JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/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 FIRST Jessica MI	**OFFICE USE ONLY**
	NICKNAME LAST Steiner SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

125 S. Washington St.
Sau Angelo, TX 76901

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(325) 227-4429

Date Hand-delivered or Date Postmarked

JAN 20 2025 PM4:43

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   Kristal   MI

NICKNAME   LAST   Kupfer   SUFFIX

Receipt #	Amount $
Date Processed	
Date Imaged	

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

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

2534 W. Twohig, Sau Angelo, TX 76901

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(325) 895-0222

9 REPORT TYPE

☒ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year   /   /   THROUGH   Month Day Year   12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month Day Year
3 / 3 / 2026

ELECTION TYPE

☒ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COUNTY COURT AT LAW JUDGE

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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.*

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	JESSICA SKINNER	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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 23,475.21
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 15,114.81
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,960.40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$
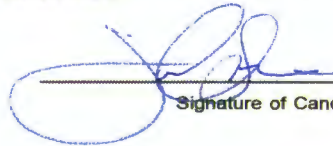
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

CAMERON JEAN MENDIOLA
Notary ID #134177665
My Commission Expires
January 31, 2027
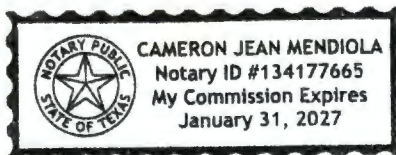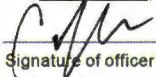
NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jessica Casenave Skinner this the 15 day of January, 20 26, to certify which, witness my hand and seal of office.

_____	Cameron Jean Mendiola	Notary
Signature of officer administering oath	Printed name of officer administering oath	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 Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
JESSICA SKINNER	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS (16)	$ $21,075.21
2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 2,400
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐ SCHEDULE E: LOANS	$
5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$15,114.81
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. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
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	$

Y

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:
	16

2 FILER NAME	JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
7/8/25	MARK TREGER	$1,000.00
	6 Contributor address; City; State; Zip Code	
	10124 RIDGEHAVEN DALLAS TX 75238	

8 Contributor's principal occupation	**9** Contributor's job title
RTD	—

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
—	—

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/14/25	Ruth C. Skinner	$300.00
	Contributor address; City; State; Zip Code	
	2704 Douglas Dr. San Angelo, TX 76904	

Contributor's principal occupation	Contributor's job title
Owner / co-owner	Owner

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Storage bush, Produce, Livestock	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/16/25	Maxine Breedlove	$1,000.00
	Contributor address; City; State; Zip Code	
	415 S. Jefferson, San Angelo, TX 76901	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Breedlove Law PLLC	

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

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

2

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME Jessica Skinner

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#: _____	**7** Amount of contribution ($)
8/13/25	Scott A. Wisniewski	$1000
	6 Contributor address; City; State; Zip Code	
	5733 Majestic Ct, San Angelo TX 76904	

8 Contributor's principal occupation	**9** Contributor's job title
Investor	Investor

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Investor	

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

Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)
9/15/25	Caroline A. Rhodes	$1,600
	Contributor address; City; State; Zip Code	
	542 Riverwood Dr. San Angelo TX 76905	

Contributor's principal occupation	Contributor's job title
Dentist	Dentist

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Brantly Dental	

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

Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)
10/27/25	Donald N. Payne	$200.00
	Contributor address; City; State; Zip Code	
	801 West Ave D, San Angelo, TX 76903	

Contributor's principal occupation	Contributor's job title
Investor	Investor

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Investor	

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

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16
2 FILER NAME JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)

4 Date 11/14/25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____ Tommy Jackson	**7** Amount of contribution ($) $1,000
	6 Contributor address; City; San Angelo State; TX Zip Code 76903 133 W. Concho Ave Ste 120	

8 Contributor's principal occupation Attorney	**9** Contributor's job title Attorney
10 Contributor's employer/law firm Law Ofc of Tommy Jackson	**11** Law firm of contributor's spouse (if any)

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

Date 12/5/25	Full name of contributor ☐ out-of-state PAC ID#:_____ J.P. Sadler	Amount of contribution ($) $500
	Contributor address; City; State; Zip Code 435 W. Concho San Angelo TX 76903	

