

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086167		2 Total pages filed: 49	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Jolanda	MI	
	NICKNAME Jo		LAST Jones	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 10709 Marsha Lane Houston, TX 77024		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/13/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Dr.		FIRST Uchenna	MI
		NICKNAME		LAST Jones-Conley	SUFFIX M.D.
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3759 Heritage Colony Missouri City, TX 77459			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 276-2224			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) State Representative District 147		12 OFFICE SOUGHT (if known) State Representative District 147	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Jones, Jolanda (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00086167	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,353.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	19,893.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	29,697.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

The Honorable Jolanda Jones

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Jones, Jolanda (The Honorable)		19 Filer ID 00086167	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	19,353.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,943.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	11,949.64
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACT for TX Classroom Teachers Association <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78767	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet <hr/> Contributor address; City; State; Zip Code Brookline, MA 24450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Debbie <hr/> Contributor address; City; State; Zip Code Taos, NM 87471	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Laurie <hr/> Contributor address; City; State; Zip Code Pueblo, CO 81008	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Mario <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Nonprofit
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Mario <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Nonprofit
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Thomas <hr/> Contributor address; City; State; Zip Code Wesley Chapel, FL 33543	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Linda <hr/> 6 Contributor address; City; State; Zip Code Point Harbor, NC 27964	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) none
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canfield, Pat <hr/> Contributor address; City; State; Zip Code Cedar Rapids, IA 52404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caudell, Marcia <hr/> Contributor address; City; State; Zip Code Indiaanapolis, IN 46254	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) Indiana State Library
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary <hr/> Contributor address; City; State; Zip Code Ava, MO 65608	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary <hr/> Contributor address; City; State; Zip Code Derwood, MD 20855	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Roberta <hr/> 6 Contributor address; City; State; Zip Code Grand Forks, ND 58201	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degroff, Dale <hr/> Contributor address; City; State; Zip Code West Hempstead, CT 11552	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) hospitality professional		Employer (See Instructions) self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deller, Jeanne <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98006	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00082792</u>) Eli Lilly & Co PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 48285	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Mike <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontenot, Ronald <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Media Assistant		9 Employer (See Instructions) KCBS/KCAL TV
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Theresa <hr/> Contributor address; City; State; Zip Code Palmview, TX 78572	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gebrenegus, Sefora <hr/> Contributor address; City; State; Zip Code Montclair, CA 91763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Utility Admin.		Employer (See Instructions) LADWP
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Laurie <hr/> Contributor address; City; State; Zip Code Fallon, NV 89406	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good, Paul <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Petroleum Experts Inc
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HICKS SR, BRIAN <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lab Manager		Employer (See Instructions) Carbo
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08542-3148	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haskins, Linda <hr/> 6 Contributor address; City; State; Zip Code Forestdale, MA 26440	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) waitress		9 Employer (See Instructions) restaurant
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haus, Agora <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc.
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herten, R. Jeffrey <hr/> Contributor address; City; State; Zip Code San Luis Obispo, CA 93405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Gregory <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Unanet

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence <hr/> 6 Contributor address; City; State; Zip Code Louisville, KY 40219	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald <hr/> Contributor address; City; State; Zip Code Shelton, WA 98584	Amount of Contribution (\$) \$1.64
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illig, Carl <hr/> Contributor address; City; State; Zip Code Phoenixville, PA 19460	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$2.05
Principal occupation / Job title (See Instructions) Gardener		Employer (See Instructions) Self
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Jesse <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97404	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolanda Jones Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) <div style="text-align: right;">\$3,320.67</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killingbeck, Rochelle <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10116	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchens, Linda <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79114	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha <hr/> Contributor address; City; State; Zip Code La Pine, OR 97739	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David <hr/> 6 Contributor address; City; State; Zip Code Chester, NJ 79300	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Driver		9 Employer (See Instructions) UPS
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libbey, Thomas <hr/> Contributor address; City; State; Zip Code Seattle, WA 98122	Amount of Contribution (\$) \$1.02
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) self
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, James <hr/> Contributor address; City; State; Zip Code Aurora, CO 80016	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Ruby <hr/> Contributor address; City; State; Zip Code San Diego, CA 92104	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckeehan, Jack <hr/> Contributor address; City; State; Zip Code Houston, TX 77036	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Civil Engineering Tech		Employer (See Instructions) Benchmark Engineering

