CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00086167		2 Total pages f	filed: 41
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jolanda			Date Received ELECTRONIC	
						, CETTICED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Jo	Jones				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	10709 Marsha Lane				Receipt#	Amount
l	11					
Change of Address	Houston, TX 77024				Date Processed	<u>.</u>
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER NAME	Dr.	Uchenna				
	NICKNAME	LACT		SUFFIX		
	NICKNAME	LAST		M.D.		
		Jones-Conley		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY	; ST	ATE; ZIP CODE
TREASURER ADDRESS	3759 Heritage Colony					
(Residence or Business)	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	XTENSION			
TREASURER PHONE	(832) 276-2224					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
					appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			eneral	Special	_	
			Citoral	Борозікі		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	State Representative Dist	rict 147			,	
	·					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Jones, Jolanda (The	Honorable)	14 Filer ID (Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without difficeholders are required to report this information	the candidate's or office	holder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	123,959.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	32,861.60
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 penalt true and correct and includes a under Title 15, Election Code.			
		The Hen	orable Jalanda Janas		
			orable Jolanda Jones Candidate or Officehole		
		Ç	Canada of Chiconon	u01	
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	Printed name of officer administering	Title of officer	administerir	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SH	1EET PG 3 3 of 41
18 FILER NAI Jones, Jo	(Ethics Com	nmission Filers)		
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	121,776.75
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,182.83
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	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/41	
2	FILER NAME Jones, Jolar	nda (The Honorable)		3	Filer ID (Ethics Commission Filers) 00086167
4	Date 06/25/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/25 Rpt: 5/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	01/06/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.29	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/10/2025	Amazon.com
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,315.24	PO Box 81226
	Ψ1,010.24	1 0 DOX 01220
		Seattle, WA 98108
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.19	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/25 Rpt: 6/41	Jones, Jolanda (The Honorable)	00086167
4	Date	5 Payee name	•
	02/19/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.61	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE		Check if Austin, TX, officeholder living expense
			Office supplies
_	Opening ONE V if direct	Out lide to 10 ff in a bald on a supply	Office heald
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.78	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office supplies
			Cinic Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	02/28/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.75	PO Box 81226	
	Ψ33.13	1 0 Box 01220	
		Seattle, WA 98108	
	DUDD005		
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 3/25 Rpt: 7/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	03/28/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.06	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
		Cinic Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/28/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office equipment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	04/01/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.55	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/e)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	n Filoro\
	Sch: 4/25 Rpt: 8/41	Jones, Jolanda (The Honorable) 00086167	ii i iieis)
Ļ	·	, , , , , , , , , , , , , , , , , , ,	
4	Date	5 Payee name	
	04/07/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.23	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Oi	vn	
	Date	Payee name	
	04/07/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.74	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	In .	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI)H	
	Date	Payee name	
	04/30/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.88	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	I a .	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH Control of the con	

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/25 Rpt: 9/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	05/06/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.07	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	05/08/2025	Payee name
L		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.03	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinic Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	05/07/2025	Amazon.com
L	Amount (\$)	Payee address; City; State; Zip Code
	\$21.63	PO Box 81226
	Ψ21.03	FO BOX 01220
		Coottle, WA 00100
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

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

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
TTHER (output a colorograph and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┢	Total name - Oak - L. E.		_
1	Total pages Schedule F1: Sch: 6/25 Rpt: 10/41	2 FILER NAME Jones, Jolanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086167	
4	Date	5 Payee name	_
	05/19/2025	Amazon.com	
6	Amount (\$) \$61.69	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Office supplies	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/02/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.21	PO Box 81226	
	2,122,00	Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to use outside of Tayon Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/16/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.26	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office supplies	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/25 Rpt: 11/41	Jones, Jola	ında (The Honorable)					00086167	
4	Date	5 Payee name							
	06/16/2025	Amazon.co	m						
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	ode				
	\$12.87	PO Box 81	226						
		Seattle, W	98108						
8	PURPOSE	(a) Category (S	see Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expense	,		ш		de of Texas. Comp	
	_/					_		officeholder living	expense
						Office supplie	:5		
_	Complete ONLY if direct	Candidata/Off	iceholder name	Office as:	lap+			Office hel	Id
