

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: <i>12</i>		
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / MR <input type="checkbox"/> NICKNAME <i>Jessica</i> <i>Skinner</i>	FIRST <i>Jessica</i>		MI		
		LAST <i>Skinner</i>		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>125 S. Washington San Angelo Tx 76901</i>					
	<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(325) 227-4429</i>					
6 CAMPAIGN TREASURER NAME	<input type="checkbox"/> MS / MRS / MR <input type="checkbox"/> NICKNAME <i>Kristen</i> <i>Ky Pfer</i>	FIRST <i>Kristen</i>		MI		
		LAST <i>Ky Pfer</i>		SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;					
	<i>2534 W. Twining, San Angelo, Tx 76901</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(325) 895-0222</i>					
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	Day	Year	Month		
	<i>1</i>	<i>/</i>	<i>1</i>	<i>/</i>	<i>2026</i>	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>county court at law</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL				
		<input type="checkbox"/> SPECIFIC				
		COMMITTEE ADDRESS				
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	<i>Jessica Skinner</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>32000</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7876.88</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,283.52</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

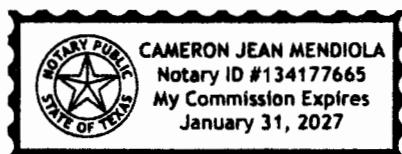
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jessica Skinner this the 02 day of February,

20 2024, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Cameron Jean Mendiola

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 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Jessica Shulman</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3200	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7876.88	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	



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.

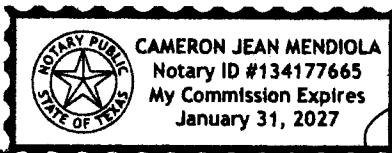
Filer name <i>Jessica Skinner</i>	Filer ID #
--------------------------------------	------------

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

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 Jan. 1-22, 2026 report due on Feb 2, 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



Jessica Skinner
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jessica Skinner this the 02 day of February, 20 26, to certify which, witness my hand and seal of office.

Cameron Jean Mendiola
Signature of officer administering oath

Cameron Jean Mendiola
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)

Jessica Skinner
Signature of Filer (Declarant)

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

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
2 FILER NAME JESSICA Skinner				3 Filer ID (Ethics Commission Filers)
4 Date 1/17/26	5 Full name of contributor Eva Choate			6 Contributor address: City: State: Zip Code 7 Amount of contribution (\$) \$ 500
8 Contributor's principal occupation retired			9 Contributor's job title retired	
10 Contributor's employer/law firm retired			11 Law firm of contributor's spouse (if any) Webb Stokes & Spurk	
12 If contributor is a child, law firm of parent(s) (if any)				
Date 1/17/26	Full name of contributor Mary Boston			Amount of contribution (\$) \$ 100
Contributor's principal occupation retired physician			Contributor's job title retired	
Contributor's employer/law firm retired			Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
Date 1/18/26	Full name of contributor Cooy Brandon			Amount of contribution (\$) \$1000
Contributor's principal occupation FIRE MAN			Contributor's job title Fireman	
Contributor's employer/law firm SAFD			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: <u>2</u>
2 FILER NAME <i>JESSICA Skinner</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/26</i>	5 Full name of contributor <i>Joe Trieman</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$1000</i>
6 Contributor address: <i>2620 LIVE OAK St San Angelo Tx 76901</i>		City: _____ State: _____ Zip Code: _____	
8 Contributor's principal occupation <i>Investor</i>		9 Contributor's job title <i>owner</i>	
10 Contributor's employer/law firm <i>Trieman Investments</i>		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 <input type="checkbox"/> out-of-state PAC ID#: <i>Connie Brown</i>			
Contributor address: <i>2214 GRANDVIEW ST, San Angelo, Tx 76901</i>		City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$100</i>
Contributor's principal occupation <i>Admin</i>		Contributor's job title <i>Admin</i>	
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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Brind Raymond</i>			
Contributor address: <i>202 W. BURGESS RD San Angelo Tx 76903</i>		City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$500</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Self</i>		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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
<p>2 FILER NAME <i>Luis C. Urteaga</i></p>				3 Filer ID (Ethics Commission Filers)
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ <i>800.00</i></p>				
5 Date <i>1/21/26</i>	6 Full name of contributor <i>Luis C. Urteaga</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		8 Amount of Contribution \$ <i>\$800</i>
	7 Contributor address; <i>1002 Tower St San Antonio TX 78903</i>	City;	State;	9 In-kind contribution description <i>Wooden Signs</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner</i></p>				11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>UP Positive Promotions</i>
<p>12 Contributor's principal occupation (FOR JUDICIAL) <i>Owner/Operator UP Positive</i></p>				13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Diligent thinker</i>
<p>14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i></p>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i></p>				
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of Contribution \$
	Contributor address;	City;	State;	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				Employer (FOR NON-JUDICIAL) (See Instructions)
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				Contributor's job title (FOR JUDICIAL) (See Instructions)
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

