CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
93

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST **Gina**	MI **O**
	NICKNAME	LAST **Jones**	SUFFIX

OFFICE USE ONLY

Date Received
1/16/2026   4:52:05PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
PO Box 12246
San Antonio TX 78212

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE **(210)**   PHONE NUMBER **549-6384**   EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST **Amanda**	MI **L**
	NICKNAME	LAST **Keammerer**	SUFFIX

Receipt #   Amount $

Date Processed
1/16/2026   4:52:05PM
Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS   (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE
PO Box 12246
San Antonio TX 78212

8 CAMPAIGN TREASURER PHONE

AREA CODE **(210)**   PHONE NUMBER **549-6384**   EXTENSION

9 REPORT TYPE

January 15: Semi-Annual

10 PERIOD COVERED

Month   Day   Year
7/1/2025   THROUGH   **12/31/2025**

11 ELECTION

ELECTION DATE

Month   Day   Year

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other
☐ General   ☐ Special   Description
_____

12 OFFICE

OFFICE HELD (if any)
Mayor

13 OFFICE SOUGHT (if known)
Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Gina O Jones	

16 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

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 360.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 53228.75
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 42715.18
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 34469.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 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.

* * * Electronically Certified * * *
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Gina O Jones** . this the **16th** day of **January** , 20**26** , 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

SUBTOTALS - COH

19 FILER NAME
Gina O Jones

20 Filer ID   (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 53228.75**
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X]	SCHEDULE E: LOANS	**$ 0**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 42715.18**
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	[X]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	[X]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$ 0**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **7/1/2025**	**5** Full name of contributor **Lenore Horowitz** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**
	6 Contributor address; City; State; Zip Code **362 Selby Lane** **Atherton, CA 94027**	

8 Principal occupation / Job title (See instructions) **Not Employed**	**9** Employer (See instructions) **N/A**

Date **7/1/2025**	Full name of contributor **Jacquie Bayley** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **125.00**
	Contributor address; City; State; Zip Code **13436 Ne 36Th St** **Bellevue, WA 98005**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **7/2/2025**	Full name of contributor **Angela Gomez Garcia** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **1919 Clower** **San Antonio, TX 78201**	

Principal occupation / Job title (See instructions) **Administrator**	Employer (See instructions) **Eutopia Hospice**

Date **7/3/2025**	Full name of contributor **Diane Lansinger** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **5.00**
	Contributor address; City; State; Zip Code **3303 129th Ave NE** **Bellevue, WA 98005**	

Principal occupation / Job title (See instructions) **CEO**	Employer (See instructions) **Stealth**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **7/3/2025**	**5** Full name of contributor **Bruce Ardinger** □ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**
	6 Contributor address; City; State; Zip Code **6735 Georgia Ave** **Bradenton, FL 34207**	

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **7/3/2025**	Full name of contributor **Linda Vozzella** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **2701 Timber Brook Drive** **Plano, TX 75074**	

Principal occupation / Job title (See instructions)
Nurse

Employer (See instructions)
Mrmc

Date **7/5/2025**	Full name of contributor **Charita Castro** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **3067 Chancellors Row Ne** **Washington, DC 20017**	

Principal occupation / Job title (See instructions)
Policy Analyst

Employer (See instructions)
Usg

Date **7/5/2025**	Full name of contributor **Monica Malia Lopergolo** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **6.00**
	Contributor address; City; State; Zip Code **2335 Alava Court** **Waldorf, MD 20603**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 56**	

2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **7/6/2025**	**5** Full name of contributor **Candace Valenzuela** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **15.00**
	6 Contributor address; City; State; Zip Code **3925 Saint Christopher Ln** **Dallas, TX 75287**	

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Self-Employed

Date **7/6/2025**	Full name of contributor **William Jackson** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **15.00**
	Contributor address; City; State; Zip Code **6449 Cedar Hollow Dr** **Dallas, TX 75248**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **7/8/2025**	Full name of contributor **Maria Nava** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **5.00**
	Contributor address; City; State; Zip Code **204 Storm Mountain Road** **Cibolo, TX 78108**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **7/9/2025**	Full name of contributor **Barry Nall** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **PO Box 205** **Comfort, TX 78013**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **4 of 56**

2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/9/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Jan Reed**	**7** Amount of contribution ($) **10.00**
	6 Contributor address; City; State; Zip Code **2268 E Walnut St** **Evansville, IN 47714**	

8 Principal occupation / Job title (See instructions) **Not Employed**	**9** Employer (See instructions) **N/A**

Date **7/10/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Mark Alipio**	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **6081 Killarney Ave** **Garden Grove, CA 92845**	

Principal occupation / Job title (See instructions) **Administrator**	Employer (See instructions) **Burlingame Quality Homes Inc**

Date **7/11/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Vanessa Perez-King**	Amount of contribution ($) **25.00**
	Contributor address; City; State; Zip Code **11310 Fair Hollow Dr** **San Antonio, TX 78249**	

Principal occupation / Job title (See instructions) **Senior Product Owner**	Employer (See instructions) **Usaa**

Date **7/14/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Mary Lu Murphy**	Amount of contribution ($) **7.00**
	Contributor address; City; State; Zip Code **244 Avalon Drive** **Pacifica, CA 94044**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Gina O Jones

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4 Date **7/14/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Peggy Avent Phd**	**7** Amount of contribution ($) **25.00**
	6 Contributor address; City; State; Zip Code **4818 Berkman #3179** **Austin, TX 78723**	

8 Principal occupation / Job title (See instructions)
Psychotherapist

9 Employer (See instructions)
Self-Employed

Date **7/15/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Barbara Edwards**	Amount of contribution ($) **6.00**
	Contributor address; City; State; Zip Code **2300 Red Oak Lane** **Richardson, TX 75082**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **7/15/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Joe Poynor**	Amount of contribution ($) **2.50**
	Contributor address; City; State; Zip Code **67 Herring Ave** **Galesburg, IL 61401**	

Principal occupation / Job title (See instructions)
Driver

Employer (See instructions)
Hirschbach

Date **7/18/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Edward Main**	Amount of contribution ($) **3.00**
	Contributor address; City; State; Zip Code **2031 Branard St** **Houston, TX 77098**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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Gina O Jones

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4 Date **7/18/2025**	**5** Full name of contributor **Susan Brunelli** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**

6 Contributor address;   City;   State;   Zip Code
314 Maryanne Avenue
Hudson, NY 12534

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **7/19/2025**	Full name of contributor **John Hiraoka** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1617 Clark Street #701
Honolulu, HI 96822

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
N/A

Date **7/19/2025**	Full name of contributor **Linda Healy** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **2.50**

Contributor address;   City;   State;   Zip Code
2223 Millvale Road
Louisville, KY 40205

Principal occupation / Job title (See instructions)
Registered Nurse

Employer (See instructions)
Retired

Date **7/20/2025**	Full name of contributor **Monica Turner** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
21 Starlit Cir
Sacramento, CA 95831

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **7/22/2025**	**5** Full name of contributor **Rebecca Buckwalter-Poza**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **6.00**

6 Contributor address;   City;   State;   Zip Code
1447 Chapin St NW
Washington, DC 20009

8 Principal occupation / Job title (See instructions)
Senior Fellow

9 Employer (See instructions)
Alliance For Justice

Date **7/22/2025**	Full name of contributor **Justin Meek**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **12.00**

Contributor address;   City;   State;   Zip Code
2350 Castro Street
San Francisco, CA 94131

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **7/22/2025**	Full name of contributor **Ben Hastings**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
6727 Millrock Pass
San Antonio, TX 78233

Principal occupation / Job title (See instructions)
VP Of Sales

Employer (See instructions)
Green Light Distribution

Date **7/23/2025**	Full name of contributor **Roberta Johansen**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1.00**

Contributor address;   City;   State;   Zip Code
128 W 18Th Pl
Bartlesville, OK 74003

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
7/23/2025	**Steve G Trevino**		**5.00**

6 Contributor address;   City;   State;   Zip Code
143 Zilla Street
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Architecture

9 Employer (See instructions)
Saisd

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
7/24/2025	**Love T Duka**		**50.00**

Contributor address;   City;   State;   Zip Code
7039 San Pedro Ave 508
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Caregiver

Employer (See instructions)
Love Duka

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
7/24/2025	**Jaime Garza**		**25.00**

