



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

RECEIVED
FEB 02 2026
By _____

Date Received

FEB 02 2026

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

Filer name <i>Sonya Runyon</i>	Filer ID #
-----------------------------------	------------

1. 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.
2. 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.
3. 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.
4. 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.
5. I am filing this affidavit with the _____ report due on 2-2-26. 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



TAMERA STARBUCK
My Notary ID # 12116030
Expires May 5, 2026

NOTARY STAMP / SEAL

Sonya Runyon
Signature of Filer

Sworn to and subscribed before me by Sonya Runyon this the 2 day of February,
20 26, to certify which, witness my hand and seal of office.

Tamera Starbuck
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(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**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:										
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. Sonya FIRST MI S LAST SUFFIX NICKNAME			OFFICE USE ONLY Date Received										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 731 Willow Dr APT / SUITE #: Shepherd TX 77371			STATE: ZIP CODE										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281) PHONE NUMBER 622-7646			EXTENSION Date Hand-delivered or Date Postmarked										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Sonya FIRST MI S LAST SUFFIX NICKNAME Runyon			Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 731 Willow Dr CITY: Shepherd TX 77371			STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) PHONE NUMBER 622-7646			EXTENSION										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)													
10 PERIOD COVERED	Month 12	Day 19	Year /25	Month 12	Day 12	Year /26								
11 ELECTION	ELECTION DATE Month / Day / Year /	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special												
12 OFFICE	OFFICE HELD (if any) NA			13 OFFICE SOUGHT (if known) San Jacinto County Treasurer										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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. <table border="1"> <tr> <td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME													
	COMMITTEE ADDRESS													
	COMMITTEE CAMPAIGN TREASURER NAME													
	COMMITTEE CAMPAIGN TREASURER ADDRESS													

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Sonya Rungor</i>	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>1474.83</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1437.09</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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.

Sanya Runyon Signature of Candidate or Official

Signature of Candidate or Officeholder

Please complete either option below:

A rectangular notary seal with a decorative border. Inside the border, the word "NOTARY" is at the top, followed by "PUB" in the center, and "TAMERA STARBUCK" at the bottom. Below this, the text "My Notary ID # 12110030" and "Expires May 6, 2026" are printed. The entire seal is set against a white background.

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sonya Kunyon this the 2 day of February
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

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
1-29-26	Good Promotions		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
562.90	<input type="checkbox"/> Check if individual's residence address.	Cleveland TX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		
1-12-26	QT		
Amount (\$)	Payee address;	City;	State; Zip Code
46.79	<input type="checkbox"/> Check if individual's residence address.	Cleveland TX 77327	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Travel in District	Gas	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-9-26	Good Promotions		
Amount (\$)	Payee address;	City;	State; Zip Code
597.90	<input type="checkbox"/> Check if individual's residence address.	Cleveland TX 77327	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Signs	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> 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		
1-8-26	San Jacinto County GOP		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	<input type="checkbox"/> Check if individual's residence address.	Cold Spring TX 77331	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expense	Meet the Candidate Fee	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <i>Sonya Rungon</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>12/19/25</i>	5 Full name of contributor <i>Sonya Rungon</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; <i>731 Willow Dr Shepherd TX 77371</i>	City; State; Zip Code			
<p>8 Principal occupation / Job title (See Instructions) <i>Sales Consultant</i></p>		<p>9 Employer (See Instructions) <i>Carco</i></p>		
Date <i>12-22-25</i>	Full name of contributor <i>Larry Hammond</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>200.00</i>
Contributor address; <i>Humble TX</i>	City; State; Zip Code			
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions)</p>		
Date <i>12-29-25</i>	Full name of contributor <i>Larry Oakley</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>Humble TX</i>	City; State; Zip Code			
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions)</p>		
Date <i>1-5-26</i>	Full name of contributor <i>Sonya Rungon</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>300.00</i>
Contributor address; <i>731 Willow Dr Shepherd TX 77371</i>	City; State; Zip Code			
<p>Principal occupation / Job title (See Instructions) <i>Sales Consultant</i></p>		<p>Employer (See Instructions) <i>Carco</i></p>		

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

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:
2 FILER NAME <i>Sonya Runyon</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1-9-26</i>	5 Full name of contributor <i>Sonya Runyon</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>450.00</i>
6 Contributor address; <i>731 Willow Dr Shephard TX 77371</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)	
Date <i>1-23-26</i>	Full name of contributor <i>Keith Birns</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>840 Willow Dr Shephard TX 77371</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>1-27-26</i>	Full name of contributor <i>Sonya Runyon</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>129.00</i>
Contributor address; <i>731 Willow Dr Shephard TX 77371</i>		City; State; Zip Code	
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.			