Contributor's principal occupation Attorney	Contributor's job title Attorney
Contributor's employer/law firm JP SADLER LAW PLLC	Law firm of contributor's spouse (if any)

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

Date 12/12/25	Full name of contributor ☐ out-of-state PAC ID#:_____ Camille Hughton	Amount of contribution ($) $1,000
	Contributor address; City; State; Zip Code 1401 Paseo de Vaca, San Angelo TX 76901	

Contributor's principal occupation Investor	Contributor's job title Investor
Contributor's employer/law firm Investor	Law firm of contributor's spouse (if any)

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

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

4/

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16

2 FILER NAME Jessica Shinner

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
17/18/25	Clara Cargile	$150
	6 Contributor address; City; State; Zip Code	
	2304 Douglas Dr. San Angelo TX 76904	

8 Contributor's principal occupation
Investor / Principal

9 Contributor's job title
Investor / Principal

10 Contributor's employer/law firm
Producers' Inc

11 Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
12/22/25	C.H. Brockett Jr.	$100
	Contributor address; City; State; Zip Code	
	P.O. Box 1841, Midland TX 78702	

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Brockett, McNeil

Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
12/22/25	Austin Mathis	$1,000.00
	Contributor address; City; State; Zip Code	
	P.O. Box 3886, San Angelo, TX 76902	

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Mathis Law Firm

Law firm of contributor's spouse (if any)

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

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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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 1A

2 FILER NAME JESSICA SKINNER

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
7/21/25	SARA SEARSY Contributor address; City; State; Zip Code 708 S. MONROE SAN ANGELO TX 76901	$ 791.04

8 Contributor's principal occupation: Psych. Counselor

9 Contributor's job title: Therapist

10 Contributor's employer/law firm: Kindred

11 Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/23/23	KRISTEN TREGER Contributor address; City; State; Zip Code 1412 MACKENZIE SAN ANGELO TX 76901	$1,054.62 (FAMILY - MOTHER)

Contributor's principal occupation: MD

Contributor's job title: MD

Contributor's employer/law firm: SHANNON HOSPITAL

Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/24/25	KRISTEN TREGER Contributor address; City; State; Zip Code 1412 MACKENZIE, SAN ANGELO TX 76901	$ 900 (FAMILY-MOTHER)

Contributor's principal occupation: MD

Contributor's job title: MD

Contributor's employer/law firm: SHANNON HOSPITAL

Law firm of contributor's spouse (if any)

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

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 (JUDICIAL)

SCHEDULE **A(J)1**

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 A(J)1:
	/6

2 FILER NAME	JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
7/25/25	WALTON TAYLOR	$250
	6 Contributor address; City; State; Zip Code	
	7152 PASADENA DALLAS TX 75214	

8 Contributor's principal occupation	**9** Contributor's job title
MD	MD

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
TX HEALTH PHYSICIAN GP	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/25/25	EVAN PIERCE-FONES	$100
	Contributor address; City; State; Zip Code	
	3101 WOODLAND CIRCLE SAN ANGELO, TX 76904	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
CONCHO VALLEY PUBLIC DEFENDER	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7/30/25	SHAWN TELL McKILLOP	$500
	Contributor address; City; State; Zip Code	
	439 W HARRIS, SAN ANGELO, TX 76903	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
SELF	

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

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 (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1:

2 FILER NAME JESSICA SKINNER

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:	**7** Amount of contribution ($)
8/4/25	CHRISTINA HOLWARTH	$ 1,000.00
	6 Contributor address; City; State; Zip Code	
	606 E. METHVIN LONGVIEW TX 75601	

8 Contributor's principal occupation	**9** Contributor's job title
Attorney	Attorney

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
HOLWARTH LAW FIRM	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8/4/25	LUCINDA VICKERS	$ 750.00
	Contributor address; City; State; Zip Code	
	102 MASSAD PLEASANTON TX 78064	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
SELF	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8/4/25	KAREN MARVEL	$ 50
	Contributor address; City; State; Zip Code	
	830 FABOLOUS SAN ANTONIO TX 78216	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Marvel Law Group	

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

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

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2025

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 16

2 FILER NAME JESSICA SHINNER	**3** Filer ID (Ethics Commission Filers)

4 Date 8/4/25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____ Kimberly Leaventon	**7** Amount of contribution ($) $250.00
	6 Contributor address; City; State; Zip Code 950 N. Harbin Stephenville TX 76401	