Contributor address;   City;   State;   Zip Code
118 Cibolo Tolle
Cibolo, TX 78108

Principal occupation / Job title (See instructions)
Health Insurance

Employer (See instructions)
Aca

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
7/24/2025	**Wayne Alexander**		**1000.00**

Contributor address;   City;   State;   Zip Code
2 Lost Timbers
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **7/24/2025**	**5** Full name of contributor **Brad Beldon** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

6 Contributor address;　　City;　State;　Zip Code
101 Paseo Encinal
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions) **VP M &A**	**9** Employer (See instructions) **Progressive Roofing**

Date **7/24/2025**	Full name of contributor **Kevin Dinnin** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;　　City;　State;　Zip Code
3911 Fossil Creek
San Antonio, TX 79261

Principal occupation / Job title (See instructions) **President**	Employer (See instructions) **Firstday Foundation**

Date **7/25/2025**	Full name of contributor **Paul Mcsween** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;　　City;　State;　Zip Code
PO Box 5190
San Antonio, TX 78201

Principal occupation / Job title (See instructions) **Banking**	Employer (See instructions) **Jefferson Bank**

Date **7/26/2025**	Full name of contributor **Loma Griffith** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**

Contributor address;　　City;　State;　Zip Code
1170 N San Marcos Rd
Santa Barbara, CA 93111

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1: **10 of 56**	

2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

---

4 Date
7/29/2025

5 Full name of contributor
Marilyn Arnott

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
5.00

6 Contributor address;   City;   State;   Zip Code
3300 Darby Road
Haverford, PA 19041

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
7/30/2025

Full name of contributor
Ann Leviton

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
25.00

Contributor address;   City;   State;   Zip Code
701 Snowy Plain Rd
Fort Collins, CO 80525

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
7/31/2025

Full name of contributor
Mark Freeland

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
12.25

Contributor address;   City;   State;   Zip Code
6737 NW Northidge Ln
Bremerton, WA 98312

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
8/2/2025

Full name of contributor
Angela Gomez Garcia

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
1919 Clower
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Eutopia Hospice

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
8/3/2025	**Bruce Ardinger**	**10.00**

6 Contributor address;   City;   State;   Zip Code
6735 Georgia Ave
Bradenton, FL 34207

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
8/5/2025	**Charita Castro**	**50.00**

Contributor address;   City;   State;   Zip Code
3067 Chancellors Row Ne
Washington, DC 20017

Principal occupation / Job title (See instructions)
Policy Analyst

Employer (See instructions)
Usg

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
8/5/2025	**Monica Malia Lopergolo**	**6.00**

Contributor address;   City;   State;   Zip Code
2335 Alava Court
Waldorf, MD 20603

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
8/6/2025	**Maria Nava**	**5.00**

Contributor address;   City;   State;   Zip Code
204 Storm Mountain Road
Cibolo, TX 78108

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **8/6/2025**	**5** Full name of contributor **William Jackson** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **15.00**

6 Contributor address;   City;   State;   Zip Code
6449 Cedar Hollow Dr
Dallas, TX 75248

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **8/6/2025**	Full name of contributor **Curt Kruse** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
325 Cypress Trail
San Antonio, TX 78256

Principal occupation / Job title (See instructions)
Regional President

Employer (See instructions)
Vantage Bank

Date **8/7/2025**	Full name of contributor **Frank Burney** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
112 E. Pecan St. #1616
San Antonio, TX 78205

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin & Drought Pc

Date **8/7/2025**	Full name of contributor **Jim Perschbach** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
1503 Crooked Stick
San Antonio, TX 78260

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Port San Antonio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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4 Date **8/8/2025**	**5** Full name of contributor **Steve Garza** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
310 Ridge Bluff
San Antonio, TX 78216

8 Principal occupation / Job title (See instructions) **Commercial Real Estate**	**9** Employer (See instructions) **Steve Garza**

Date **8/9/2025**	Full name of contributor **ED Banas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

Principal occupation / Job title (See instructions) **Bus Driver**	Employer (See instructions) **Via Metropolitan Transit**

Date **8/9/2025**	Full name of contributor **ED Banas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

Principal occupation / Job title (See instructions) **Bus Driver**	Employer (See instructions) **Via Metropolitan Transit**

Date **8/9/2025**	Full name of contributor **Jan Reed** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
2268 E Walnut St
Evansville, IN 47714

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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4 Date **8/9/2025**	**5** Full name of contributor **Barry Nall**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**
	6 Contributor address; City; State; Zip Code **PO Box 205** **Comfort, TX 78013**		

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **8/11/2025**	Full name of contributor **Vanessa Perez-King**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**
	Contributor address; City; State; Zip Code **11310 Fair Hollow Dr** **San Antonio, TX 78249**		

Principal occupation / Job title (See instructions)
Senior Product Owner

Employer (See instructions)
Usaa

Date **8/11/2025**	Full name of contributor **Guillermo Nicolas**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **114 Camp Street 107** **San Antonio, TX 78204**		

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **8/13/2025**	Full name of contributor **Carlos Resendez**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **750.00**
	Contributor address; City; State; Zip Code **4835 E Beverly Mae Dr** **San Antonio, TX 78229**		

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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4 Date **8/14/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Peggy Avent Phd**	**7** Amount of contribution ($) **25.00**

6 Contributor address;   City;   State;   Zip Code
4818 Berkman #3179
Austin, TX 78723

8 Principal occupation / Job title (See instructions)
Psychotherapist

9 Employer (See instructions)
Self-Employed

Date **8/15/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Barbara Edwards**	Amount of contribution ($) **6.00**

Contributor address;   City;   State;   Zip Code
2300 Red Oak Lane
Richardson, TX 75082

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **8/15/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Elizabeth Houston**	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
209 West Woodlawn Avenue
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Casa Rio SchiloS Broadway News

Date **8/15/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Joe Poynor**	Amount of contribution ($) **2.50**

Contributor address;   City;   State;   Zip Code
67 Herring Ave
Galesburg, IL 61401

Principal occupation / Job title (See instructions)
Driver

Employer (See instructions)
Hirschbach

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4 Date **8/18/2025**	**5** Full name of contributor **Edward Main** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **3.00**

6 Contributor address;   City;   State;   Zip Code
2031 Branard St
Houston, TX 77098

8 Principal occupation / Job title (See instructions) **Not Employed**	**9** Employer (See instructions) **N/A**

Date **8/18/2025**	Full name of contributor **Susan Brunelli** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
314 Maryanne Avenue
Hudson, NY 12534

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **8/19/2025**	Full name of contributor **John Hiraoka** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1617 Clark Street #701
Honolulu, HI 96822

Principal occupation / Job title (See instructions) **Self-Employed**	Employer (See instructions) **N/A**

Date **8/19/2025**	Full name of contributor **Linda Healy** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **2.50**

Contributor address;   City;   State;   Zip Code
2223 Millvale Road
Louisville, KY 40205

Principal occupation / Job title (See instructions) **Registered Nurse**	Employer (See instructions) **Retired**

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4 Date	**5** Full name of contributor	out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
8/20/2025	**Jeremy Basloe**		**1000.00**

6 Contributor address;   City;   State;   Zip Code
3626 N Hall Street #570
Dallas, TX 75219

8 Principal occupation / Job title (See instructions)
Real Estate

9 Employer (See instructions)
Cip

Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution ($)
8/20/2025	**Monica Turner**		**10.00**

Contributor address;   City;   State;   Zip Code
21 Starlit Cir
Sacramento, CA 95831

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution ($)
8/22/2025	**Raquel Favela**		**500.00**

Contributor address;   City;   State;   Zip Code
2658 Forest Pebble
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Grow America

Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution ($)
8/22/2025	**Rebecca Buckwalter-Poza**		**6.00**

Contributor address;   City;   State;   Zip Code
1447 Chapin St NW
Washington, DC 20009

Principal occupation / Job title (See instructions)
Senior Fellow

Employer (See instructions)
Alliance For Justice

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date
8/22/2025

5 Full name of contributor
Raquel Aguilar

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
250.00

6 Contributor address;   City;   State;   Zip Code
1818 Paso Del Sur Street
San Antonio, TX 78207

8 Principal occupation / Job title (See instructions)
Technical Writer

9 Employer (See instructions)
Wincorp Solutions

Date
8/23/2025

Full name of contributor
Roberta Johansen

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
1.00

Contributor address;   City;   State;   Zip Code
128 W 18Th Pl
Bartlesville, OK 74003