9	Complete ONLY if direct expenditure to benefit C/Oh		icenoluer name	Office sou	agrit			Office nei	lu .
	Date	Payee name							
	06/17/2025	Amazon.co	m						
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode				
	\$259.76	PO Box 81	226						
		Seattle, W	A 98108						
	PURPOSE	(a) Category (S	iee Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expense	-,		—		de of Texas. Comp	
	LA LIBITORE					—		officeholder living	expense
						Office supplie	:5		
_	Complete ONLY if direct	Candidata/O#	iceholder name	Office sou	lapt			Office hel	Id
	expenditure to benefit C/O		icentiuei name	Onice SOL	ayııl			Onice nei	iu
_	Data								
	Date	Payee name							
	06/18/2025	Amazon.co		. =-					
	Amount (\$)	Payee addre		ate; Zip Co	ode				
	\$10.81	PO Box 81	226						
		Seattle, W	\ 98108						
	PURPOSE		see Categories listed at the top of this	echodulo)	(b)	Description			
	OF		rhead/Rental Expense	scrieuule)	``		outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		Ib			_		officeholder living	expense
						Office supplie	S		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office hel	ld
	onponditure to belieff 6/01	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	l Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/25 Rpt: 12/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	06/17/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$206.67	PO Box 81226
		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	04/15/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1075 Augusta Dr
		Houston, TX 77057
	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.
		Card delivery
		Card delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/04/2025	Buc-ee's - Bastrop
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.86	
	Ф43.00	1700 Hiwy 71, E
		Bastrop, TX 78602
		· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not liste	d above)
	Credit Card Fayment			The Instruction G	uide explains ho	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 9/25 Rpt: 13/41		Jones, Jolai	nda (The Honor	rable)					00086167		
4	Date	5	Payee name									
	06/03/2025		Capitol Gift	Shop								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$86.60		1400 Congr		,	_,						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
			Auctin TV 7	70701								
_		_	Austin, TX 7			-						
8	PURPOSE OF	(a)		ee Categories listed at t		dule)	(b)	Description		d4.T O	onless Colondula T	
	EXPENDITURE		Gift/Awards	/Memorials Exp	ense			=		officeholder living	plete Schedule T. g expense	
								Gifts			ý - II	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	fice sou	aht			Office he	eld	
	expenditure to benefit C/OI	Н				•						
	Date	Т	Payee name									
	06/09/2025		Capitol Gift	Shon								
		L		· ·	04-4	7:- 0-	-1-					
	Amount (\$)		Payee addres	•	State;	Zip Co	ue					
	\$272.36		1400 Congr	ess E1.006								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Consulting I	Expense				=			plete Schedule T.	
								Gifts	, IX,	officeholder living	g expense	
								Onto				
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	fice sou	aht			Office he	eld.	
	expenditure to benefit C/OI		candidate/On	ceriolaer riame	Oi	nec sou	giit			Office In	Ciu	
	Dete	<u> </u>										
	Date		Payee name									
	02/19/2025		Chipotle									
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$10.28		2625 Louisi	ana								
			Houston, TX	K 77006								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				브			plete Schedule T.	
								Staff meal	, TX,	officeholder living	g expense	
								Jan Intal				
	Complete ONLY if direct	Ц	Condidate (Off)	achalder neme	04	fine as:	ab+			Office	old.	
	Complete ONLY if direct expenditure to benefit C/OI		Cariuluale/Offi	ceholder name	Off	fice sou	ynı			Office he	eiu	
	•											

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
TTHER (order a cotoopy set listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 14/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	03/10/2025	Chipotle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.93	2625 Louisiana
		Houston, TX 77006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
		Stati modi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	04/28/2025	Chipotle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.93	2625 Louisiana
	\$10.93	2023 Louisiana
		H T. 77000
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/17/2025	Costco - Houston
H	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	3836 Richmond
	4 00	
		Houston, TX 77027
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Fuel
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 15/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	04/18/2025	Criminal Justice Reform Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1101 Lavaca, Ste 110
		Austin, TX 78701
8	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.
		Check if Austin, TX, officeholder living expense Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/16/2025	EVS Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.00	460 Clay St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 06/02/2025	Payee name Elite Change
		-
	Amount (\$) \$26,500.00	Payee address; City; State; Zip Code 5445 Almeda Dr
	Ψ20,300.00	3443 Allfiedd Di
		Houston, TX 77004
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
		Advisory services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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: 12/25 Rpt: 16/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	04/29/2025	Fairbank Maslin Research
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34,750.00	12100 Wilshire Boulevard, Suite 350
		Los Angeles, CA 90025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Research
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	FedEX Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.64	327 Congress Ave, Suite 100,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Delivery
		25vo.ly
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/27/2025	Gangnam BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.23	1100 Little Texas Ln,
	Ψ120.20	Tioo Little Texas Lii,
		Auctin TV 7074E
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimburgense Loan Reimburgense Loan

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 13/25 Rpt: 17/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	03/13/2025	Grant Martin Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,454.17	2383 Bush St
		San Francisco, CA 94115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web and printing
		web and printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Dove name
	03/10/2025	Payee name Grant Martin Campaigns
	Amount (\$) \$126.56	Payee address; City; State; Zip Code
	\$120.50	2383 Bush St
		Con Francisco OA 04445
		San Francisco, CA 94115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Web
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2025	Grant Martin Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$36,460.57	2383 Bush St
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Research, advertising and advisory
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

sement Solicitation/Fundraising Expense

(pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	strict a category not listed at	oove)
	·			The Instruction G	uide explains h	ow to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 14/25 Rpt: 18/41		Jones, Jolar	nda (The Honor	able)					00086167		
4	Date	5	Payee name									
	06/02/2025			n Campaigns								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$2,362.77		2383 Bush 9	-	,	•						
	, -, · · ·											
			C	04 04115								
			San Francis	co, CA 94115								
8	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Printing Exp	ense						de of Texas. Com officeholder living	plete Schedule T.	
