

# 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: <div style="text-align: center; font-size: 1.2em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Jasica</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">SKINNER</div>		<b>OFFICE USE ONLY</b>  Date Received     Date Hand-delivered or Date Postmarked   <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Date Processed</span> <span>Date Imaged</span> </div>
	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">125 S. Washington</div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">San Antonio Tx 76901</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(325) 227-4429</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Kristen</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">KYPFER</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">2534 W. Twonig, San Antonio, Tx 76901</div>		
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(325) 895-0222</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>January 15</span> <span><input checked="" type="checkbox"/> 30th day before election</span> <span>Runoff</span> <span>15th day after campaign treasurer appointment (Officeholder Only)</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>July 15</span> <span>8th day before election</span> <span>Exceeded Modified Reporting Limit</span> <span>Final Report (Attach C/OH - FR)</span> </div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>THROUGH</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">1 / 1 / 2026 THROUGH 1 / 22 / 2026</div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <span>ELECTION DATE</span> <span>ELECTION TYPE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="text-align: center; font-size: 1.2em;">3 / 3 / 26</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span><input checked="" type="checkbox"/> Primary</span> <span><input type="checkbox"/> Runoff</span> <span><input type="checkbox"/> Other Description</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span><input type="checkbox"/> General</span> <span><input type="checkbox"/> Special</span> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <span>OFFICE HELD (if any)</span> <span>13 OFFICE SOUGHT (if known)</span> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">county court at law</div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <span>14 NOTICE FROM POLITICAL COMMITTEE(S)</span> </div> <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">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.</div>		
<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

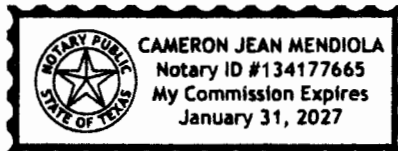
15 JC/OH NAME <u>Jessica Skinner</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>24000</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7846.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,283.52</u>
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]  
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, 2026, to certify which, witness my hand and seal of office.

[Signature] 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

*Jessie Schuman*

20 Filer ID (Ethics Commission Filers)

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.*

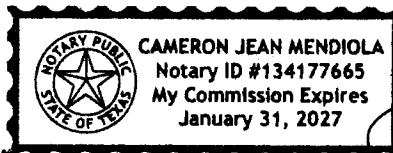
Filer name <u>JESSICA SKINNER</u>	Filer ID # 
--------------------------------------	----------------

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**



NOTARY STAMP / SEAL

[Signature]  
Signature of Filer

Sworn to and subscribed before me by Jessica Skinner this the 02 day of February, 2026, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering oath	<u>Cameron Jean Mendiola</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath
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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**

# 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: <b>2</b>
2 FILER NAME <b>JESSICA SKINNER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/17/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>EVA CHOATE</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address: City: State: Zip Code		
8 Contributor's principal occupation <b>retiree</b>		9 Contributor's job title <b>retiree</b>
10 Contributor's employer/law firm <b>retiree</b>		11 Law firm of contributor's spouse (if any) <b>Webb, Stokes &amp; Spahr</b>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>1/17/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>MARY BOSTER</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address: City: State: Zip Code		
Contributor's principal occupation <b>retired physician</b>		Contributor's job title <b>retiree</b>
Contributor's employer/law firm <b>retiree</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>1/18/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>COOY BRADEN</b>	Amount of contribution (\$) <b>\$1000</b>
Contributor address: City: State: Zip Code		
Contributor's principal occupation <b>FIRE MAN</b>		Contributor's job title <b>Fireman</b>
Contributor's employer/law firm <b>SAFD</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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: <b>2</b>
2 FILER NAME <b>JESSICA SKINNER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/18/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>JOE THIEMAN</b>	7 Amount of contribution (\$) <b>\$1000</b>
6 Contributor address: City: State: Zip Code <b>2620 LIVE OAK ST SAN ANGELO TX 76901</b>		
8 Contributor's principal occupation <b>Investor</b>		9 Contributor's job title <b>owner</b>
10 Contributor's employer/law firm <b>Thieman Investments</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>1/18/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>CONNIE BROWN</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address: City: State: Zip Code <b>2214 GRADWIFE ST, SAN ANGELO, TX 76901</b>		
Contributor's principal occupation <b>Admin</b>		Contributor's job title <b>Admin</b>
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 <b>1/18/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>BRIAN RAYMOND</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address: City: State: Zip Code <b>202 W. BEAUREGARD SAN ANGELO TX 76903</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>SELF</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Luis C. Urteaga</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 800.00	
5 Date 11/21/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Luis C. Urteaga</div>	8 Amount of Contribution \$ \$800	9 In-kind contribution description Wooden Signs
7 Contributor address; City; State; Zip Code 1002 Tarver St San Antonio TX 76903		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) UP Positive Promotions	
12 Contributor's principal occupation (FOR JUDICIAL) Owner / operator UP Positive		13 Contributor's job title (FOR JUDICIAL) (See Instructions) Divergent thinker	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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: <b>5</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/5/2026</b>		5 Payee name <b>TAM GRAPHICS</b>			
6 Amount (\$) <b>\$1,623.75</b>		7 Payee address; <b>601 MURPHY ST</b>		City; <b>SAN ANGELO</b>	State; <b>TX</b>
				Zip Code <b>76903</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>		(b) Description <b>SIGNS</b>		
	(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					
Date <b>1/5/2026</b>		Payee name <b>TAM GRAPHICS</b>			
Amount (\$) <b>\$1,623.75</b>		Payee address; <b>601 MURPHY ST</b>		City; <b>SAN ANGELO</b>	State; <b>TX</b>
				Zip Code <b>76903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising</b>		Description <b>SIGNS</b>		
	<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					
Date <b>1/7/2026</b>		Payee name <b>TAM GRAPHICS</b>			
Amount (\$) <b>\$171.81</b>		Payee address; <b>601 MURPHY ST</b>		City; <b>SAN ANGELO</b>	State; <b>TX</b>
				Zip Code <b>76903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising</b>		Description <b>SIGNS</b>		
	<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					
<div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					