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
8/24/2025

Full name of contributor
Love T Duka

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
50.00

Contributor address;   City;   State;   Zip Code
7039 San Pedro Ave 508
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Caregiver

Employer (See instructions)
Love Duka

Date
8/25/2025

Full name of contributor
Patrick Rose

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
1000.00

Contributor address;   City;   State;   Zip Code
730 Belvin Street
San Marcos, TX 78666

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Corridor Title

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4 Date
8/26/2025

5 Full name of contributor
Taylor Allen

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
250.00

6 Contributor address;   City;   State;   Zip Code
755 E Mulberry #501
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Civil Engineer

9 Employer (See instructions)
Wgi

Date
8/26/2025

Full name of contributor
Loma Griffith

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
25.00

Contributor address;   City;   State;   Zip Code
1170 N San Marcos Rd
Santa Barbara, CA 93111

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
8/29/2025

Full name of contributor
Marilyn Arnott

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
5.00

Contributor address;   City;   State;   Zip Code
3300 Darby Road
Haverford, PA 19041

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
8/30/2025

Full name of contributor
Ann Leviton

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
25.00

Contributor address;   City;   State;   Zip Code
701 Snowy Plain Rd
Fort Collins, CO 80525

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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4 Date **8/31/2025**	**5** Full name of contributor **Mark Freeland** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **12.25**
	6 Contributor address; City; State; Zip Code **6737 NW Northidge Ln** **Bremerton, WA 98312**	

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **9/2/2025**	Full name of contributor **Angela Gomez Garcia** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **1919 Clower** **San Antonio, TX 78201**	

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Eutopia Hospice

Date **9/2/2025**	Full name of contributor **Pegy Brimhall** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **515 Leigh Street** **San Antonio, TX 78210**	

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Figurd

Date **9/3/2025**	Full name of contributor **Bruce Ardinger** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **6735 Georgia Ave** **Bradenton, FL 34207**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date **9/5/2025**	**5** Full name of contributor **Charita Castro** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **50.00**

6 Contributor address;   City;   State;   Zip Code
3067 Chancellors Row Ne
Washington, DC 20017

8 Principal occupation / Job title (See instructions)
Policy Analyst

9 Employer (See instructions)
Usg

Date **9/5/2025**	Full name of contributor **Monica Malia Lopergolo** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **6.00**

Contributor address;   City;   State;   Zip Code
2335 Alava Court
Waldorf, MD 20603

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **9/6/2025**	Full name of contributor **Maria Nava** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **5.00**

Contributor address;   City;   State;   Zip Code
204 Storm Mountain Road
Cibolo, TX 78108

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **9/6/2025**	Full name of contributor **James Smith** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
1303 Berkdale Bluff
San Antonio, TX 78260

Principal occupation / Job title (See instructions)
Chief Operations Officer

Employer (See instructions)
Powerhouse America Llc

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4 Date **9/6/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **William Jackson**	**7** Amount of contribution ($) **15.00**

6 Contributor address;   City;   State;   Zip Code
6449 Cedar Hollow Dr
Dallas, TX 75248

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **9/7/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Charles Waterhouse**	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
7672 Dianjou Drive
El Paso, TX 79912

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Sqlc

Date **9/8/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Juan Flores**	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
439 Calumet Place
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Port San Antonio

Date **9/8/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **John Styron**	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
16100 Henderson Pass #106
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Styron Reyes Geotechnical Llc

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date **9/8/2025**	**5** Full name of contributor **Elaine Mendoza** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **2223 Postoak Court** **San Antonio, TX 78248**	

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Conceptual Mindworks Inc.

Date **9/8/2025**	Full name of contributor **Blakely Fernandez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **300 Convent** **San Antonio, TX 78205**	

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell

Date **9/8/2025**	Full name of contributor **Leonel Gomez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **9406 Hazelton Lane** **San Antonio, TX 78251**	

Principal occupation / Job title (See instructions)
Economic Development

Employer (See instructions)
Brooks Development Authority

Date **9/8/2025**	Full name of contributor **Donovon Rodriguez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **8318 Timberwilde Street** **San Antonio, TX 78250**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date **9/8/2025**	**5** Full name of contributor **Rob Reyes** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**
	6 Contributor address; City; State; Zip Code **3609 Eagle Fledge Terrace** **Pflugerville, TX 78660**	

8 Principal occupation / Job title (See instructions)
Business Consultant

9 Employer (See instructions)
Rarllc

Date **9/8/2025**	Full name of contributor **Jorge Herrera** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **1800 W Commerce St** **San Antonio, TX 78207**	

Principal occupation / Job title (See instructions)
Pm

Employer (See instructions)
Amd

Date **9/8/2025**	Full name of contributor **Juanita Gonzalez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **318 Menefee Blvd** **San Antonio, TX 78207**	

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Webhead

Date **9/8/2025**	Full name of contributor **Summer Greathouse** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **125 West Agarita Avenue** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/8/2025**	**5** Full name of contributor **Martha Martinez-Flores** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **319 W Kings Hwy** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions) **Creative Director**	**9** Employer (See instructions) **Mm Creative**

Date **9/9/2025**	Full name of contributor **Kathy Goldstein** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**
	Contributor address; City; State; Zip Code **1100 Bellevue Way Northeast** **Bellevue, WA 98004**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **9/9/2025**	Full name of contributor **Barry Nall** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **PO Box 205** **Comfort, TX 78013**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **9/9/2025**	Full name of contributor **Jan Reed** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **2268 E Walnut St** **Evansville, IN 47714**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date **9/9/2025**	**5** Full name of contributor **ED Banas** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**

6 Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

8 Principal occupation / Job title (See instructions)
Bus Driver

9 Employer (See instructions)
Via Metropolitan Transit

Date **9/10/2025**	Full name of contributor **Robert Braubach** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
106 S . St. Mary'S Street #200
San Antonio, TX 78205

Principal occupation / Job title (See instructions)
Attorney At Law

Employer (See instructions)
Braubach Law

Date **9/10/2025**	Full name of contributor **JD Salinas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
362 Springwood Ln
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
Att

Date **9/11/2025**	Full name of contributor **Vanessa Perez-King** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**

Contributor address;   City;   State;   Zip Code
11310 Fair Hollow Dr
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Senior Product Owner

Employer (See instructions)
Usaa

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4 Date **9/12/2025**	**5** Full name of contributor **John Newman**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**

6 Contributor address;   City;   State;   Zip Code
112 E. Pecan St. #1330
San Antonio, TX 78205

8 Principal occupation / Job title (See instructions)
Investor

9 Employer (See instructions)
Self-Employed

Date **9/12/2025**	Full name of contributor **Kevin Matula**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
221 Lexington Ave
San Antonio, TX 78215

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
Director Of Govornment Relations

Date **9/12/2025**	Full name of contributor **Laurence Macon**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
PO Box 120520
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
The Macon Law Firm

Employer (See instructions)
Partner

Date **9/12/2025**	Full name of contributor **Gary Joeris**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
PO Box 790086
San Antonio, TX 78279

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Joeris General Contractors

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date **9/12/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Louis Escareno**	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
2717 W Martin St
San Antonio, TX 78207

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Escareno & Associates

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Lisa Sheldon**	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
4006 Green Oak Dr
Waco, TX 76719

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Melissa Rutherford**	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
8404 Burkwood CV
Austin, TX 78735

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Southstar

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Roberto Gonzalez**	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
1747 Fawn Gate
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
GGC Engineer, Inc.

