

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) 00089974	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Cortney Leone	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026
	NICKNAME	LAST Jones	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 150231 Austin, TX 78715			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Cortney Leone	MI MI	
	NICKNAME	LAST Jones	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 150231 Austin, TX 78715			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 877-0212			
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 08/25/2025 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 Senator District 21 Austin		12 OFFICE SOUGHT (if known) State Senator District 21	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Jones, Cortney Leone (Ms.)	14 Filer ID (Ethics Commission Filers) 00089974
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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)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,006.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

Ms. Cortney Leone 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, Cortney Leone (Ms.)		19 Filer ID (Ethics Commission Filers) 00089974
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,006.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 11/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aghayere, Janea <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) County
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avant, Timple <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buisson, Emmanuel <hr/> Contributor address; City; State; Zip Code St Cloud, FL 34771	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Regional Sales Director		Employer (See Instructions) Vector
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunn, Kamilah <hr/> Contributor address; City; State; Zip Code Frederick, MD 21704	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmouche, Joyce <hr/> Contributor address; City; State; Zip Code Lexington, KY 40515	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) No employment		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler-Cole, Charity <hr/> 6 Contributor address; City; State; Zip Code Lakewood, CA 90712	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) LA Voice
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ryan <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) University of Arkansas at Little Rock
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbins, Nicole <hr/> Contributor address; City; State; Zip Code silver Spring, MD 20910	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy		Employer (See Instructions) Acf
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewell, Milah <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Respiratory Therapist		Employer (See Instructions) INOVA Fairfax Hospital
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Grace <hr/> Contributor address; City; State; Zip Code North Bethesda, MD 20852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder & CEO		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Dulari <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Dulari Gandhi
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hash, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78728	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Outreach Coordinator		Employer (See Instructions) Univ. Of Texas at Austin
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home, Lewis <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Non profit		Employer (See Instructions) TACFS
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNINGS, ANGELA <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) CPS Caseworker		Employer (See Instructions) Department of Family and Protective Service
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Antony <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) We Can Now

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Janice <hr/> 6 Contributor address; City; State; Zip Code Macon, GA 31201	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Alphasisha <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$185.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Judson ISD
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Marlon <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dean of Community Life		Employer (See Instructions) Seminary of the Southwest
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeremy <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employment		Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ali <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72211	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Baptist hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Mishon <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Mishon Landry
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Michael <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) WalkMe
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Selena <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffett, Jenell <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economic Development		Employer (See Instructions) Downtown Austin Alliance
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Amnoni <hr/> Contributor address; City; State; Zip Code Tulsa, OH 74119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Launch Ahead

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myles, David <hr/> 6 Contributor address; City; State; Zip Code Dayton, ME 55327-2000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Keynote Speaker		9 Employer (See Instructions) David Myles Group Inc
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78714	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Multimedia Production		Employer (See Instructions) Reroute Productions
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Aspen <hr/> Contributor address; City; State; Zip Code Round Rock , TX 78665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Christine <hr/> Contributor address; City; State; Zip Code Klyle, TX 78640	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Profesor		Employer (See Instructions) Texas State
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Kesha <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Medical Affairs Strategist		Employer (See Instructions) Gilead Sciences

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Toni <hr/> 6 Contributor address; City; State; Zip Code College Park, GA 30349	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Eshawn <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85353	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Onward Hope
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Denisha <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) N/A
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radcliff, Lanecia <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33312	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) NAA
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollins, Latroya <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Wellness Coach		Employer (See Instructions) Bungalow 7 Wellness Collection

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Sasha <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self Employment		9 Employer (See Instructions) N/A
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Isaac <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) S&L
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarkar, Nicole <hr/> Contributor address; City; State; Zip Code austin, TX 78757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Edwyn <hr/> Contributor address; City; State; Zip Code BOSTON, MA 02122	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Ranked Choice Boston		Employer (See Instructions) Ranked Choice Boston
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Buckner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Barbara <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) The Michael Group
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T, Nakeenya <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Adroit Consultancy
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy, Colvin <hr/> Contributor address; City; State; Zip Code Warren, AR 71671	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Avfuel Corporation
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacqueline <hr/> Contributor address; City; State; Zip Code Marion, AR 72364	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Case manager		Employer (See Instructions) KFF
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tineo, Jasmery 6 Contributor address; City; State; Zip Code Chester, VA 23836	7 Amount of Contribution (\$) \$900.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Hidden Roots Mental Health Texas
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Ayeshia Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$121.00
Principal occupation / Job title (See Instructions) Lead Release Train Engineer		Employer (See Instructions) USAA
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Bill Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) Nonprofit
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Roy Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Amd
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Roy Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Amd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/14
2 FILER NAME Jones, Cortney Leone (Ms.)		3 Filer ID (Ethics Commission Filers) 00089974
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) alston, kellye <hr/> 6 Contributor address; City; State; Zip Code Virginia Beach, VA 23464	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Norfolk Public Schools