

# 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)

2 Total pages filed: 13

## OFFICE USE ONLY

Date Received

**RECEIVED**  
**APR 06 2023**  
BY: Yraguez  
@ 12:22 PM

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Ms. Sonya

NICKNAME LAST SUFFIX

Jones

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8118 Oakleaf Meadow Court Rosharon, TX 77583

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 281 ) 915-8984

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mrs. Susan H.

NICKNAME LAST SUFFIX

Soto

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3207 Southern Hills Drive; Missouri City, TX 77459

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 713 ) 874-7965

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
01 / 01 / 2023 THROUGH 03 / 27 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2023

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description  
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Trustee, Fort Bend ISD

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages


GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Sonya Jones		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 90.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1800.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 765.00

18 SIGNATURE 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.

  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

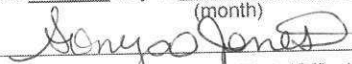
NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Sonya Jones, and my date of birth is 2-26-76.  
My address is 8118 Oakleaf Meadow Court, Rosharon, TX, 77583, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Fort Bend County, State of Texas, on the Fifth day of April, 2023.  
(month) (year)  
  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Sonya Jones

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 765.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1800.31
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 765.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Sonya Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Fenton 6 Contributor address; City; State; Zip Code (UNK) Phone no.: 832-818-4206	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Self-employed
Date 2/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alysa Jarvis Contributor address; City; State; Zip Code PO Box 190 Seadrift, TX 77983	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 2/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedro E. Soto, Sr. Contributor address; City; State; Zip Code 3207 Southern Hills Drive Missouri City, TX 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Turbine Technician		Employer (See Instructions) AeroAlliance
Date 2/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohammed Abdul-Hameed Contributor address; City; State; Zip Code (UNK)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Law Enforcement Officer		Employer (See Instructions) Woodbranch Police Dept.
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 3	
2 FILER NAME Sonya Jones				3 Filer ID (Ethics Commission Filers)	
4 Date 3/8/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolyn Jones			7 Amount of contribution (\$) 25.00	
	6 Contributor address; City; State; Zip Code 14445 Wallisville Rd., #1409 Houston, TX 77049				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) Retired		
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent Jones			Amount of contribution (\$) 20.00	
	Contributor address; City; State; Zip Code 450 Normandy Houston, TX 77015				
Principal occupation / Job title (See Instructions) Logistics Specialist			Employer (See Instructions) Houston ISD		
Date 3/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Brown			Amount of contribution (\$) 100.00	
	Contributor address; City; State; Zip Code 2319 Squire Dobbins Dr. Sugar Land, TX 77478				
Principal occupation / Job title (See Instructions) N/A			Employer (See Instructions) Retired		
Date 3/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Haynes			Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code 10514 Murr Way Houston, TX 77048				
Principal occupation / Job title (See Instructions) Driver			Employer (See Instructions) Advance Auto Parts		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 3	
2 FILER NAME Sonya Jones				3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daisy Davis			7 Amount of contribution (\$)  10.00	
	6 Contributor address; City; State; Zip Code 4733 Vernon Houston, TX 77020				
8 Principal occupation / Job title (See Instructions) N/A			9 Employer (See Instructions) Retired		
Date 3/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Abdul-Alim			Amount of contribution (\$)  \$400.00	
	Contributor address; City; State; Zip Code 13960 Hillcroft Houston, TX 77085				
Principal occupation / Job title (See Instructions) Teller			Employer (See Instructions) Wells Fargo Bank		
Date 3/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Higgins			Amount of contribution (\$)  50.00	
	Contributor address; City; State; Zip Code 619 Poppy Field Ct. Rosharon, TX 77583				
Principal occupation / Job title (See Instructions) CFO			Employer (See Instructions) City of Alvin		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Sonya Jones		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 765.00
5 Date of loan 2/13/2023	7 Name of lender Sonya Jones <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 515.00
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 8118 Oakleaf Meadow Ct. Rosharon, TX 77583	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Teacher		13 Employer (See Instructions) Houston ISD
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/15/2023	Name of lender Sonya Jones <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$) 250.00
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 8118 Oakleaf Meadow Ct. Rosharon, TX 77583	Interest rate 0%
		Maturity date N/A
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Sonya Jones	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/19/2023	<b>5</b> Payee name MK Photography	
<b>6</b> Amount (\$) 514.96	<b>7</b> Payee address; City; State; Zip Code 6715 Castle Terrace Spring, TX 77379	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Other	
	<b>(b) Description</b> Professional photographs for website, social media, campaign materials	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2/28/2023	Payee name Print N Sign	
Amount (\$) 270.00	Payee address; City; State; Zip Code 7350 Harwin Drive Houston, TX 77036	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	
	<b>Description</b> Yard signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2/28/2023	Payee name Office Depot	
Amount (\$) 50.00	Payee address; City; State; Zip Code 8202 Kirby Dr. Houston, TX 77054	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	
	<b>Description</b> Business cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME Sonya Jones		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/10/2023		<b>5</b> Payee name FBCRP / Lincoln-Reagan Dinner			
<b>6</b> Amount (\$) 152.00		<b>7</b> Payee address; City; State; Zip Code (UNK)			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Campaign event		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/12/2023		Payee name I-Stock Photos (Getty Images)			
Amount (\$) 12.81		Payee address; City; State; Zip Code 1240 20th Ave., SE; Suite 313 Calgary, Alberta, Canada T2G 1M8			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description License to use image on website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/15/2023		Payee name Elyse Bailey, Web Consulting			
Amount (\$) 250.00		Payee address; City; State; Zip Code (UNK) 340-778-9125			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME Sonya Jones		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/15/2023		<b>5</b> Payee name USPS			
<b>6</b> Amount (\$) 12.60		<b>7</b> Payee address; 4725 Teal Bend Blvd.		City; Fresno, TX	State; Zip Code 77545
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Other		<b>(b)</b> Description  Postage stamps		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/22/2023		Payee name Print N Sign			
Amount (\$) 132.00		Payee address; 7350 Harwin Drive		City; Houston, TX	State; Zip Code 77036
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/23/2023		Payee name Allied Signs			
Amount (\$) 405.94		Payee address; 6820 Harwin Drive		City; Houston, TX	State; Zip Code 77036
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Push cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1		<b>2</b> FILER NAME Sonya Jones		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ 765.00	
<b>5</b> Date 2/13/2023		<b>6</b> Payee name Sonya Jones			
<b>7</b> Amount (\$) 515.00		<b>8</b> Payee address; 8118 Oakleaf Meadow Ct.		<b>City;</b> Rosharon, TX	<b>State;</b> TX <b>Zip Code</b> 77583
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment		<b>(b)</b> Description Advertising Expense; Professional photographs for campaign materials	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/15/2023		Payee name Sonya Jones			
Amount (\$) 250.00		Payee address; 8118 Oakleaf Meadow Ct.		<b>City;</b> Rosharon, TX	<b>State;</b> TX <b>Zip Code</b> 77583
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment		Description Advertising Expense; Campaign website	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					