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2 FILER NAME
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4 Date **9/12/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Arthur Martinez**	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **1100 Stovall Blvd NE** **Atlanta, GA 30319**	

8 Principal occupation / Job title (See instructions)
Information Requested

9 Employer (See instructions)
Information Requested

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Fernando Salazar**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **3178 Owl Crk** **San Antonio, TX 78257**	

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
Sanchez-Salazar & Associates, LLC

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Juan Sanchez**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **8455 Sierra Hermosa** **San Antonio, TX 78255**	

Principal occupation / Job title (See instructions)
Information Requested

Employer (See instructions)
Information Requested

Date **9/12/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Ryan Langdon**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **659 659 9th Ave** **San Francisco, CA 94188**	

Principal occupation / Job title (See instructions)
Information Requested

Employer (See instructions)
Information Requested

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4 Date **9/12/2025**	**5** Full name of contributor **John Montford** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**

6 Contributor address;   City;   State;   Zip Code
1 Buckingham CT
San Antonio, TX 78257

8 Principal occupation / Job title (See instructions)
JTM Consulting

9 Employer (See instructions)
Owner

Date **9/14/2025**	Full name of contributor **Peggy Avent Phd** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**

Contributor address;   City;   State;   Zip Code
4818 Berkman #3179
Austin, TX 78723

Principal occupation / Job title (See instructions)
Psychotherapist

Employer (See instructions)
Self-Employed

Date **9/15/2025**	Full name of contributor **Barbara Edwards** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **6.00**

Contributor address;   City;   State;   Zip Code
2300 Red Oak Lane
Richardson, TX 75082

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **9/15/2025**	Full name of contributor **Joe Poynor** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **2.50**

Contributor address;   City;   State;   Zip Code
67 Herring Ave
Galesburg, IL 61401

Principal occupation / Job title (See instructions)
Driver

Employer (See instructions)
Hirschbach

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4 Date **9/15/2025**	**5** Full name of contributor **Yurida Quintanilla** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**
	6 Contributor address; City; State; Zip Code **1401 Fairview St** **Unit A**	

8 Principal occupation / Job title (See instructions)
Contract Administrator

9 Employer (See instructions)
New Fortress Energy

Date **9/15/2025**	Full name of contributor **Pat Frost** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **520 Geneseo Rd** **San Antonio, TX 78209**	

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Frost Bank

Date **9/15/2025**	Full name of contributor **Ronnie Villanueva** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **809 Wyoming St** **San Antonio, TX 78203**	

Principal occupation / Job title (See instructions)
Vice President of Services

Employer (See instructions)
Tru-Max Contracting

Date **9/18/2025**	Full name of contributor **Edward Main** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **3.00**
	Contributor address; City; State; Zip Code **2031 Branard St** **Houston, TX 77098**	

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
9/18/2025	**Susan Brunelli**		**10.00**

6 Contributor address;   City;   State;   Zip Code
314 Maryanne Avenue
Hudson, NY 12534

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/19/2025	**John Hiraoka**		**10.00**

Contributor address;   City;   State;   Zip Code
1617 Clark Street #701
Honolulu, HI 96822

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
N/A

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/19/2025	**Linda Healy**		**2.50**

Contributor address;   City;   State;   Zip Code
2223 Millvale Road
Louisville, KY 40205

Principal occupation / Job title (See instructions)
Registered Nurse

Employer (See instructions)
Retired

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/20/2025	**Emily Garza**		**500.00**

Contributor address;   City;   State;   Zip Code
757 Treaty Oak
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Admin

Employer (See instructions)
Hscs

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4 Date
9/20/2025

5 Full name of contributor
Shari Weiner
☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
250.00

6 Contributor address;   City;   State;   Zip Code
900 Park Ave #17
New York, NY 10075

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Murphy Mckeon Pc

Date
9/20/2025

Full name of contributor
Monica Turner
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
21 Starlit Cir
Sacramento, CA 95831

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

Date
9/22/2025

Full name of contributor
Rebecca Buckwalter-Poza
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
6.00

Contributor address;   City;   State;   Zip Code
1447 Chapin St NW
Washington, DC 20009

Principal occupation / Job title (See instructions)
Senior Fellow

Employer (See instructions)
Alliance For Justice

Date
9/22/2025

Full name of contributor
Rachel Tiven
☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
1000.00

Contributor address;   City;   State;   Zip Code
245 W. 104Th St. 5A
New York, NY 10025

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
Cuny

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4 Date **9/24/2025**	**5** Full name of contributor **Love T Duka** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **50.00**

6 Contributor address;   City;   State;   Zip Code
7039 San Pedro Ave 508
San Antonio, TX 78216

8 Principal occupation / Job title (See instructions)
Caregiver

9 Employer (See instructions)
Love Duka

Date **9/26/2025**	Full name of contributor **Clifton Douglas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
606 Garraty Rd
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Linebarger Goggan Blair & Sampson, LLP

Employer (See instructions)
Attorney

Date **9/26/2025**	Full name of contributor **Greg Kowalski** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **2000.00**

Contributor address;   City;   State;   Zip Code
PO Box 1361
San Antonio, TX 78251

Principal occupation / Job title (See instructions)
The RK Group

Employer (See instructions)
CEO

Date **9/26/2025**	Full name of contributor **Loma Griffith** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**

Contributor address;   City;   State;   Zip Code
1170 N San Marcos Rd
Santa Barbara, CA 93111

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/29/2025**	**5** Full name of contributor **Marilyn Arnott** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **5.00**
	6 Contributor address; City; State; Zip Code **3300 Darby Road** **Haverford, PA 19041**	

8 Principal occupation / Job title (See instructions) **Retired**	**9** Employer (See instructions) **Retired**

Date **9/30/2025**	Full name of contributor **Ann Leviton** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**
	Contributor address; City; State; Zip Code **701 Snowy Plain Rd** **Fort Collins, CO 80525**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **9/30/2025**	Full name of contributor **Mark Freeland** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **12.25**
	Contributor address; City; State; Zip Code **6737 NW Northidge Ln** **Bremerton, WA 98312**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **9/30/2025**	Full name of contributor **Johnny Hernandez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **214 Regent** **San Antonio, TX 78204**	

Principal occupation / Job title (See instructions) **Chef**	Employer (See instructions) **La Gloria**

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

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4 Date
10/2/2025

5 Full name of contributor
Angela Gomez Garcia

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
10.00

6 Contributor address;   City;   State;   Zip Code
1919 Clower
San Antonio, TX 78201

8 Principal occupation / Job title (See instructions)
Administrator

9 Employer (See instructions)
Eutopia Hospice

Date
10/3/2025

Full name of contributor
Bruce Ardinger

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
6735 Georgia Ave
Bradenton, FL 34207

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
10/5/2025

Full name of contributor
Charita Castro

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
50.00

Contributor address;   City;   State;   Zip Code
3067 Chancellors Row Ne
Washington, DC 20017

Principal occupation / Job title (See instructions)
Policy Analyst

Employer (See instructions)
Usg

Date
10/5/2025

Full name of contributor
Monica Malia Lopergolo

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
6.00

Contributor address;   City;   State;   Zip Code
2335 Alava Court
Waldorf, MD 20603

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **10/6/2025**	**5** Full name of contributor **Maria Nava** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **5.00**

6 Contributor address;   City;   State;   Zip Code
204 Storm Mountain Road
Cibolo, TX 78108

8 Principal occupation / Job title (See instructions) **Not Employed**	**9** Employer (See instructions) **N/A**

Date **10/6/2025**	Full name of contributor **Adam Offenhartz** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
45 West 10Th Street #5
New York, NY 10011

Principal occupation / Job title (See instructions) **Attorney**	Employer (See instructions) **Boughman Kroup Bosse**

Date **10/6/2025**	Full name of contributor **William Jackson** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **15.00**

Contributor address;   City;   State;   Zip Code
6449 Cedar Hollow Dr
Dallas, TX 75248

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **10/6/2025**	Full name of contributor **Camen Puente** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
108 Villa Ann
San Antonio, TX 78213

Principal occupation / Job title (See instructions) **CEO**	Employer (See instructions) **Carmens Cleaning Service**

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

3 Filer ID (Ethics Commission Filers)

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4 Date
10/9/2025

5 Full name of contributor
ED Banas

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
10.00

6 Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

8 Principal occupation / Job title (See instructions)
Bus Driver

9 Employer (See instructions)
Via Metropolitan Transit

Date
10/9/2025

Full name of contributor
Jan Reed

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
2268 E Walnut St
Evansville, IN 47714

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
10/9/2025

Full name of contributor
Barry Nall

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
PO Box 205
Comfort, TX 78013

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
10/11/2025

Full name of contributor
Vanessa Perez-King

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
25.00

Contributor address;   City;   State;   Zip Code
11310 Fair Hollow Dr
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Senior Product Owner

Employer (See instructions)
Usaa

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **10/15/2025**	**5** Full name of contributor **Barbara Edwards** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **6.00**

6 Contributor address;   City;   State;   Zip Code
2300 Red Oak Lane
Richardson, TX 75082

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **10/18/2025**	Full name of contributor **Susan Brunelli** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
314 Maryanne Avenue
Hudson, NY 12534