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti <hr/> 6 Contributor address; City; State; Zip Code Trenton, NJ 86280	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Capital Health
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melsheimer, Susan <hr/> Contributor address; City; State; Zip Code Baton Rouge, LA 70817	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul <hr/> Contributor address; City; State; Zip Code Hays, KS 67601	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) K-State U
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley <hr/> Contributor address; City; State; Zip Code San Diego, CA 92116	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) UC San Diego
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mknelly, Kevin <hr/> Contributor address; City; State; Zip Code Davis, CA 95618	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Rehab Specialist		Employer (See Instructions) NCS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Suzan <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10025	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$8.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODonnell, Joseph <hr/> Contributor address; City; State; Zip Code Buffalo, NY 14224	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Strategic Financial Solutions
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patman, Carrin <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Apriel <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) UHC
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pullman, Seth <hr/> Contributor address; City; State; Zip Code Scarsdale, NY 10583	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Columbia University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN, BARRY <hr/> 6 Contributor address; City; State; Zip Code STORMVILLE, NY 12582-5302	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kathy <hr/> Contributor address; City; State; Zip Code Murrieta, CA 92563	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Val Verde unified school district
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol <hr/> Contributor address; City; State; Zip Code Manchester, NH 31040	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-7508	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) hammond real estate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadati, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Oak Island, NC 28465	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Cristina <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85051	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheib, Sally <hr/> Contributor address; City; State; Zip Code Hillside, IL 60162	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sally scheib		Employer (See Instructions) self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15238	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Mott MacDonald
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinkfield, Tammy <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55104	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) GILLETTE CHILDREN'S SPECIALTY HEALTHCARE
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, April <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28412	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) library assistant		Employer (See Instructions) New Hanover Co.
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, L. Brook <hr/> Contributor address; City; State; Zip Code Wainscott, NY 11975	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Inn keeper		Employer (See Instructions) L Brook Spencer
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie <hr/> 6 Contributor address; City; State; Zip Code St. Petersburg, FL 33701	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2171	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2181	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyer Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 09/23/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00101766) United Airlines PAC <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60606	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Wessels, Margaret <hr/> Contributor address; City; State; Zip Code Aptos, CA 95003	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Wilensky, Sharon <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Wilkinson, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/49
2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne <hr/> 6 Contributor address; City; State; Zip Code Lafayette, CA 94549	7 Amount of Contribution (\$) \$1.64
8 Principal occupation / Job title (See Instructions) manager		9 Employer (See Instructions) Oil Change International
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrather, Charles <hr/> Contributor address; City; State; Zip Code Silverthorne, CO 80498	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cano, wendy <hr/> Contributor address; City; State; Zip Code pasadena, CA 91104	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions) oak crest
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wade, tarencia <hr/> Contributor address; City; State; Zip Code New Carrollton, MD 20784	Amount of Contribution (\$) \$6.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 23/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 10/19/2025	5 Payee name Act Blue	
6 Amount (\$) \$9.88	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name Act Blue	
Amount (\$) \$1.40	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Act Blue	
Amount (\$) \$197.50	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 24/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 07/15/2025	5 Payee name Amegy Bank	
6 Amount (\$) \$21.28	7 Payee address; City; State; Zip Code 1075 Augusta Dr Houston, TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name Amegy Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1075 Augusta Dr Houston, TX 77057	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit card shipping
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Amegy Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1075 Augusta Dr Houston, TX 77057	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire transfer fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 25/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 12/31/2025	5 Payee name Grant Martin Campaigns	
6 Amount (\$) \$240.54	7 Payee address; City; State; Zip Code 2383 Bush St San Francisco, CA 94115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Harris Co Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2025	Payee name Jolanda Jones for Congress	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1707 Binz Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 26/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 07/18/2025	5 Payee name Jones, Jolanda	
6 Amount (\$) \$2,182.83	7 Payee address; City; State; Zip Code 2525 Binz Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G expenditures -Jan 1 to Jun 30
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Lone Star Strategies	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 10709 MARSHA LANE HOUSTON, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping & Compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name NGP Van	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1445 New York Ave #200 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/23 Rpt: 27/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 12/02/2025	5 Payee name Broadway Cares	
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 165 West 46th Street New York, NY 10036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name CVS	
Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 West 44th Street New York, NY 10036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Frank's Grill	
Amount (\$) \$14.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5025 Telephone Rd Houston, TX 77087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/23 Rpt: 28/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 10/17/2025		5 Payee name HEB - 756			
6 Amount (\$) \$82.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 6055 SOUTH FREEWAY Houston, TX 77004			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/29/2025		Payee name HEB - 756			
Amount (\$) \$42.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6055 SOUTH FREEWAY Houston, TX 77004			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/29/2025		Payee name HEB - 756			
Amount (\$) \$2.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6055 SOUTH FREEWAY Houston, TX 77004			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/23 Rpt: 29/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 11/07/2025	5 Payee name HEB - 756	
6 Amount (\$) \$55.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6055 SOUTH FREEWAY Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$54.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Hertz.com Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$62.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Hertz.com Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/23 Rpt: 30/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 07/28/2025		5 Payee name Hertz.com			
6 Amount (\$) \$45.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/31/2025		Payee name Hertz.com			