8 Contributor's principal occupation Attorney	**9** Contributor's job title Attorney

10 Contributor's employer/law firm Fraser, Wilson & Bryan	**11** Law firm of contributor's spouse (if any)

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

Date 8/14/25	Full name of contributor ☐ out-of-state PAC ID#:_____ Phillip Ricker	Amount of contribution ($) $100.00
	Contributor address; City; State; Zip Code 7816 89th St. Lubbock TX 79424	

Contributor's principal occupation Attorney	Contributor's job title Attorney

Contributor's employer/law firm Ricker Law Firm	Law firm of contributor's spouse (if any)

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

Date 8/17/25	Full name of contributor ☐ out-of-state PAC ID#:_____ Jana Braden	Amount of contribution ($) $1,000
	Contributor address; City; State; Zip Code 12011 Hidden View San Angelo 76904	

Contributor's principal occupation Owner	Contributor's job title Owner

Contributor's employer/law firm Any Lab Test Now	Law firm of contributor's spouse (if any)

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

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 (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 16
2 FILER NAME JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#: _____	**7** Amount of contribution ($)
8/18/25	Norma Schneemann	$500.00
	6 Contributor address; City; State; Zip Code	

8 Contributor's principal occupation MD	**9** Contributor's job title MD
10 Contributor's employer/law firm Shannon Medical Ctr	**11** Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)
8/21/25	Fernando Alcocer	$1,000.00
	Contributor address; City; State; Zip Code 1746 Overhill Dr. San Angelo TX 76904	

Contributor's principal occupation MD	Contributor's job title MD
Contributor's employer/law firm Shannon Hospital	Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)
9/4/25	Chris Schools	$50.00
	Contributor address; City; State; Zip Code 2440 Kulle Cove, Celina TX 75009	

Contributor's principal occupation CSM	Contributor's job title CSM
Contributor's employer/law firm Athena health	Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16
2 FILER NAME Jessica Skinner	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:	**7** Amount of contribution ($)
9/2/25	Brooklyn Clusby	$150.00
	6 Contributor address; City; State; Zip Code	
	913 Indian Ridge New Braunfels Tx 78132	

8 Contributor's principal occupation Sales	**9** Contributor's job title Sales Rep
10 Contributor's employer/law firm WorkJam	**11** Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
9/2/25	David Mead	$100.00
	Contributor address; City; State; Zip Code	
	4851 LBJ Freeway #601 Dallas Tx 75244	

Contributor's principal occupation Attorney	Contributor's job title Attorney
Contributor's employer/law firm CBTTM	Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
9/9/25	Che' Ornelas	$200.00
	Contributor address; City; State; Zip Code	
	415 S. Adams, San Angelo Tx 76901	

Contributor's principal occupation MD	Contributor's job title MD
Contributor's employer/law firm Shannon Hospital	Law firm of contributor's spouse (if any)

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

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 (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 16
2 FILER NAME Jessica Skinner	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:	**7** Amount of contribution ($)
7/9/25	Colleen Haddad	$100.00
	6 Contributor address; City; State; Zip Code	
	600 S. David St. San Angelo, TX 76903	

8 Contributor's principal occupation	**9** Contributor's job title

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (If any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
11/20/25	Jeffrey Unteaga	$100.00
	Contributor address; City; State; Zip Code	
	936 Tarver, San Angelo TX 76903	

Contributor's principal occupation	Contributor's job title
Process Engineer	Engineer

Contributor's employer/law firm	Law firm of contributor's spouse (If any)
J N J Med tech	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
11/22/25	Trevor Harrison	$500.00
	Contributor address; City; State; Zip Code	

Contributor's principal occupation	Contributor's job title
Dentist	Dentist

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Harrison Family Dental	Owner

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

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME Jessica Skinner	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
11/22/25	Connie Vogler	$100.00
	6 Contributor address; City; State; Zip Code	
	P.O. Box 7686 Abilene TX 79608	

8 Contributor's principal occupation	**9** Contributor's job title
Private Investigator	PI

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
EOI Investigations	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
11/22/25	Jesse Caloway	$250.00
	Contributor address; City; State; Zip Code	
	3962 Blair San Angelo TX 76904	

Contributor's principal occupation	Contributor's job title
Investigator	investigator