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **10/18/2025**	Full name of contributor **Edward Main** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **3.00**

Contributor address;   City;   State;   Zip Code
2031 Branard St
Houston, TX 77098

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **10/19/2025**	Full name of contributor **John Hiraoka** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1617 Clark Street #701
Honolulu, HI 96822

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

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4 Date **10/19/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Linda Healy**	**7** Amount of contribution ($) **2.50**
	6 Contributor address; City; State; Zip Code **2223 Millvale Road** **Louisville, KY 40205**	

8 Principal occupation / Job title (See instructions)
Registered Nurse

9 Employer (See instructions)
Retired

Date **10/20/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Monica Turner**	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **21 Starlit Cir** **Sacramento, CA 95831**	

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

Date **10/22/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Rebecca Buckwalter-Poza**	Amount of contribution ($) **6.00**
	Contributor address; City; State; Zip Code **1447 Chapin St NW** **Washington, DC 20009**	

Principal occupation / Job title (See instructions)
Senior Fellow

Employer (See instructions)
Alliance For Justice

Date **10/24/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Love T Duka**	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **7039 San Pedro Ave 508** **San Antonio, TX 78216**	

Principal occupation / Job title (See instructions)
Caregiver

Employer (See instructions)
Love Duka

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
10/26/2025	**Loma Griffith**		**25.00**

6 Contributor address;   City;   State;   Zip Code
1170 N San Marcos Rd
Santa Barbara, CA 93111

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
10/29/2025	**Marilyn Arnott**		**5.00**

Contributor address;   City;   State;   Zip Code
3300 Darby Road
Haverford, PA 19041

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
10/30/2025	**Ann Leviton**		**25.00**

Contributor address;   City;   State;   Zip Code
701 Snowy Plain Rd
Fort Collins, CO 80525

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
10/31/2025	**Mark Freeland**		**12.25**

Contributor address;   City;   State;   Zip Code
6737 NW Northidge Ln
Bremerton, WA 98312

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones	

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
11/5/2025	**Charita Castro**		**50.00**

6 Contributor address;   City;   State;   Zip Code
3067 Chancellors Row Ne
Washington, DC 20017

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Policy Analyst	**Usg**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/6/2025	**William Jackson**		**15.00**

Contributor address;   City;   State;   Zip Code
6449 Cedar Hollow Dr
Dallas, TX 75248

Principal occupation / Job title (See instructions)	Employer (See instructions)
Not Employed	**N/A**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/6/2025	**Maria Nava**		**5.00**

Contributor address;   City;   State;   Zip Code
204 Storm Mountain Road
Cibolo, TX 78108

Principal occupation / Job title (See instructions)	Employer (See instructions)
Not Employed	**N/A**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/9/2025	**Barry Nall**		**10.00**

Contributor address;   City;   State;   Zip Code
PO Box 205
Comfort, TX 78013

Principal occupation / Job title (See instructions)	Employer (See instructions)
Not Employed	**N/A**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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4 Date **11/9/2025**	**5** Full name of contributor **Jan Reed**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**

6 Contributor address;   City;   State;   Zip Code
2268 E Walnut St
Evansville, IN 47714

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **11/9/2025**	Full name of contributor **ED Banas**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

Principal occupation / Job title (See instructions)
Bus Driver

Employer (See instructions)
Via Metropolitan Transit

Date **11/12/2025**	Full name of contributor **Carol Handwerker**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
3335 Military Road Nw
Washington, DC 20015

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
Purdue University

Date **11/13/2025**	Full name of contributor **Jason Arechiga**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
22603 Impala Bend
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
Real Estate Developer

Employer (See instructions)
The Nrp Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **11/13/2025**	**5** Full name of contributor **Cristobal Alex** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**

6 Contributor address; City; State; Zip Code
2232 Quincy St Ne
Washington, DC 20018

8 Principal occupation / Job title (See instructions)
Head Of Dc Office

9 Employer (See instructions)
Tusk Strategies

Date **11/14/2025**	Full name of contributor **Brian Simon** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address; City; State; Zip Code
192 Lexington Avenue #902
Manhattan, NY 10016

Principal occupation / Job title (See instructions)
Government Affairs

Employer (See instructions)
Hollis Public Affairs

Date **11/14/2025**	Full name of contributor **Debra Guerrero** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address; City; State; Zip Code
3915 Skylark
San Antonio, TX 78210

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
The Nrp Group

Date **11/14/2025**	Full name of contributor **Emily Giske** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**

Contributor address; City; State; Zip Code
6 Powderhill Lane
East Hampton, NY 11937

Principal occupation / Job title (See instructions)
Government Affairs

Employer (See instructions)
Bolton St Johns

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/14/2025**	**5** Full name of contributor **Henry Munoz** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**
	6 Contributor address; City; State; Zip Code **235 W Kings Highway** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions) **Self Employed**	**9** Employer (See instructions) **Self-Employed**

Date **11/14/2025**	Full name of contributor **Henry Chen** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **757 60Th Street** **Brooklyn, NY 11220**	

Principal occupation / Job title (See instructions) **Physician**	Employer (See instructions) **Chinatown True Care Llc**

Date **11/14/2025**	Full name of contributor **Yanfeng Chen** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **5517 7 Ave** **Brooklyn, NY 11220**	

Principal occupation / Job title (See instructions) **Doctor**	Employer (See instructions) **Rendr**

Date **11/14/2025**	Full name of contributor **George Hall** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **1 Lake Rd** **Great Neck, NY 11020**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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MONETARY POLITICAL CONTRIBUTIONS

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3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
11/15/2025	**Barbara Edwards**		**6.00**

6 Contributor address; City; State; Zip Code
2300 Red Oak Lane
Richardson, TX 75082

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Not Employed	**N/A**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/18/2025	**Susan Brunelli**		**10.00**

Contributor address; City; State; Zip Code
314 Maryanne Avenue
Hudson, NY 12534

Principal occupation / Job title (See instructions)	Employer (See instructions)
Not Employed	**N/A**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/18/2025	**Edward Main**		**3.00**

Contributor address; City; State; Zip Code
2031 Branard St
Houston, TX 77098

Principal occupation / Job title (See instructions)	Employer (See instructions)
Not Employed	**N/A**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
11/19/2025	**John Hiraoka**		**10.00**

Contributor address; City; State; Zip Code
1617 Clark Street #701
Honolulu, HI 96822

Principal occupation / Job title (See instructions)	Employer (See instructions)
Self-Employed	**N/A**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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Gina O Jones

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4 Date **11/19/2025**	**5** Full name of contributor **Linda Healy** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **2.50**
	6 Contributor address; City; State; Zip Code **2223 Millvale Road** **Louisville, KY 40205**	

8 Principal occupation / Job title (See instructions)
Registered Nurse

9 Employer (See instructions)
Retired

Date **11/20/2025**	Full name of contributor **Monica Turner** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **21 Starlit Cir** **Sacramento, CA 95831**	

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

Date **11/21/2025**	Full name of contributor **Marnie Berk** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **53 North Moore Street #3** **New York, NY 10013**	

Principal occupation / Job title (See instructions)
Director Of Pro Bono

Employer (See instructions)
New York Lawyers For The Public Interest

Date **11/22/2025**	Full name of contributor **Rebecca Buckwalter-Poza** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **6.00**
	Contributor address; City; State; Zip Code **1447 Chapin St NW** **Washington, DC 20009**	

Principal occupation / Job title (See instructions)
Senior Fellow

Employer (See instructions)
Alliance For Justice

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME **Gina O Jones**	**1** Total pages Schedule A1: **48 of 56**

3 Filer ID (Ethics Commission Filers)

4 Date **11/23/2025**	**5** Full name of contributor **Brett Smiley** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **193 Hope St** **Providence, RI 02906**	

8 Principal occupation / Job title (See instructions) **Mayor**	**9** Employer (See instructions) **City Of Providence**

Date **11/24/2025**	Full name of contributor **Love T Duka** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **7039 San Pedro Ave 508** **San Antonio, TX 78216**	

Principal occupation / Job title (See instructions) **Caregiver**	Employer (See instructions) **Love Duka**

Date **11/25/2025**	Full name of contributor **Jefrey Pollock** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **1000.00**
	Contributor address; City; State; Zip Code **90 Riverside Drive #7** **Manhattan, NY 10024**	

Principal occupation / Job title (See instructions) **Consultant**	Employer (See instructions) **Global Strategy Group**

