



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sally H. Cone		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,150.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,258.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,038.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sally Cone this the 24<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] London Lee Douglas Cheatham Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sally H. Cone, and my date of birth is 1/22/1979  
My address is 11927 Churchill Court Lane, Houston, Texas 77024 USA  
(street) (city) (state) (zip code) (country)  
Executed in Harris County, State of Texas, on the 24th day of April, 2026  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Sally H. Cone		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,390.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,867.31
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**Reset Form**

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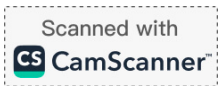
# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Sally H. Cone</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Meghan Curth</b> ..... 6 Contributor address; City; State; Zip Code <b>3 Greenbay Circle, Houston, TX 77024</b>	7 Amount of contribution (\$)  <b>1000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/10/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Claire Callahan</b> ..... Contributor address; City; State; Zip Code <b>2800 Gareths Sword Drive, Lewisville, TX 75056</b>	Amount of contribution (\$)  <b>150</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/10/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Thomas Stokes</b> ..... Contributor address; City; State; Zip Code <b>11711 Cobblestone Drive, Houston, TX 77024</b>	Amount of contribution (\$)  <b>1000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/11/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ray Gilliam</b> ..... Contributor address; City; State; Zip Code <b>5516 Sugar Hill Drive, Houston, TX 77056</b>	Amount of contribution (\$)  <b>1000</b>
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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>
	<b>Contributor address;</b> City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

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

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

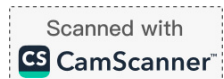
<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
.....			
<b>7</b> Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
.....			
<b>Pledgor address;</b> City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
.....			
<b>Pledgor address;</b> City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
.....			
<b>Pledgor address;</b> City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

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

**Reset Form**

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**SCHEDULE E**

**LOANS**

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

The instruction guide explains how to complete this form.

1 Total pages Schedule E:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 TOTAL OF UNITIMIZED LOANS

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial institution?

Y  N

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

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?

Y  N

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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Sally H. Cone	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/13/2026	<b>5</b> Payee name Dibrell & Associates LLC
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<b>6</b> Amount (\$) 450.00	<b>7</b> Payee address; City; State; Zip Code 4203 Glade Shadow, Katy TX 77494 <small>Check if individual's residence address</small>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Text messaging
	<b>(c)</b> <small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/16/2026	Payee name Dibrell & Associates LLC
--------------------	--

Amount (\$) 2,075.00	Payee address; City; State; Zip Code 4203 Glade Shadow, Katy TX 77494 <small>Check if individual's residence address</small>
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text messaging
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/20/2026	Payee name Dibrell & Associates LLC
--------------------	--

Amount (\$) 1,865.92	Payee address; City; State; Zip Code 4203 Glade Shadow, Katy TX 77494 <small>Check if individual's residence address</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text messaging
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	

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

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/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.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address</small>				

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address</small>				

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	

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**



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b>	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution	
<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/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.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Sally H. Cone</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/09/2026</b>	<b>5</b> Payee name <b>Sprint 2 Print</b>	
<b>6</b> Amount (\$) <b>1,867.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>8748 Clay Road, #300, Houston, Texas 77080</b> <small>Check if individual's residence address</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign signs</b>
	<b>(c)</b> <small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> 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		
<small>Reimbursement from political contributions intended</small>	<small>Check if individual's residence address</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>		
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		
<small>Reimbursement from political contributions intended</small>	<small>Check if individual's residence address</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>		
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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code <small>Check if individual's residence address</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code <small>Check if individual's residence address</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code <small>Check if individual's residence address</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code <small>Check if individual's residence address</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas Complete Schedule T</small> <span style="float:right"><small>Check if Austin, TX, officeholder living expense</small></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**SCHEDULE I**

**NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

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

The instruction guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)	2 FILER NAME	1 Total pages Schedule I:
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4 Date	5 Payee name	6 Amount (\$)
7 Payee address: City State Zip Code	(a) Category (See instructions for examples of acceptable categories)	8 PURPOSE OF EXPENDITURE
(b) Description (See instructions regarding type of information required)	Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE

Date	Payee name	Amount (\$)
7 Payee address: City State Zip Code	(a) Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE
(b) Description (See instructions regarding type of information required)	Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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

1 Total pages Schedule K:	The Instruction Guide explains how to complete this form.
3 Filer ID (Ethics Commission Filers)	2 FILER NAME

4 Date	5 Name of person from whom amount is received	8 Amount (\$)	7 Purpose for which amount is received Check if political contribution returned to filer
6 Address of person from whom amount is received; City; State; Zip Code			

Date	Name of person from whom amount is received	Amount (\$)	Purpose for which amount is received Check if political contribution returned to filer
Address of person from whom amount is received; City; State; Zip Code			

Date	Name of person from whom amount is received	Amount (\$)	Purpose for which amount is received Check if political contribution returned to filer
Address of person from whom amount is received; City; State; Zip Code			

Date	Name of person from whom amount is received	Amount (\$)	Purpose for which amount is received Check if political contribution returned to filer
Address of person from whom amount is received; City; State; Zip Code			

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

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	

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



# 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" \*\***

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 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

4 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

5 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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

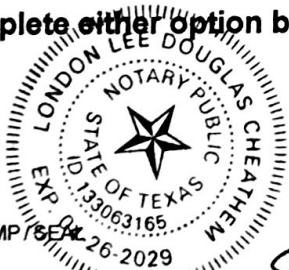
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <b>Sally H. Cone</b>	Filer ID #
------------------------------------	------------

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8th day before election report due on April 24, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



*[Signature]*  
Signature of Filer

Sworn to and subscribed before me by Sally Cone this the 24<sup>th</sup> day of April

2026 to certify which, witness my hand and seal of office.  
*[Signature]* London Lee Douglas Chatham Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sally H. Cone and my date of birth is 1/22/1979  
My address is 11927 Churchill Court Lane, Houston, TX, 77024 Houston Texas 77024 USA  
(street) (city) (state) (zip code) (country)  
Executed in Harris County, State of Texas, on the 24th day of April, 202026  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