								Session recap			g expense	
								30331011 100aj	рυ	rocriaic		
_	Opening ONLY if allowed	L	D11 -1 - t - 10 ff			re:	1-4			Off: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Offic	ceholder name	Oi	ffice sou	gnı			Office h	eiu	
	Date		Payee name									
	06/09/2025		Gulf Coast (Community Ser	vices Assn							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		5000 Gulf Fr	reeway, Bldg #3	1							
			Houston, TX	77023								
	PURPOSE	(a)					(h)	Description				
	OF	(۵)		e Categories listed at t		dule)	(5)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol	,	ttee		=		officeholder living		
								Donation				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/20/2025		HEB - 756									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$141.84		•	H FREEWAY	State,	Zip Co	uc					
	Ψ141.04		0000 0001	ITERCEVVAT								
			Houston, TX	77004								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	pense						plete Schedule T.	
								_		officeholder living	g expense	
								Office supplie	.3			
_	Complete Chilly 'C. "	<u>_</u>	Dandidati (OM	- a la a l al - · · · · ·		w	a.l- ·			Ott		
	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Offic	ceholder name	Of	ffice sou	gnt			Office h	eid	
	The strategy of the strategy o	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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 co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 15/25 Rpt: 19/41	Jones, Jolanda (The Honorable)		00086167				
4	Date	5 Payee name		<u>'</u>				
	06/26/2025	HEB - 756						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$43.98	6055 SOUTH FREEWAY						
		Houston, TX 77004						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Office Overhead/Rental Expense	l` <i>′</i>	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense				
				Office supplies				
Ļ	Opening CNII V if allowed	Out in the last of		Office held				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnt	Office held				
┡								
	Date	Payee name						
L	06/27/2025	HEB - 756						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$64.92	6055 SOUTH FREEWAY						
		Houston, TX 77004						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				Office supplies				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held				
	expenditure to benefit C/OI		•					
F	Date	Payee name						
	01/14/2025	HEB						
\vdash	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$392.70	1000 E 41st St						
		Austin, TX 78751						
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Office Overhead/Rental Expense	()	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	•		Check if Austin, TX, officeholder living expense				
				Office supplies				
dash	Operation ONE V. C. F.	Open lide to 10ff in the led on the		Office I I I				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held				
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/25 Rpt: 20/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	04/07/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.53	1000 E 41st St
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/07/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.97	1000 E 41st St
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/09/2025	Hobby Lobby
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$115.03	2808 Business Center Dr
		Pearland, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		ilers)
	Sch: 17/25 Rpt: 21/41	Jones, Jolanda (The Honorable) 00086167	
4	Date	5 Payee name	
	03/19/2025	IT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1108 Lavaca Ste 110	
		Austin, TX 78701	
8	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	
		Dues	
	Commission ONE V. C. F.	Condidate/Officeholder nove	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/30/2025	Jones, Jolanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,325.67	2525 Binz	
		Houston, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense	1
		Schedule G expenditures from Oct 27 to Dec 3 2024	Ι,
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	·	
\vdash	Data	I B	
	Date 05/02/2025	Payee name Kingdom Builders	
	05/02/2025	Kingdom Builders	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	6011 W Orem Dr,	
		Houston, TX 77085	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAFLINDITORE	Candidate/Officeholder/Political Committee	
		Summer camp sponsorship	
_	Complete ONII V if allowers	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/25 Rpt: 22/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	03/04/2025	LGBTQ Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	PO Box 2960
		Austin, TX 78769
8	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.
		Check if Austin, TX, officeholder living expense
		Dues
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2025	Lanier Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	201 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Parking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	01/31/2025	Lone Star Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	10709 MARSHA LANE
		HOUSTON, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Compliance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 19/25 Rpt: 23/41	Jones, Jolanda (The Honorable) 00086167	
4	Date	5 Payee name	_
	06/30/2025	Lone Star Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,000.00	10709 MARSHA LANE	
		HOUSTON, TX 77024	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Compliance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	02/03/2025	Membership HLSR	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	3 NRG Park	
		Houston, TX 77054	
	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.	