Date **11/26/2025**	Full name of contributor **Loma Griffith** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**
	Contributor address; City; State; Zip Code **1170 N San Marcos Rd** **Santa Barbara, CA 93111**	

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

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MONETARY POLITICAL CONTRIBUTIONS

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Gina O Jones

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4 Date **11/29/2025**	**5** Full name of contributor **Marilyn Arnott**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **5.00**

6 Contributor address;   City;   State;   Zip Code
3300 Darby Road
Haverford, PA 19041

8 Principal occupation / Job title (See instructions) **Retired**	**9** Employer (See instructions) **Retired**

Date **11/30/2025**	Full name of contributor **Mark Freeland**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **12.25**

Contributor address;   City;   State;   Zip Code
6737 NW Northidge Ln
Bremerton, WA 98312

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **11/30/2025**	Full name of contributor **Ann Leviton**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **25.00**

Contributor address;   City;   State;   Zip Code
701 Snowy Plain Rd
Fort Collins, CO 80525

Principal occupation / Job title (See instructions) **Not Employed**	Employer (See instructions) **N/A**

Date **12/1/2025**	Full name of contributor **Working Families Party**	☒ out-of-state PAC (ID# **C00606962**)	Amount of contribution ($) **1000.00**

Contributor address;   City;   State;   Zip Code
2850 Massachusetts Ave
Washington, DC 70003

Principal occupation / Job title (See instructions)	Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Gina O Jones

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4 Date
12/2/2025

5 Full name of contributor
Angela Gomez Garcia

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
10.00

6 Contributor address;   City;   State;   Zip Code
1919 Clower
San Antonio, TX 78201

8 Principal occupation / Job title (See instructions)
Administrator

9 Employer (See instructions)
Eutopia Hospice

Date
12/3/2025

Full name of contributor
Bruce Ardinger

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
6735 Georgia Ave
Bradenton, FL 34207

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date
12/3/2025

Full name of contributor
Irene Natividad

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

Contributor address;   City;   State;   Zip Code
2500 Virginia Avenue Northwest #701
Washington, DC 20037

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Globewomen Research & Education Institute

Date
12/4/2025

Full name of contributor
Paulo Pontemayor

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

Contributor address;   City;   State;   Zip Code
1111 S STreet NW
Washington, DC 20009

Principal occupation / Job title (See instructions)
Senior Director

Employer (See instructions)
Cha

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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Gina O Jones

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4 Date **12/5/2025**	**5** Full name of contributor **Irene Bueno** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **1000.00**

6 Contributor address; City; State; Zip Code
3108 33rd Place NW
Washington, DC 20008

8 Principal occupation / Job title (See instructions) **Partner**	**9** Employer (See instructions) **Nvg Llc**

Date **12/5/2025**	Full name of contributor **Charita Castro** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**

Contributor address; City; State; Zip Code
3067 Chancellors Row Ne
Washington, DC 20017

Principal occupation / Job title (See instructions) **Policy Analyst**	Employer (See instructions) **Usg**

Date **12/5/2025**	Full name of contributor **Vote Vets** ☒ out-of-state PAC (ID# **C00418897**)	Amount of contribution ($) **1000.00**

Contributor address; City; State; Zip Code
PO Box 11293
Portland, OR 97211

Principal occupation / Job title (See instructions)	Employer (See instructions)

Date **12/5/2025**	Full name of contributor **Christine Chen** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address; City; State; Zip Code
831 N. Greenbrier Street
Arlington, VA 22205

Principal occupation / Job title (See instructions) **Consultant**	Employer (See instructions) **Strategic Alliances Usa**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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4 Date **12/6/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Maria Nava**	**7** Amount of contribution ($) **5.00**

6 Contributor address;   City;   State;   Zip Code
204 Storm Mountain Road
Cibolo, TX 78108

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **12/6/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **William Jackson**	Amount of contribution ($) **15.00**

Contributor address;   City;   State;   Zip Code
6449 Cedar Hollow Dr
Dallas, TX 75248

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **12/9/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Jan Reed**	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
2268 E Walnut St
Evansville, IN 47714

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **12/9/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Barry Nall**	Amount of contribution ($) **10.00**

Contributor address;   City;   State;   Zip Code
PO Box 205
Comfort, TX 78013

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Gina O Jones

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4 Date **12/9/2025**	**5** Full name of contributor **ED Banas** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **10.00**

6 Contributor address;   City;   State;   Zip Code
1330 Temple Square
San Antonio, TX 78245

8 Principal occupation / Job title (See instructions)
Bus Driver

9 Employer (See instructions)
Via Metropolitan Transit

Date **12/10/2025**	Full name of contributor **Ramiro Martinez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
162 Thornton Rd
Chestnut Hill, MA 02467

Principal occupation / Job title (See instructions)
Neu

Employer (See instructions)
College Teacher

Date **12/11/2025**	Full name of contributor **Daniel Matthews** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
280 Hillside Ave
Needham, MA 02494

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Daniel P. Matthews

Date **12/12/2025**	Full name of contributor **Barton Lipman** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
23 Stetson Street #2
Brookline, MA 02446

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
Boston University

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
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3 Filer ID (Ethics Commission Filers)

4 Date **12/15/2025**	**5** Full name of contributor **Barbara Edwards**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **6.00**
	6 Contributor address; City; State; Zip Code **2300 Red Oak Lane** **Richardson, TX 75082**		

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **12/18/2025**	Full name of contributor **Susan Brunelli**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **314 Maryanne Avenue** **Hudson, NY 12534**		

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **12/18/2025**	Full name of contributor **Edward Main**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **3.00**
	Contributor address; City; State; Zip Code **2031 Branard St** **Houston, TX 77098**		

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
N/A

Date **12/19/2025**	Full name of contributor **John Hiraoka**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **10.00**
	Contributor address; City; State; Zip Code **1617 Clark Street #701** **Honolulu, HI 96822**		

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME
Gina O Jones

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---

4 Date
12/19/2025

5 Full name of contributor
Linda Healy

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
2.50

6 Contributor address;   City;   State;   Zip Code
2223 Millvale Road
Louisville, KY 40205

8 Principal occupation / Job title (See instructions)
Registered Nurse

9 Employer (See instructions)
Retired

Date
12/20/2025

Full name of contributor
Monica Turner

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
10.00

Contributor address;   City;   State;   Zip Code
21 Starlit Cir
Sacramento, CA 95831

Principal occupation / Job title (See instructions)
Surveyor

Employer (See instructions)
Dept. Of Transportation

Date
12/22/2025

Full name of contributor
Rebecca Buckwalter-Poza

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
6.00

Contributor address;   City;   State;   Zip Code
1447 Chapin St NW
Washington, DC 20009

Principal occupation / Job title (See instructions)
Senior Fellow

Employer (See instructions)
Alliance For Justice

Date
12/24/2025

Full name of contributor
Love T Duka

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
50.00

Contributor address;   City;   State;   Zip Code
7039 San Pedro Ave 508
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Caregiver

Employer (See instructions)
Love Duka

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date **12/26/2025**	**5** Full name of contributor **Loma Griffith**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **25.00**
	6 Contributor address; City; State; Zip Code **1170 N San Marcos Rd** **Santa Barbara, CA 93111**		

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
N/A

Date **12/29/2025**	Full name of contributor **Marilyn Arnott**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **5.00**
	Contributor address; City; State; Zip Code **3300 Darby Road** **Haverford, PA 19041**		

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See instructions)

Employer (See instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

1 Total pages Schedule A2:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$ 0

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#_____)

7 Contributor address; City; State; Zip Code

8 Amount of Contribution $

9 In-kind contribution description

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address; City; State; Zip Code

Amount of Contribution $

In-kind contribution description

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
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2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

$ 0

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
	7 Pledgor address; City; State; Zip Code	**9** In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See instructions) | **11** Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

LOANS

SCHEDULE E

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 0

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#_____)	**9** Loan Amount ($)
6 Is lender a financial institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
		11 Maturity date

12 Principal occupation / Job title (See instructions)	**13** Employer (See instructions)

14 Description of Collateral ☐ none	**15** ☐ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
☐ not applicable	**18** Guarantor address; City; State; Zip Code	

20 Principal occupation (See instructions)	**21** Employer (See instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#_____)	Loan Amount ($)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See instructions)	Employer (See instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	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**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **1 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/2/2025**	**5** Payee name **Google Workspace**