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)	
5			
4 Date	5 Payee name		
1/5/2026	TAM GRAPHICS		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1,623.75	601 MURPHY ST	SAN ANGELO TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	SIGNS	
(c) <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		
1/5/2026	TAM GRAPHICS		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1,623.75	601 MURPHY ST	SAN ANGELO TX 76903	
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
Date	Payee name		
1/7/2026	TAM GRAPHICS		
Amount (\$)	Payee address;	City; State; Zip Code	
\$171.81	601 MURPHY ST	SAN ANGELO TX 76903	
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	JESSICA SKINNER	
4 Date	5 Payee name	
1/12/26	DRAGBX HELLO SIGN INC	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$21.28	1800 OWENS ST, STE 200	SAN FRANCISCO CA 94158
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	marketing
	<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	ECANASSER	
Amount (\$)	Payee address:	City: State: Zip Code
\$1.99	SANTA RIVER BUSINESS PARK, BALLYPHENANE, CORK, IRELAND KINSALE RD	D02 X361
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	CANVASING
	<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	
1/12/26	ECANASSER	
Amount (\$)	Payee address:	City: State: Zip Code
\$1.99	SANTA RIVER BUSINESS PARK, BALLYPHENANE, CORK, IRELAND KINSALE RD	D02 X361
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	CANVASING
	<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 <i>JESSICA SKYHORN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/26</i>	5 Payee name <i>Stripe Inc</i>	
6 Amount (\$) <i>\$ 29.55</i>	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) <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 <i>1/18/26</i>	Payee name <i>Stripe Inc</i>	
Amount (\$) <i>\$58.80</i>	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
	<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 <i>1/18/26</i>	Payee name <i>Stripe Inc</i>	
Amount (\$) <i>\$58.80</i>	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) <i>CC processing fees</i>	Description <i>processing fees</i>
	<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)	
s	Jessica Schmer		
4 Date	5 Payee name		
1/18/26	SLP&E Inc		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$6.15	354 Oyster Point Blvd	San Francisco CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	CC processing fees	processing fees	
(c) <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		
1/21/26	Up Positive Promotions		
Amount (\$)	Payee address;	City; State; Zip Code	
\$2,800	133 W. Concho #201	San Angelo Tx	76903
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	consulting / promotional	promotion	
<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		
1/21/26	Success Print Shop		
Amount (\$)	Payee address;	City; State; Zip Code	
\$695.60	8015 River Rd	Christoval Tx	76935
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	advertising expense	marketing promotion	
<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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	JESSICA SKINNER		
4 Date	5 Payee name		
1/22/26	WEST TEXAS Social Media MARKETING LLC		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$526.40	1211 MACKENZIE ST	SAN ANGELO TX 76901-4627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING EXPENSE	MARKETING	
	(c) <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		
1/22/26	GOOGLE LLC		
Amount (\$)	Payee address:	City: State: Zip Code	
\$50	1600 Amphitheatre Pkwy Mountain View CA	94043	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	ADVERTISING	
	<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		
1/22/26	GOOGLE LLC		
Amount (\$)	Payee address:	City: State: Zip Code	
10	1600 Amphitheatre Pkwy, Mountain View, CA	94043	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADS	ADS	
	<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			