		Check if Austin, TX, officeholder living expense Dues	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	05/01/2025	Open AI	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.81	1455 3rd St	
		San Francisco, TX 94158	
	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.	
		Check if Austin, TX, officeholder living expense Subscription	
		Gusconputiti	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		isted above)
┰	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
_	Sch: 20/25 Rpt: 24/41		minission Filets)
4	Date	5 Payee name	
	06/03/2025	Open Al	
6	Amount (\$) \$21.28	7 Payee address; City; State; Zip Code 3 1455 3rd St	
		San Francisco, TX 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedul	e T.
		Check if Austin, TX, officeholder living expense	
		Subscription	
_	Complete ONU V if allow	Condidate/Officeholder norse	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	05/19/2025	Pho Thai Son	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.78	1908 Guadalupe St	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	e T.
		Staff meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	06/10/2025	Popeye's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.33	111 W William Cannon Dr	
		Austin, TX 78745	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	e T.
		Staff meal	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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: 21/25 Rpt: 25/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	01/16/2025	Pour Behavior
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.30	5016 Kirby Drive
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/05/2025	Ruth Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.52	107 West 6th Street,
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.59	6655 Ardmore
L		Houston, TX 77021
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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)

	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: 22/25 Rpt: 26/41	Jones, Jolanda (The Honorable) 00086167	
4	Date	5 Payee name	
	02/14/2025	Texas Energy & Climate Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	PO Box 301074	
		Austin, TX 78703	
8	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. Check if Austin, TX, officeholder living expense	
		Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	04/30/2025	Texas HBCU Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	6935 River Bluff Drive	
		Austin, TX 77019	
	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.	
		Check if Austin, TX, officeholder living expense Dues	
		Ducs	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	02/27/2025	Texas Legislative Black Council	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	1108 Lavaca, Ste 110	
		Austin, TX 78701	
	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.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-			—

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/25 Rpt: 27/41	Jones, Jolanda (The Honorable) 00086167
4	Date	5 Payee name
	02/27/2025	Texas Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,000.00	PO Box 12943
		Austin, TX 78711
8	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. Check if Austin, TX, officeholder living expense
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/15/2025	Texas Women's Health Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2910
		Austin, TX 78701
	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.
		Check if Austin, TX, officeholder living expense Dues
		- Bucs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/14/2025	Walmart
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$252.08	710 E Ben White Blvd
	¥202.00	1 - 2 - 2 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Austin, TX 78704
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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 comple	e this form.	
1	Total pages Schedule F1:		3 Filer ID	(Ethics Commission Filers)
	Sch: 24/25 Rpt: 28/41	Jones, Jolanda (The Honorable)	0008616	57
4	Date	5 Payee name		
_	03/03/2025	Walmart		
6	Amount (\$) \$20.21	7 Payee address; City; State; Zip Code 710 E Ben White Blvd		
	Ψ20.21	7 TO E Bell Writte Blvd		
		Austin, TX 78704		
8	PURPOSE			
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas.	Complete Schedule T.
	EXPENDITURE	· ·	Check if Austin, TX, officeholder I	iving expense
			Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office	e held
	expenditure to benefit C/OI		O.IIIO	, noid
-	Date	Payee name		
	03/24/2025	Walmart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$38.90	710 E Ben White Blvd		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. (Check if Austin, TX, officeholder I	
			Office supplies	9 - 1-1-1-1
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office	e held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/24/2025	Walmart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$28.47	710 E Ben White Blvd		
		A		
		Austin, TX 78704		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas.	Complete Schedule T.