6 Amount ($) **137.88**	**7** Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

(b) Description
G-Suite Subscription

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **7/2/2025**	Payee name **HEB**

Amount ($) **163.93**	Payee address; City; State; Zip Code **516 S Flores St** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other:

Description
Staff Meals

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **7/11/2025**	Payee name **Spectrum**

Amount ($) **95.49**	Payee address; City; State; Zip Code **400 Washington Blvd.** **Stamford, CT 06902**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

Description
Internet Services

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

1 Total pages Schedule F1: **2 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/11/2025**	**5** Payee name **Beth Hudson**

6 Amount ($) **1600.00**	**7** Payee address; City; State; Zip Code **111 Forrest Trail** **Universal City, TX 78148**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Consulting Expense**	**(b)** Description **Compliance Services**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **7/14/2025**	Payee name **Oliver Salgado**

Amount ($) **1000.00**	Payee address; City; State; Zip Code **3103 Lakes Of Katy Ln** **Katy, TX 77493**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Loan Repayment/Reimbursement**	Description **Contribution Reumbursment**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/14/2025**	Payee name **Scale To Win**

Amount ($) **6581.80**	Payee address; City; State; Zip Code **13742 Harper St.** **Santa Ana, CA 92703**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Texting Outreach**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **3 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/15/2025**	**5** Payee name **NGP/VAN**	

6 Amount ($) **2180.23**	**7** Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**	

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **NGP Van Software Subscription**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **7/15/2025**	Payee name **James Smith**	

Amount ($) **100.00**	Payee address; City; State; Zip Code **1303 Berkdale Blf** **San Antonio, TX 78260**	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Loan Repayment/Reimbursement**	Description **Contributions Reimbursement**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/16/2025**	Payee name **Canva**	

Amount ($) **60.00**	Payee address; City; State; Zip Code **3212 E. Cesar Chavez Street #1300** **Austin, TX 78702**	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Design Software**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **4 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/17/2025**	**5** Payee name **QuickBooks/Intuit**

6 Amount ($) **365.64**	**7** Payee address; City; State; Zip Code **2632 Marine Way** **Mountain View, CA 94043**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Intuit Quickbooks Subsription**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **7/17/2025**	Payee name **Beth Hudson**

Amount ($) **800.00**	Payee address; City; State; Zip Code **111 Forrest Trail** **Universal City, TX 78148**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Consulting Expense**	Description **Compliance Services**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/22/2025**	Payee name **Jordan Abelson**

Amount ($) **3000.00**	Payee address; City; State; Zip Code **316 Sandy Knoll Dr.** **Doylestown, PA 18901**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	Description **Staff Bonus**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **5 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/22/2025**	**5** Payee name **Daniel Arciniega**

6 Amount ($) **1000.00**	**7** Payee address; City; State; Zip Code **123 South Mesquite St.** **San Antonio, TX 78203**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	**(b)** Description **Staff Win Bonus**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **7/22/2025**	Payee name **Brittany Cordova**

Amount ($) **500.00**	Payee address; City; State; Zip Code **9434 Groff Gdn** **San Antonio, TX 78254**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	Description **Staff Bonus**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/22/2025**	Payee name **Karelli Guevara**

Amount ($) **500.00**	Payee address; City; State; Zip Code **3317 Hagen Loop** **Laredo, TX 78045**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	Description **Staff Bonus**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **6 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/22/2025**	**5** Payee name **Manuel Moses Polanco Gonzalez**

6 Amount ($) **500.00**	**7** Payee address; City; State; Zip Code **5307 Hayden Dr.** **San Antonnio, TX 78242**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	**(b)** Description **Staff Bonus**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **7/22/2025**	Payee name **Faye Marie Suficiencia**

Amount ($) **500.00**	Payee address; City; State; Zip Code **11847 Claudette St.** **San Antonio, TX 78252**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	Description **Staff Win Bonus**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/22/2025**	Payee name **Rory Vance**

Amount ($) **500.00**	Payee address; City; State; Zip Code **3670 Storey Branch** **San Antonio, TX 78247**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Salaries/Wages/Contract Labor**	Description **Staff Bonus**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **7 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/28/2025**	**5** Payee name **Jennifer Jones**

6 Amount ($) **250.00**	**7** Payee address; City; State; Zip Code **5330 Nebraska Ave NW** **Washington, DC 20015**

8 PURPOSE OF EXPENDITURE

(a) Category   (See categories listed at the top of this schedule)
Loan Repayment/Reimbursement

(b) Description
Contribution Reimbursement

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **7/29/2025**	Payee name **Amalgamated Bank**

Amount ($) **16.93**	Payee address; City; State; Zip Code **275 7th Avenue #10001** **New York , NY 10001**

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule)
Other: Bank Fees

Description
Bank Fees

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **7/30/2025**	Payee name **Actblue Technichal Services**

Amount ($) **29.61**	Payee address; City; State; Zip Code **366 Summer St #366** **Sommerville , MA 02144**

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule)
Other: Act Blue Fees

Description
Act Blue Fees

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **8 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **8/4/2025**	**5** Payee name **Google Workspace**

6 Amount ($) **137.38**	**7** Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **G-Suite Subscription**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **8/11/2025**	Payee name **Spectrum**

Amount ($) **95.49**	Payee address; City; State; Zip Code **400 Washington Blvd.** **Stamford, CT 06902**

   PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Internet Services**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **8/18/2025**	Payee name **QuickBooks/Intuit**

Amount ($) **365.64**	Payee address; City; State; Zip Code **2632 Marine Way** **Mountain View, CA 94043**

   PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Intuit Quickbooks Subsription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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**

1 Total pages Schedule F1: **9 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **8/18/2025**	**5** Payee name **Canva**

6 Amount ($) **70.00**	**7** Payee address; City; State; Zip Code **3212 E. Cesar Chavez Street #1300** **Austin, TX 78702**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Design Software**

(c) [ ] Check if travel outside of Texas, complete schedule T   [ ] Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **8/19/2025**	Payee name **The Pivot Group, Inc.**

Amount ($) **912.87**	Payee address; City; State; Zip Code **712 H St. NE #606** **Washington, DC 20002**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Consulting Expense**	Description **Thank You Notes**

[ ] Check if travel outside of Texas, complete schedule T   [ ] 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

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Date **8/19/2025**	Payee name **Beth Hudson**

Amount ($) **1000.00**	Payee address; City; State; Zip Code **111 Forrest Trail** **Universal City, TX 78148**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Consulting Expense**	Description **Compliance Services**

[ ] Check if travel outside of Texas, complete schedule T   [ ] 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**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **10 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **8/19/2025**	**5** Payee name **Get Thru**

6 Amount ($) **332.37**	**7** Payee address; City; State; Zip Code **PO Box 2690** **Alameda, CA 94501**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

(b) Description **Texting Software**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **8/19/2025**	Payee name **CACSM**

Amount ($) **1500.00**	Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Consulting Expense**

Description **Fundraising Consulting**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **8/28/2025**	Payee name **Amalgamated Bank**

Amount ($) **14.88**	Payee address; City; State; Zip Code **275 7th Avenue #10001** **New York , NY 10001**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other: Bank Fees**

Description **Bank Fees**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **11 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **8/30/2025**	**5** Payee name **Actblue Technichal Services**

6 Amount ($) **121.62**	**7** Payee address; City; State; Zip Code **366 Summer St #366** **Sommerville , MA 02144**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other: Act Blue Fees

(b) Description
Act Blue Fees

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **9/2/2025**	Payee name **Google Workspace**

Amount ($) **137.38**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

Description
G-Suite Subscription

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **9/11/2025**	Payee name **Johnny Garcia**

Amount ($) **900.00**	Payee address; City; State; Zip Code **158 Danny Clay Dr** **San Antonio, TX 78228**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

Description
Event Security

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **12 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/11/2025**	**5** Payee name **Spectrum**

6 Amount ($) **95.49**	**7** Payee address; City; State; Zip Code **400 Washington Blvd. Stamford, CT 06902**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

(b) Description **Internet Services**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **9/12/2025**	Payee name **CACSM**

Amount ($) **3000.00**	Payee address; City; State; Zip Code **PO Box 300146 Austin, TX 78703**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Consulting Expense**

Description **Fundraising Consulting**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **9/12/2025**	Payee name **Amalgamated Bank**