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Self	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
11/28/25	Ashley Lamm David	$500.00
	Contributor address; City; State; Zip Code	
	5522 Enclave Ct. San Angelo, TX 76904	

Contributor's principal occupation	Contributor's job title
Optometrist	Optometrist

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Lamm David Eyecare Self employed	

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

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 76
2 FILER NAME Jessica Skinner	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
12/1/25	Susan & Craig Kinney	$100.00
	6 Contributor address; City; State; Zip Code 910 W Washington, San Angelo, TX 76901	

8 Contributor's principal occupation Arts Admin	**9** Contributor's job title Architect
10 Contributor's employer/law firm Ballet San Angelo/Craig Kinney Archit.	**11** Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
12/16/25	Chris Galban	$100.00
	Contributor address; City; State; Zip Code 2721 Santiago Canyon, San Angelo, TX 76904	

Contributor's principal occupation Insurance Agency	Contributor's job title Insurance Agent
Contributor's employer/law firm Self	Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
12/1/25	Jordan Lloyd	$250.00
	Contributor address; City; State; Zip Code 5420 Tremont Dallas TX 75214	

Contributor's principal occupation Social Worker	Contributor's job title Social Worker
Contributor's employer/law firm Hospital - Children's DALLAS	Law firm of contributor's spouse (if any)

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

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 (JUDICIAL)

SCHEDULE **A(J)1**

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 A(J)1: 16

2 FILER NAME Jessica Skinner	**3** Filer ID (Ethics Commission Filers)

4 Date 12/8/25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____ Christopher Solis **6** Contributor address; City; State; Zip Code 3478 Catclaw Dr. Abilene 79606 Tx	**7** Amount of contribution ($) $250.00
8 Contributor's principal occupation Attorney	**9** Contributor's job title Attorney	
10 Contributor's employer/law firm Self	**11** Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date 12/17/25	Full name of contributor ☐ out-of-state PAC ID#:_____ Scott Templeton Contributor address; City; State; Zip Code 1102 Algerita Dr. San Angelo TX 76901	Amount of contribution ($) $500.00
Contributor's principal occupation Attorney	Contributor's job title Attorney	
Contributor's employer/law firm Templeton Law Firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor ☐ out-of-state PAC ID#:_____ Contributor address; City; State; Zip Code	Amount of contribution ($)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
	6 Contributor address; City; State; Zip Code	

8 Contributor's principal occupation	**9** Contributor's job title
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)

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

Date 7/14/25	Full name of contributor ☐ out-of-state PAC ID#:_____ James C. Shinner	Amount of contribution ($) $500.00
	Contributor address; City; State; Zip Code 1501 Paseo de Vaca, San Angelo, TX 76901	

Contributor's principal occupation Attorney	Contributor's job title Attorney
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

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

Date 9/3/25	Full name of contributor ☐ out-of-state PAC ID#:_____ Camille Santry	Amount of contribution ($) $50.00
	Contributor address; City; State; Zip Code 614 S. Jefferson San Angelo TX 76901	

Contributor's principal occupation Investor	Contributor's job title Investor
Contributor's employer/law firm Investor	Law firm of contributor's spouse (if any)

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

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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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:
16

2 FILER NAME Jessica Shinner

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:	**7** Amount of contribution ($)
10-17-25	Ty Groat	$500.00

6 Contributor address; City; State; Zip Code
1002 S. Koenigheim St. Ste B   San Angelo TX 76903

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Attorney

10 Contributor's employer/law firm
Law Ofc of Ty Groat

11 Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
11/23/25	Jesse Callowan	$250

Contributor address; City; State; Zip Code
3962 Blair Ln San Angelo Tx 76904

Contributor's principal occupation
investigator

Contributor's job title
investigator

Contributor's employer/law firm
Self

Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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	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.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SHINNER	3 Filer ID (Ethics Commission Filers)

4 Date 7/15/25	5 Payee name WIX.COM

6 Amount ($) 534.42	7 Payee address; 100 GANESVOORT ST, NYC City; NYC State; NY Zip Code 10014 415-639-9634

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVTR	(b) Description WEBSITE BUILDER

(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 7/15/25	Payee name Wix.com

Amount ($) 185.74	Payee address; 100 VANESVOORT ST, City; NYC State; NY Zip Code 10014 415-639-9634