	EXPENDITURE	Office Overnead/Rental Expense	Check if Austin, TX, officeholder I	
			Office supplies	
	0 1: 0:::::::::::::::::::::::::::::::::			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office	e held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	le F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filer							
Sch: 25/25 Rpt: 29/41	Jones, Jolanda (The Honorable) 00086167							
4 Date	5 Payee name							
04/28/2025	Walmart							
6 Amount (\$) \$22.19	7 Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
Date	Payee name							
06/12/2025	Whataburger - Austin							
Amount (\$) \$10.38	Payee address; City; State; Zip Code 2800 Guadalupe Austin, TX 78705							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meal							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Legal S	ards/Memorials Expense services nstruction Guide explain		Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILE	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 30/41	Jon	es, Jolanda (The Honorable)				00086167
4	Date	5 Pay	ee name				1	
	06/17/2025	Bar	naby's					
6	Amount (\$)	7 Pay	ee address;	City; Sta	te; Zip Co	ode		
	\$19.52	180	1 Binz St					
	Reimbursement from							
	X political contributions intended	Ηοι	uston, TX 770	04				
8	PURPOSE OF	(a) Cate	egory (See Cate	gories listed at the top of this	schedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Foo	d/Beverage E	Expense			Cr	neck if Austin, TX, officeholder living expense
						Staff meal		
_		<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder	name		Office sought		Office held
	Date	Pay	ee name					
	06/15/2025	Bar	naby's					
	Amount (\$)	Pay	ee address;	City; Sta	te; Zip Co	ode		
	\$20.07	180	1 Binz St					
	Reimbursement from political contributions intended	Нои	uston, TX 770	04				
	PURPOSE	Cate	egory (See Cate	gories listed at the top of this	schedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Foo	d/Beverage E	Expense		[Cł	neck if Austin, TX, officeholder living expense
	ZA ZABITONZ					Staff meal		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder	name		Office sought		Office held
	Date	Pay	ee name					
	06/03/2025	1 1	-ee's - Bastro	р				
	Amount (\$)	Pay	ee address;	City; Sta	te; Zip Co	ode		
	\$17.97	170	0 Hiwy 71, E					
	Reimbursement from political contributions intended	Pos	etron TV 7060	12				
			strop, TX 7860					
	PURPOSE OF	l		gories listed at the top of this	schedule)	Description	_	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE	- 00	d/Beverage E	expense		Staff meal	`	
						Jan meai		
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Candida	te/Officeholder	name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			/Wages/Contract Labor		OTHER (enter a category not listed above)
_	Total pages Cabadula C	12	EII ED NAME		12	Filer ID (Ethica Commission Filers)
	Total pages Schedule G: Sch: 2/12 Rpt: 31/41	_	FILER NAME Jones, Jolanda (The Honorable)		3	Filer ID (Ethics Commission Filers) 00086167
4	Date	5	Payee name		<u> </u>	
	06/03/2025		Buc-ee's - Bastrop			
_		-	<u>'</u>	`ada		
6	Amount (\$) \$28.99	'		oue		
	,		1700 Hiwy 71, E			
	Reimbursement from political contributions intended		Bastrop, TX 78602			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related		С	heck if Austin, TX, officeholder living expense
	EXI ENDITORE		Expense	Fuel		
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held
	C/OH					
	Date		Payee name			
	06/04/2025		Circle K Austin			
_	Amount (\$)	┝		`ada		
	\$9.20		, , , , , , , , , , , , , , , , , , , ,	oue		
			2453 Bastrop Hwy			
	X Reimbursement from political contributions intended		Austin, TX 78617			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related		_ c	heck if Austin, TX, officeholder living expense
			Expense	Fuel		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_				
	Date		Payee name			
	06/10/2025		Circle K Austin			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$6.71		2453 Bastrop Hwy			
	Reimbursement from					
	X political contributions intended		Austin, TX 78617			
	PURPOSE	Т	Category (See Categories listed at the top of this schedule)	Description	c	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related] c	heck if Austin, TX, officeholder living expense
	EXPENDITORE		Expense	Fuel		
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
_	G/OI I					

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex Salaries/V	kpense /ages/Contract Labor	-	Γravel in Dis Γravel Out α		
	oroun ouru r aymoni	_	The Instruction Guide explains I	now to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3 F	iler ID	(Ethics Commission Filers)	
	Sch: 3/12 Rpt: 32/41	Jones, Jola	nda (The Honorable)				0008616	67	
4	Date	5 Payee name							
	06/26/2025	Costco - Ho	ouston						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	de				
	\$28.34	3836 Richn	nond						
	Reimbursement from								
	X political contributions intended	Houston, T	X 77027						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	ck if Austin,	, TX, officeholder living expense	
	-				Office supplies				
9		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee name							
	06/18/2025	Costco - Ho	ouston						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$32.50								
	Reimbursement from								
	X political contributions intended	Houston, T	X 77027						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF		ion Equipment And Related	,				, TX, officeholder living expense	
	EXPENDITURE	Expense	= 40		Fuel				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit								
	C/OH								
	Date	Payee name							
	06/21/2025	Costco - Ho	ouston						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	de				
	\$35.26	3836 Richn	nond						
	Reimbursement from								
	X political contributions intended	Houston, T	X 77027						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Transportat	ion Equipment And Related			Che	ck if Austin,	, TX, officeholder living expense	