Amount ($) **500.00**	Payee address; City; State; Zip Code **275 7th Avenue #10001 New York , NY 10001**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Loan Repayment/Reimbursement**

Description **Refund (Banking Issue Did Not Permit Identification Of The Specific Bounced Contribution) All contributions listed - Reimbursement listed as offset**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **13 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/15/2025**	**5** Payee name **Virginia Finster**

6 Amount ($) **25.00**	**7** Payee address; City; State; Zip Code **11610 Vance Jackson Rd Apt 1108** **San Antonio, TX 78230**

8 PURPOSE OF EXPENDITURE

(a) Category *(See categories listed at the top of this schedule)*
Loan Repayment/Reimbursement

(b) Description
Contribution Refund

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **9/16/2025**	Payee name **Canva**

Amount ($) **70.00**	Payee address; City; State; Zip Code **3212 E. Cesar Chavez Street #1300** **Austin, TX 78702**

PURPOSE OF EXPENDITURE

Category *(See categories listed at the top of this schedule)*
Office Overhead/Rental Expense

Description
Design Software

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **9/17/2025**	Payee name **QuickBooks/Intuit**

Amount ($) **373.79**	Payee address; City; State; Zip Code **2632 Marine Way** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE

Category *(See categories listed at the top of this schedule)*
Office Overhead/Rental Expense

Description
Intuit Quickbooks Subsription

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **14 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/26/2025**	**5** Payee name **Amalgamated Bank**

6 Amount ($) **14.25**	**7** Payee address; City; State; Zip Code **275 7th Avenue #10001** **New York , NY 10001**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Other: Bank Fees**	**(b)** Description **Bank Fees**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **9/30/2025**	Payee name **Actblue Technichal Services**

Amount ($) **167.95**	Payee address; City; State; Zip Code **366 Summer St #366** **Sommerville , MA 02144**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Act Blue Fees**	Description **Act Blue Fees**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **10/2/2025**	Payee name **Google Workspace**

Amount ($) **137.38**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **G-Suite Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **15 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **10/2/2025**	**5** Payee name **CACSM**

6 Amount ($) **3000.00**	**7** Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Consulting Expense**

(b) Description **Fundraising Consulting**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **10/2/2025**	Payee name **Alejandro Barragan**

Amount ($) **500.00**	Payee address; City; State; Zip Code **2614 Arlene Park** **San Antonio, TX 78251**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Consulting Expense**

Description **Compliance Services**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **10/6/2025**	Payee name **The Action Network**

Amount ($) **13.50**	Payee address; City; State; Zip Code **1900 L St #900** **Washington, DC 20036**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Action Network Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **16 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **10/14/2025**	**5** Payee name **Spectrum**

6 Amount ($) **95.49**	**7** Payee address; City; State; Zip Code **400 Washington Blvd. Stamford, CT 06902**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

(b) Description **Internet Service**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **10/16/2025**	Payee name **Canva**

Amount ($) **70.00**	Payee address; City; State; Zip Code **3212 E. Cesar Chavez Street #1300 Austin, TX 78702**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Design Software**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **10/17/2025**	Payee name **Intuit**

Amount ($) **373.79**	Payee address; City; State; Zip Code **2700 Coast Ave Mountain View, VA 94043**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Intuit Quickbooks Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **17 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **10/29/2025**	**5** Payee name **Amalgamated Bank**

6 Amount ($) **33.07**	**7** Payee address; City; State; Zip Code **275 7th Avenue #10001** **New York , NY 10001**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other: Bank Fees**	**(b)** Description **Bank Fees**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **10/31/2025**	Payee name **Actblue Technichal Services**

Amount ($) **8.53**	Payee address; City; State; Zip Code **366 Summer St #366** **Sommerville , MA 02144**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Act Blue Fees**	Description **Act Blue Fees**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **11/3/2025**	Payee name **Google Workspace**

Amount ($) **137.38**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **G-Suite Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **18 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/5/2025**	**5** Payee name **The Action Network**

6 Amount ($) **13.50**	**7** Payee address; City; State; Zip Code **1900 L St #900** **Washington, DC 20036**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

(b) Description
Action Network Subscription

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **11/5/2025**	Payee name **Alejandro Barragan**

Amount ($) **500.00**	Payee address; City; State; Zip Code **2614 Arlene Park** **San Antonio, TX 78251**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Consulting Expense

Description
Compliance Services

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **11/5/2025**	Payee name **CACSM**

Amount ($) **3000.00**	Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Consulting Expense

Description
Fundraising Consulting

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **19 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/12/2025**	**5** Payee name **Spectrum**

6 Amount ($) **95.49**	**7** Payee address; City; State; Zip Code **400 Washington Blvd.** **Stamford, CT 06902**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Internet Service**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **11/17/2025**	Payee name **Intuit**

Amount ($) **373.79**	Payee address; City; State; Zip Code **2700 Coast Ave** **Mountain View, VA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Intuit Quickbooks Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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Date **11/26/2025**	Payee name **Amalgamated Bank**

Amount ($) **14.71**	Payee address; City; State; Zip Code **275 7th Avenue #10001** **New York , NY 10001**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Bank Fees**	Description **Bank Fees**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **20 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/26/2025**	**5** Payee name **Brian Leubitz**

6 Amount ($) **50.00**	**7** Payee address; City; State; Zip Code **339 Calle Del Sol** **Bodega Bay, CA 94923**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Loan Repayment/Reimbursement**	**(b)** Description **Contribution Reimbursement**

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **11/30/2025**	Payee name **Actblue Technichal Services**

Amount ($) **160.76**	Payee address; City; State; Zip Code **366 Summer St** **Sommerville , MA 02144**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Fees**	Description **Act Blue Fees**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **12/1/2025**	Payee name **Google Workspace**

Amount ($) **137.38**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **G-Suite Subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **21 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **12/2/2025**	**5** Payee name **Cobalt Compliance**

6 Amount ($) **500.00**	**7** Payee address; City; State; Zip Code **2614 Arlene Park** **San Antonio, TX 78251**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Consulting Expense**

(b) Description **Compliance Services**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date **12/2/2025**	Payee name **CACSM**

Amount ($) **3000.00**	Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Consulting Expense**

Description **Fundraising Consulting**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **12/5/2025**	Payee name **The Action Network**

Amount ($) **13.50**	Payee address; City; State; Zip Code **1900 L St #900** **Washington, DC 20036**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Action Network Subscription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **22 of 22**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date **12/11/2025**	**5** Payee name **Spectrum**

6 Amount ($) **95.49**	**7** Payee address; City; State; Zip Code **400 Washington Blvd.** **Stamford, CT 06902**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Internet Services**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date **12/16/2025**	Payee name **CACSM**

Amount ($) **302.01**	Payee address; City; State; Zip Code **PO Box 300146** **Austin, TX 78703**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Consulting Expense**	Description **Fundraising Consulting**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **12/17/2025**	Payee name **QuickBooks/Intuit**

Amount ($) **373.79**	Payee address; City; State; Zip Code **2632 Marine Way** **Mountain View, CA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Intuit Quickbooks Subsription**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

1 Total pages Schedule F2: **1 of 1**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	**$ 0**

5 Date	**6** Payee name
7 Amount ($)	**8** Payee address; City; State; Zip Code

9 **TYPE OF EXPENDITURE**	☐ Political ☐ Non-Political

10 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Gina O Jones

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment ($)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: **1 of 1**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$ 0**

5 Date	**6** Payee name

7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

1 Total pages Schedule G: **1 of 1**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee Name	

6 Amount ($) ☐ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code	

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name	

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name	

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

1 Total pages Schedule H: **1 of 1**	**2** FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Business name	

6 Amount ($)	**7** Business address; City; State; Zip Code	

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)	**(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Business name	

Amount ($)	Business address; City; State; Zip Code	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Business name	

Amount ($)	Business address; City; State; Zip Code	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
1 of 1	**Gina O Jones**	

4 Date	**5** Payee name
6 Amount ($)	**7** Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule K: **1 of 1**

2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: **1 of 1**

2 FILER NAME **Gina O Jones**	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel	**7** Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME **Gina O Jones**	Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

_____
Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A.   CAMPAIGN FUNDS

Check only one:

☐   I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐   I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B.   ASSETS

Check only one:

☐   I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐   I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

_____
Signature of Candidate

OFFICEHOLDER
•• Complete this section *only* if you are an officeholder. ••

☐   I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

_____
Signature of Officeholder