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVTR	Description WEBSITE BUILDER

☐ 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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Date 11/10/25	Payee name VISA FEE FOR ECANVASSER

Amount ($) 1.99	Payee address; ECANVASSER - CORK, SOUTH RING BUSINESS PARK City; State; Zip Code KINSALE RD, BALLY PHGHANA, IRELAND

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description FEES - CANVASSING

☐ 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 8/7/25	5 Payee name PUNCHBOWL.COM

6 Amount ($) 76.73	7 Payee address; 50 SPEEN ST, STE 202 FRAMINGHAM	City;	State MA	Zip Code 01701
	508-589-4486			

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) ADVTH	(b) Description DIGITAL INVITATIONS et

	(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 9/8/25	Payee name PROP BOK SSEM HELLOSSIGN.COM

Amount ($) 21.28	Payee address; 1800 OWENS ST. SHE 200	City; SAN FRANCISCO	State; CA	Zip Code 94158

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVTO	Description SIGNATURES

	☐ 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 10/7/25	Payee name DROPBOX SIGN HELLOSIGN.COM

Amount ($) 21.28	Payee address; 1800 OWENS ST. SHE 200	City; SAN FRANCISCO	State; CA	Zip Code 94158

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNATURES

	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	**2** FILER NAME JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)

4 Date 10/10/25	**5** Payee name GENCRATOR- QR CODE - Denso Wave incorporated			
6 Amount ($) 129,47	**7** Payee address; 3900 Via Oro Ave	City; LONG BEACH	State; CA	Zip Code 90810

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) ADVERTISING

(b) Description QR Code Generator

(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 10/22/25	Payee name 4 ALL PROMOS			
Amount ($) 214.65	Payee address; 50 W. AVE, Ste 14,	City; ESSEX 888-501-3452	State; CT	Zip Code 06426

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) ADVTG

Description PROMOTIONAL

☐ 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 10/23/25	Payee name CANVA US, INC			
Amount ($) 485.00	Payee address; 3212 E. CESAR CHAVEZ St. BLDG 1, STE 1300	City; Austin	State; Tx	Zip Code 78702

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) ADVERTISING

Description PROMO Print materials

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 10/27/25	5 Payee name SHIPPING POINT			
6 Amount ($) $2.80	**7 Payee address;** 1300 W. BEAUREGARD AVE,	City; SAN ANGELO	State; TX	Zip Code

8 **PURPOSE OF EXPENDITURE**	**(a) Category** (See Categories listed at the top of this schedule) ADVERTISING	**(b) Description** MAILING
	(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 10/28/25	Payee name TAM GRAPHICS			
Amount ($) $2,000	Payee address; 745 WAREHOUSE RD	City; SAN ANGELO,	State; TX	Zip Code 76903

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVTG	Description GRAPHICS-SIGN
	☐ 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 1/10/25	Payee name E CANVASSER			
Amount ($) $199	Payee address; CORK SOUTH RING BUSINESS PARK KINSALE RD BALLY PHEHANE	City;	State; IRELAND	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE ADVERTISING	Description POLLING EXPENSE
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 11/25/25	5 Payee name : UP POSITIVE PROMOTIONS

6 Amount ($) $2,800	7 Payee address; 133 W. CONCHO #201	City; SAN ANGELO,	State; TX	Zip Code 76903

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) ADVTG/CONSULTING	(b) Description MARKETING

(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 12/8/25	Payee name TAM GRAPHICS

Amount ($) $1,416.51	Payee address; 745 WAREHOUSE RD	City; SAN ANGELO,	State; TX	Zip Code 76903

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVTG	Description GRAPHICS

☐ 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 12/8/25	Payee name TAM GRAPHIS

Amount ($) $1,671.24	Payee address; 745 WAREHOUSE RD	City; SAN ANGELO	State; TX	Zip Code 76903

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVTG	Description GRAPHICS

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 12/8/25	5 Payee name DROPBOX SIGN HELLOSIGN.COM

6 Amount ($) $21.28	7 Payee address; 1800 OWENS ST. STE. 200	City; SAN FRANCISCO	State; CA	Zip Code 94158

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVTV	(b) Description GRAPHIC - signatures

(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 12/10/25	Payee name ECANVASSER

Amount ($) $1.99	Payee address; CORR SOUTH RING BUSINESS PARK KINSAILE RD, BAILY PH	City;	State;	Zip Code IRELAND

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CANVASSING

☐ 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 12/10/25	Payee name ECANVASSER

Amount ($) $199.00	Payee address; CORR SOUTH RING BUSINESS PARK KIN SAILE RD, BAILY PH	City;	State;	Zip Code IRELAND

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description CONSULTING-CANVASSING

☐ 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

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	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.