	EXPENDITURE	Expense			Fuel				
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
_	C/OIT								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fultifiating Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 33/41		Jones, Jolanda (The Honorable)			00086167
4	Date	5	Payee name			1
	06/13/2025		Costco - Houston			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$24.28		3836 Richmond			
	Reimbursement from					
	y political contributions intended		Houston, TX 77027			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related			Check if Austin, TX, officeholder living expense
	EXPENDITURE		Expense		Fuel	
9	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought	Office held
,	expenditure to benefit C/OH	Cai	iduate officeriolider frame		Office 30dg/ft	Office field
	Date		Payee name			
	06/14/2025		Family Dollar			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$11.91		5110 Almeda Road			
	Reimbursement from					
	x political contributions intended		Houston, TX 77004			
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Office supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		David a manual			
			Payee name			
	06/25/2025	L	HEB - 756			
	Amount (\$)			Zip Co	ode	
	\$27.54		6055 SOUTH FREEWAY			
	Reimbursement from					
	X political contributions intended		Houston, TX 77004			
	PURPOSE	H	Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Office Overhead/Rental Expense		· [Check if Austin, TX, officeholder living expense
	EXPENDITURE				Office supplies	
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit	Jai	TAIGAGE OTHER TOTAL TRAINE		Onice Sougiil	Office field
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in District Travel Out of Dist	trict category not listed above)
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Et	thics Commission Filers)
	Sch: 5/12 Rpt: 34/41	Jones, Jola	nda (The Honorable)			(00086167	
4	Date	5 Payee name				•		
	06/21/2025	HEB - 756						
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$34.20	6055 SOUT	H FREEWAY					
	Reimbursement from							
	X political contributions intended	Houston, T	X 77004					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=		le of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX,	officeholder living expense
					Office supplies			
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		Ot	ffice held
	C/OH							
	Date	Payee name						
	06/21/2025	HEB - 756						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$4.91	1 1	H FREEWAY					
	Reimbursement from							
	x political contributions intended	Houston, T	X 77004					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outsid	le of Texas. Complete Schedule T.
	OF EXPENDITURE		head/Rental Expense			Che	eck if Austin, TX,	officeholder living expense
	EXPENDITORE		•		Office supplies			
	Complete ONLY if direct	Candidate/Office	nolder name		Office sought		O	ffice held
	expenditure to benefit C/OH							
	Data	l B						
	Date 06/22/2025	Payee name HEB - 756						
			oo: City: State	. Zin Co	240			
	Amount (\$) \$7.15	Payee addre	ss;	; Zip Co	Jue			
		0000 3001	111 IXELVVA I					
	X Reimbursement from political contributions intended	Houston, T	X 77004					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	=		de of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX,	officeholder living expense
					Office supplies			
	0 1: 0:::::::::::::::::::::::::::::::::	0 111 1277						rc 1 11
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	nolder name		Office sought		Of	ffice held
_	G/OI I							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Exper / Gift/Awards/Memorials Expense Printing Expe				
	Credit Card F dyment	The Instruction Guide explains how to comp	plete this form.			
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 6/12 Rpt: 35/41	Jones, Jolanda (The Honorable)	00086167			
4	Date	5 Payee name	<u> </u>			
	06/22/2025	HEB - 756				
6						
٥	Amount (\$) \$4.99	7 Payee address; City; State; Zip Code 6055 SOUTH FREEWAY	;			
	Φ4.99	0000 SOUTH FREEWAY				
	X Reimbursement from political contributions					
	intended	Houston, TX 77004				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense			
	EXI ENDITORE	0	ffice supplies			
9		Candidate/Officeholder name	Office sought Office held			
	expenditure to benefit C/OH					
	C/OH					
	Date	Payee name				
	06/22/2025	HEB - 756				
	Amount (\$)	Payee address; City; State; Zip Code				
\$15.20 6055 SOUTH FREEWAY						
	Reimbursement from					
	x political contributions intended	Houston, TX 77004				
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Office Overhead/Rental Expense				
			ffice supplies			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held			
	C/OH					
H	Data	Γ_				
	Date	Payee name				
	06/23/2025	HEB - 756				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$13.76	6055 SOUTH FREEWAY				
	Reimbursement from political contributions					
	x political contributions intended	Houston, TX 77004				
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		office supplies			
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held			
	expenditure to benefit		-			
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/ Donations Made By -		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	ials Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Credit Card Payment		The Instruction Guide explains h	now to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filers)			
	Sch: 7/12 Rpt: 36/41	Jones, Jola	nda (The Honorable)			0	0086167	7			
4	Date	5 Payee name				<u> </u>					
	06/22/2025	HEB - 756									
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode						
	\$7.15	l	TH FREEWAY	,							
	Reimbursement from										
	political contributions intended	Houston, T	x 77004								
_					(h) Description [Cho	ok if traval au	utside of Texas. Complete Schedule T.			
