, TX,	officeholder livin	ig expense	
								Printing				
	Complete ONLY if direct		Candidate/Offic	eholder name	0:	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
<u>_</u>	Total pages Cabadula 54:							
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	5 Payee name						
	02/21/2024	Northeast Political Action Group						
6	Amount (\$) \$415.00	7 Payee address; City; State; Zip Code 6019 Mohawk						
		Houston, TX 77007						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Advertising Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Field Outreach						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/22/2024	Pizza Hut						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$270.15	3620 Katy Freeway						
		Houston, TX 77007						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Food for event						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	02/24/2024	Raise The Money						
	02/24/2024 Raise The Worley							
	Amount (\$) Payee address; City; State; Zip Code							
	\$1,684.12 P.O. Box 26466							
		Little Rock, AR 72221						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Processing Fees						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH							
	•							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense EAccounting/Banking FOOTH FOR THE PROPRIES FOOTH FOR THE PROPRIES FOOTH FO

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card F ayment	The Instruction Guide explains how to co	omplete this forn	n.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)			
Sch: 4/4 Rpt: 15/15	Thomas, Sharonda Joy (Ms.)		00088127				
4 Date	5 Payee name		•				
02/21/2024	Roadwomen						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$100.00	P.O. BOX 22678						
	Houston, TX 77227						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on				
OF EXPENDITURE	membership fee		travel outside of Texas. Co				
		members	Austin, TX, officeholder livii	ng expense			
		members	omp icc				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u>	Office I	neld			
	expenditure to benefit C/OH						
Date	Payee name						
02/05/2024	Southern Blue Strategies						
		nde					
Amount (\$) Payee address; City; State; Zip Code \$2,500.00 2420 Bissonnet St							
42,000.00	2 120 Bloodimet of						
	Houston, TX 77005						
PURPOSE		(b) Description					
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description	ravel outside of Texas. Co	mplete Schedule T.			
EXPENDITURE	Consulting Expense	Check if	Austin, TX, officeholder livit	ng expense			
		Consultir	ng				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							
Date	Payee name						
02/23/2024	Veritex Community Bank						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$18.00	5900 Memorial Dr						
	Suite 100						
	Houston, TX 77007						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on				
OF EXPENDITURE	Fees		travel outside of Texas. Co				
_, _, _,, _,,		bank fee	Austin, TX, officeholder livit	ng expense			
		Dalik lee					
Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht	Office h	neld			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							