1 Total pages Schedule F1: 8	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 12/10/25	5 Payee name ~~TEXAS~~ TOMSGREEN CTY REPUBLICAN PTY

6 Amount ($) $1,500	7 Payee address; 2525 S. JOHNSON RD, STE A, SAN ANGELO TX 76904	City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING 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 12/22/25	Payee name UP POSITIVE PRODUCTIONS

Amount ($) $2,800	Payee address; 133 W. CONCHO, #201	City; SAN ANGELO, TX	State; Zip Code 76903

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description PRODUCTION

☐ 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	Payee name

Amount ($)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 11/7/25	5 Payee name DROPBOX SIGN HELLOSIGN.COM

6 Amount ($) 21.28	7 Payee address; 1800 OWENS ST STE 200	City; SAN FRANCISCO	State; CA	Zip Code 94158

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNATURES - MARKETING

(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 12/23/25	Payee name WEST TEXAS SOCIAL MEDIA MARKETING LLC

Amount ($) 504.70	Payee address; 1211 MACKENZIE ST	City; SAN ANGELO	State; TX	Zip Code 76901-4627

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MARKETING	Description ONLINE MARKETING

☐ 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	Payee name

Amount ($)	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 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 7/21/ 25	5 Payee name **Stripe Inc**	

6 Amount ($) $ 46.58	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Processing Fees** - DONATIONS	(b) Description **Processing 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 7/23/25	Payee name **Stripe Inc**	

Amount ($) $ 61.99	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 7/25/25	Payee name **Stripe Inc**	

Amount ($) $ 52.95	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation PRocessing Fees	Description 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

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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	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.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 7/26/25	5 Payee name **Stripe Inc**

6 Amount ($) $14.93	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Processing Fees**	(b) Description **Processing 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 7/26/25	Payee name **Stripe Inc**

Amount ($) $6.15	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 7/30/25	Payee name **Stripe Inc**

Amount ($) $29.55	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 8/4/25	5 Payee name **Stripe Inc**	

6 Amount ($) $58.80	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Processing Fees**	(b) Description **Processing 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 8/4/25	Payee name **Stripe Inc**	

Amount ($) $44.17	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 8/4 25	Payee name **Stripe Inc**	

Amount ($) $3.98	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) processing fees	Description Processing 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

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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	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.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 8/4/25	5 Payee name **Stripe Inc**	

6 Amount ($) **$14.93**	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) **Processing Fees**	**(b)** Description **Processing 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 8/14/25	Payee name **Stripe Inc**	

Amount ($) **$6.15**	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 8/18/25	Payee name **Stripe Inc**	

Amount ($) **$58.80**	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing fees	Description processing 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 8/19/25	5 Payee name **Stripe Inc**			
6 Amount ($) $29.55	**7 Payee address;** **354 Oyster Point Blvd**	**City;** **South San Francisco**	**State;** **CA**	**Zip Code** **94080**

8 **PURPOSE OF EXPENDITURE**	**(a) Category** (See Categories listed at the top of this schedule) **Processing Fees**	**(b) Description** **Processing 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 8/21/25	Payee name **Stripe Inc**			
Amount ($) $58.80	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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

Date 9/2/25	Payee name **Stripe Inc**			
Amount ($) $3.23	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description Processing 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 9/2/25	**5** Payee name **Stripe Inc**			

6 Amount ($) $9.07	**7** Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) **Processing Fees**	**(b)** Description **Processing 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 9/3/25	Payee name **Stripe Inc**			

Amount ($) $6.15	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 9/9/25	Payee name **Stripe Inc**			

Amount ($) $12.00	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description processing 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 8/9/25	5 Payee name **Stripe Inc**	

6 Amount ($) $6.15	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) **Processing Fees**	**(b)** Description **Processing 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 10/21/25	Payee name **Stripe Inc**	

Amount ($) 6.15	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 11/21/25	Payee name **Stripe Inc**	

Amount ($) 21.55	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description Processing 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

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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	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.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 11/22/25	5 Payee name **Stripe Inc**	

6 Amount ($) $6.15	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) **Processing Fees**	(b) Description **Processing 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 11/23/25	Payee name **Stripe Inc**	

Amount ($) $14.93	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 11/23/25	Payee name **Stripe Inc**	

Amount ($) $14.93	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) processsing fees	Description 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

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	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.