8	PURPOSE OF		ee Categories listed at the top of this sche	eaule)	(b) Description	=		TX, officeholder living expense			
	EXPENDITURE	F000/Bever	age Expense		Staff meal	_	•				
					Stail mear						
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
١	expenditure to benefit	Candidate/Office	noider name		Office 30ught			Office field			
	C/OH										
	Date	Payee name									
	06/04/2025	Hertz.com									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$417.76	PO Box 26:	120								
	Reimbursement from										
	X political contributions intended	Oklahoma (City, OK 73119								
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel ou	utside of Texas. Complete Schedule T.			
	OF	' '	ion Equipment And Related	•		Che	ck if Austin, T	TX, officeholder living expense			
	EXPENDITURE	Expense			Rental car						
		Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
		•									
	Date	Payee name									
	06/10/2025	Hertz.com									
	Amount (\$)	Payee addre		Zip Co	ode						
	\$91.88	PO Box 263	120								
	Reimbursement from political contributions										
	intended	Oklahoma (City, OK 73119								
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	=		utside of Texas. Complete Schedule T.			
	OF EXPENDITURE		ion Equipment And Related		L	Ched	ck if Austin, T	TX, officeholder living expense			
		Expense			Rental car						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	gory not listed above)
L	Steak Sara Faymont		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics	Commission Filers)
	Sch: 8/12 Rpt: 37/41	Jones, Jola	nda (The Honorable)			(00086167	
4	Date	5 Payee name						
	06/22/2025	Luby's						
6	Amount (\$)	7 Payee addres	ss; City; State;	; Zip Co	ode			
	\$25.95	12404 E Fw	/y					
	Reimbursement from							
	X political contributions intended	Houston, T	K 77015					
8	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of this sch	iedule)	(b) Description	=		Texas. Complete Schedule T.
	EXPENDITURE	Food/Bever	age Expense		L L	Che	еск if Austin, TX, office	cholder living expense
					Staff meal			
9	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought		Office	e held
	C/OH							
	Date	Payee name						
	06/11/2025	l í	nference of State Legislatu	ıres				
_	Amount (\$)	Payee addres		; Zip Co	nde			
	\$755.00	7700 E. Firs	•	, <i>L</i> ip CC	,,,,			
		7700 E.1113	ot i lacc					
	X Reimbursement from political contributions intended	Donver CO	80330					
_		Denver, CO			Describer -	7 ~:	ali Maranal and a second	Taura - Camarlat - C.
	PURPOSE OF	1	ee Categories listed at the top of this sch	iedule)	Description _	_		Texas. Complete Schedule T. eholder living expense
	EXPENDITURE	Fees			Registration	┙ ̄``	,,	5 - F
					ogionanon			
_	Complete ONLY if direct	L Candidate/Office	nolder name		Office sought		Office	e held
	expenditure to benefit						000	
	C/OH							
	Date	Payee name						
	06/09/2025	Pho Thai So	on					
	Amount (\$)	Payee addres	ss; City; State;	; Zip Co	ode			
	\$15.16	1908 Guada	alupe St					
	Reimbursement from							
	X political contributions intended	Austin, TX 7	78704					
	PURPOSE	Category (Se	ee Categories listed at the top of this sch	iedule)	Description	_		Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bever	age Expense			Che	eck if Austin, TX, office	eholder living expense
					Staff meal			
	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name	·	Office sought		Office	e held
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services The Instruction Guide explains h		Wages/Contract Labor		OTHER (enter a category not listed above)	
		_			mpiete tino remin	_		
1		2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 9/12 Rpt: 38/41		Jones, Jolanda (The Honorable)				00086167	
4	Date	5	Payee name					
	06/09/2025		Pho Thai Son					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$15.16		1908 Guadalupe St					
	Reimbursement from political contributions		Austin TV 70704					
	intended		Austin, TX 78704					_
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	=	Check if travel outside of Texas. Complete Schedule	Τ.
	EXPENDITURE		Food/Beverage Expense		L		Check if Austin, TX, officeholder living expense	
					Staff meal			
9	·	Cai	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
	Date		Payee name					_
	06/18/2025		Rice Village Parking					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			_
	\$3.20		2503 University Blvd					
	Reimbursement from							
	x political contributions intended		Houston, TX 77005					
	PURPOSE	\vdash	Category (See Categories listed at the top of this sche	dule)	Description	70	Check if travel outside of Texas. Complete Schedule	T.
	OF		Transportation Equipment And Related	•	l Ė	5 0	check if Austin, TX, officeholder living expense	
	EXPENDITURE		Expense		Parking			
	Complete ONLY if direct	<u>L</u> Cai	ndidate/Officeholder name		Office sought		Office held	_
	expenditure to benefit							
	C/OH							_
	Date		Payee name					
	06/17/2025		Shipley Do-Nuts					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$7.56		6655 Ardmore					
	Reimbursement from							
	X political contributions intended		Houston, TX 77021					
	PURPOSE	\vdash	Category (See Categories listed at the top of this sche	dule)	Description	70	Check if travel outside of Texas. Complete Schedule	T.