Amount (\$) \$45.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/28/2025		Payee name Hertz.com			
Amount (\$) \$45.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/23 Rpt: 31/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 07/31/2025	5 Payee name Hertz.com	
6 Amount (\$) \$45.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2025	Payee name Hertz.com	
Amount (\$) \$91.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2025	Payee name Hertz.com	
Amount (\$) \$4,933.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/23 Rpt: 32/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 08/29/2025		5 Payee name Hertz.com			
6 Amount (\$) \$246.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/01/2025		Payee name Hertz.com			
Amount (\$) \$49.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2025		Payee name Hertz.com			
Amount (\$) \$88.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 26120 Oklahoma City, OK 73119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/23 Rpt: 33/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/19/2025	5 Payee name Houston Black American Democrats	
6 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 202116 Houston, TX 77220	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name IStorage	
Amount (\$) \$162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5503 Alameda Road Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2025	Payee name IStorage	
Amount (\$) \$184.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5503 Alameda Road Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/23 Rpt: 34/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 12/02/2025	5 Payee name IStorage	
6 Amount (\$) \$184.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5503 Alameda Road Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Jolanda Jones for Congress	
Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1707 Binz Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Knickerbocker Hotel	
Amount (\$) \$1,450.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6 Times Square New York, NY 10036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging - Root 100 Award Trip
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 9/23 Rpt: 35/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 12/18/2025	5 Payee name LAZ Parking	
6 Amount (\$) \$2.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1610 Caroline Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2025	Payee name People United to Serve	
Amount (\$) \$60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 930 East 50th Street Chicago, IL 60615	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2025	Payee name People United to Serve	
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 930 East 50th Street Chicago, IL 60615	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 10/23 Rpt: 36/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 12/16/2025		5 Payee name Road Women			
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 13527 N. Tracewood Bend Houston, TX 77077			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/22/2025		Payee name Royal Sonesta Hotel			
Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2222 West Loop South Houston, TX 77002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/07/2025		Payee name Shipley Do-Nuts			
Amount (\$) \$6.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6655 Ardmore Houston, TX 77021			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 11/23 Rpt: 37/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 10/26/2025	5 Payee name St. Mary's Catholic Church	
6 Amount (\$) \$31.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3002 Rosedale St Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name St. Mary's Catholic Church	
Amount (\$) \$21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3002 Rosedale St Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name The Boiling Crab	
Amount (\$) \$70.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6406 N Interstate Hwy 35 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 12/23 Rpt: 38/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 11/22/2025	5 Payee name The Caucus.org	
6 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4011 Striker Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2025	Payee name UMI Sushi Grill	
Amount (\$) \$33.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5510 I-35, Suite 400 Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name UMI Sushi Grill	
Amount (\$) \$39.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5510 I-35, Suite 400 Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 13/23 Rpt: 39/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 08/13/2025		5 Payee name Uber			
6 Amount (\$) \$57.51 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name Uber			
Amount (\$) \$10.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/10/2025		Payee name Uber			
Amount (\$) \$40.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 14/23 Rpt: 40/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 08/04/2025	5 Payee name Uber	
6 Amount (\$) \$201.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Uber	
Amount (\$) \$62.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name Uber	
Amount (\$) \$16.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 15/23 Rpt: 41/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 08/16/2025		5 Payee name Uber			
6 Amount (\$) \$53.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/04/2025		Payee name Uber			
Amount (\$) \$58.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/23/2025		Payee name Uber			
Amount (\$) \$27.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 16/23 Rpt: 42/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 09/24/2025	5 Payee name Uber	
6 Amount (\$) \$38.87 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$10.08 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$87.89 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 17/23 Rpt: 43/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 10/14/2025		5 Payee name Uber			
6 Amount (\$) \$77.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/13/2025		Payee name Uber			
Amount (\$) \$11.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/13/2025		Payee name Uber			
Amount (\$) \$68.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 18/23 Rpt: 44/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 09/28/2025	5 Payee name Uber	
6 Amount (\$) \$54.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/27/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$10.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/27/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$20.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 19/23 Rpt: 45/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 09/16/2025		5 Payee name Uber			
6 Amount (\$) \$14.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/26/2025		Payee name Uber			
Amount (\$) \$16.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/26/2025		Payee name Uber			
Amount (\$) \$23.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 20/23 Rpt: 46/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 09/25/2025		5 Payee name Uber			
6 Amount (\$) \$26.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/24/2025		Payee name Uber			
Amount (\$) \$21.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/24/2025		Payee name Uber			
Amount (\$) \$13.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 21/23 Rpt: 47/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 09/24/2025		5 Payee name Uber			
6 Amount (\$) \$27.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/24/2025		Payee name Uber			
Amount (\$) \$9.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2025		Payee name United Airlines			
Amount (\$) \$738.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 77 West Wacker Drive Chicago, IL 60601			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare - Austin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 22/23 Rpt: 48/49		2 FILER NAME Jones, Jolanda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086167	
4 Date 12/03/2025		5 Payee name United Airlines			
6 Amount (\$) \$1,000.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 77 West Wacker Drive Chicago, IL 60601			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare - New York City - Root Award trip	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/23/2025		Payee name Walgreens #16290			
Amount (\$) \$40.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 50 Massachusetts Avenue NE Washington, DC 20002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/11/2025		Payee name Walgreens			
Amount (\$) \$154.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5202 Alameda Houston, TX 77004			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 23/23 Rpt: 49/49	2 FILER NAME Jones, Jolanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086167
4 Date 10/25/2025	5 Payee name Walmart - Houston	
6 Amount (\$) \$76.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 111 Yale Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$31.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Walmart Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Whataburger Payee address; City; State; Zip Code 2265 Holcombe Houston, TX 77030	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		