1 Total pages Schedule F1: 18	2 FILER NAME Jessica Skinner	3 Filer ID (Ethics Commission Filers)

4 Date 11/28/25	5 Payee name **Stripe Inc**	

6 Amount ($) $29.55	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Processing Fees**	(b) Description **Processing 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 12/1/25	Payee name **Stripe Inc**	

Amount ($) $6.15	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 12/1/25	Payee name **Stripe Inc**	

Amount ($) $14.93	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Fees*	Description *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

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	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.

1 Total pages Schedule F1: 18	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)

4 Date 12/8/25	5 Payee name **Stripe Inc**	

6 Amount ($) $14.93	7 Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Processing Fees**	(b) Description **Processing 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 12/16/25	Payee name **Stripe Inc**	

Amount ($) $6.15	Payee address; **354 Oyster Point Bvld**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Processing Fees**	Description **Processing 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 12/17/25	Payee name **Stripe Inc**	

Amount ($) $29.55	Payee address; **354 Oyster Point Blvd**	City; **South San Francisco**	State; **CA**	Zip Code **94080**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2

2 FILER NAME JESSICA SKIRNER

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS
325-656-6443

$ IN-KIND 2,400 (pages 1 & 2)

5 Date 10/23/25	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) SKY SOUTHALL **7** Contributor address; City; State; Zip Code 1225 S. Madison 76901	**8** Amount of Contribution $ 5900 ☐ Check if travel outside of Texas. Complete Schedule T.	**9** In-kind contribution description Food

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

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

12 Contributor's principal occupation (FOR JUDICIAL) Sales

13 Contributor's job title (FOR JUDICIAL)(See Instructions) Sales rep

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

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 $ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description

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)

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.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: 2
2 FILER NAME JESSICA SKINNER	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 361-580-6298	$ IN-KIND 2,400 (pages 1 & 2)

5 Date 11/20/	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) ZAC MARSHALL	**8** Amount of Contribution $ $600	**9** In-kind contribution description FOOD & BEVERAGE
	7 Contributor address; City; State; Zip Code 7627 CIRCLE F, SAN ANGELO TX		☐ 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) investor	**13** Contributor's job title (FOR JUDICIAL)(See Instructions) investor
14 Contributor's employer/law firm (FOR JUDICIAL) self	**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 9/3/25	Full name of contributor ☐ out-of-state PAC (ID#:_____) CAROLINA OJEDA	Amount of Contribution $ $900	In-kind contribution description FOOD & BEVERAGE
	Contributor address; City; State; Zip Code 1746 OVERHILL DR SAN ANGELO TX 76904		☐ 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) MD	Contributor's job title (FOR JUDICIAL)(See Instructions) MD
Contributor's employer/law firm (FOR JUDICIAL) SHANNON HOSPITAL	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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

AFFIDAVIT FOR
CANDIDATE OR OFFICEHOLDER:
ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than $33,910 in political contributions or made more than $33,910 in political expenditures in any calendar year must file all subsequent reports electronically.
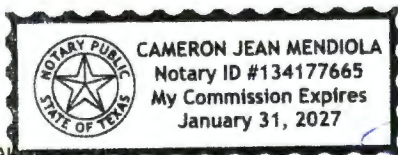
Filer name: JESSICA SKINNER

Filer ID #

1. I swear or affirm that I have not accepted more than $33,910 in political contributions or made more than $33,910 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 $33,910 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 _CAMPAIGN FINANCE_ report due on _JANUARY 15, 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

CAMERON JEAN MENDIOLA
Notary ID #134177665
My Commission Expires
January 31, 2027

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _Jessica Cameron Skinner_ this the _15_ 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: _Cameron Jean Mendiola_

Title of officer administering oath: _Notary_

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**