	OF		Food/Beverage Expense		l Ė	Ī	check if Austin, TX, officeholder living expense	
	EXPENDITURE		, , , , , , , , , , , , , , , , , , ,		Staff meal			
	Complete ONLY if direct	L Cai	ndidate/Officeholder name		Office sought		Office held	_
	expenditure to benefit				3			
	C/OH							_

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 39/41		Jones, Jolanda (The Honorable)			00086167
4	Date	5	Payee name			
	06/18/2025		Shipley Do-Nuts			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$7.56		6655 Ardmore			
	Reimbursement from political contributions intended		Houston, TX 77021			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	<u> </u> `	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Staff meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/22/2025		Shipley Do-Nuts			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$4.87		6655 Ardmore			
	Reimbursement from political contributions intended		Houston, TX 77021			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Staff meal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/14/2025		Shipley Do-Nuts			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$7.41		6655 Ardmore			
	Reimbursement from political contributions intended		Houston, TX 77021			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
					Staff meal	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - Il Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	-	Fravel in District Fravel Out of District	gory not listed above)	
	·		The Instruction Guide explains	now to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME				1	•	s Commission Filers)	
	Sch: 11/12 Rpt: 40/41	Jones, Jolar	nda (The Honorable)				00086167		
4	Date	5 Payee name							
L	06/13/2025	Shipley Do-I	Nuts						
6	Amount (\$)	7 Payee addres	s; City; State;	Zip Co	ode				
	\$7.56	6655 Ardmo	re						
	Reimbursement from								
	X political contributions intended	Houston, TX	77021						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this sch	edule)	(b) Description	=		Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Bevera	age Expense			Che	ck if Austin, TX, offic	eholder living expense	
					Staff meal				
L									
9		Candidate/Officeh	older name		Office sought		Office	e held	
	expenditure to benefit C/OH								
	Data	D							
	Date	Payee name	Muto						
	06/17/2025	Shipley Do-I							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$7.56	6655 Ardmo	re						
	Reimbursement from political contributions								
	x political contributions intended	Houston, TX	77021						
	PURPOSE	Category (Se	e Categories listed at the top of this sch	edule)	Description	Che	ck if travel outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Bevera	age Expense			Che	ck if Austin, TX, offic	eholder living expense	
					Staff meal				
L									
	Complete ONLY if direct	Candidate/Officeh	older name		Office sought		Office	e held	
	expenditure to benefit C/OH								
\vdash		T							
	Date	Payee name	0.11						
	06/10/2025	TownePlace	Suites						
	Amount (\$)	Payee addres	s; City; State;	Zip Co	ode				
	\$183.60	2237 West E	Braker Lane						
	Reimbursement from								
	X political contributions intended	Austin, TX 7	8758						
	PURPOSE	Category (Se	e Categories listed at the top of this sch	edule)	Description	Che	ck if travel outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel Out o	of District			Che	ck if Austin, TX, offic	eholder living expense	
	THE ENDITORIE				Lodging				
L									
		Candidate/Officeh	older name		Office sought		Office	e held	
	expenditure to benefit C/OH								
_									

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Dis Travel Out o		
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 12/12 Rpt: 41/41	Jones, Jola	nda (The Honorable)			(0008616	57	
4	Date	5 Payee name							
	06/10/2025	TownePlac							
6	Amount (\$)	7 Payee addre	7 Payee address; City; State; Zip Code						
	\$91.00	2237 West	Braker Lane						
	Reimbursement from								
	X political contributions intended	Austin, TX	78758						
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	=		outside of Texas. Complete So	
	EXPENDITURE	Travel Out	of District		L	Che	eck if Austin,	TX, officeholder living expense	e
					Lodging				
_	2.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1								
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	06/04/2025	TownePlac							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$182.00	2237 West	Braker Lane	·					
	Reimbursement from								
	x political contributions intended	Austin, TX	78758						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel o	outside of Texas. Complete Sc	chedule T.
	OF EXPENDITURE	Travel Out	of District			Che	eck if Austin,	TX, officeholder living expens	e
	EXI ENDITORE				Lodging				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	06/09/2025	Whataburg	er - Austin						
_	Amount (\$)	Payee addre		Zip Co	nde				
	\$9.95	2800 Guad		2.p 00	,40				
	Reimbursement from								
	x political contributions intended	Austin, TX	78705						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	=		outside of Texas. Complete Sc	
	OF EXPENDITURE	Food/Bever	age Expense			Che	eck if Austin,	TX, officeholder living expens	e
					Staff meal				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								