# 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: <b>5</b>	2 FILER NAME <b>JESSICA SKINNER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/7/26</b>	5 Payee name <b>DRAPBOX HEUOSIGN INC</b>	
6 Amount (\$) <b>\$21.28</b>	7 Payee address; City; State; Zip Code <b>1800 OWENS ST, STE 200 San Francisco CA 94158</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>MARKETING</b>
	(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 <b>1/12/26</b>	Payee name <b>ECANVASER</b>	
Amount (\$) <b>\$1.99</b>	Payee address; City; State; Zip Code <b>South Ring Business Park Ballypheehane, Cork, Ireland DO2 X361</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>CANVASSING</b>
	<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 <b>1/12/26</b>	Payee name <b>ECANVASER</b>	
Amount (\$) <b>\$199</b>	Payee address; City; State; Zip Code <b>South Ring Business Park Ballypheehane, Cork, Ireland DO2 X361</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>CANVASSING</b>
	<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		

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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: <b>5</b>	2 FILER NAME <b>JESSICA SKINNER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/18/26</b>	5 Payee name <b>Stripe Inc</b>	
6 Amount (\$) <b>\$ 29.55</b>	7 Payee address; <b>354 Oyster Point Blvd</b>	City; <b>South San Francisco</b>
	State; <b>CA</b>	Zip Code <b>94080</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Processing Fees</b>	(b) Description <b>Processing Fees</b>
	(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 <b>1/18/26</b>	Payee name <b>Stripe Inc</b>	
Amount (\$) <b>\$58.80</b>	Payee address; <b>354 Oyster Point Blvd</b>	City; <b>South San Francisco</b>
	State; <b>CA</b>	Zip Code <b>94080</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Processing Fees</b>	Description <b>Processing Fees</b>
	<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 <b>1/18/26</b>	Payee name <b>Stripe Inc</b>	
Amount (\$) <b>\$58.80</b>	Payee address; <b>354 Oyster Point Blvd</b>	City; <b>South San Francisco</b>
	State; <b>CA</b>	Zip Code <b>94080</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CC processing fees</b>	Description <b>processing fees</b>
	<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

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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: <b>5</b>	2 FILER NAME <b>Jessica Skinner</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/18/26</b>	5 Payee name <b>SLABE INC</b>	
6 Amount (\$) <b>\$6.15</b>	7 Payee address; City; State; Zip Code <b>354 Oyster Point Blvd San Francisco CA 94080</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CC processing fees</b>	(b) Description <b>processing fees</b>
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>1/21/26</b>	Payee name <b>UP Positive Promotions</b>	
Amount (\$) <b>\$2,800</b>	Payee address; City; State; Zip Code <b>133 W. Concho #201 SAN ANGELO TX 76903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>consulting/advertising</b>	Description <b>Promotion</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>1/21/26</b>	Payee name <b>Success Print Shop</b>	
Amount (\$) <b>\$695.60</b>	Payee address; City; State; Zip Code <b>8015 Aven Ro CHRISTOVAL TX 76935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>marketing promotion</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

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## 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: <b>5</b>	2 FILER NAME <b>Jessica Skinner</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/26</b>	5 Payee name <b>WEST TEXAS Social Media MARKETING LLC</b>	
6 Amount (\$) <b>\$526.40</b>	7 Payee address; City; State; Zip Code <b>1211 MACKENZIE ST SAN ANGELO TX 76901-4627</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING expense</b>	(b) Description <b>marketing</b>
	(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 <b>1/20/26</b>	Payee name <b>GOOGLE LLC</b>		
Amount (\$) <b>\$50</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre PKWY Mountain View CA 94043</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>advertising</b>	
	<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 <b>1/22/26</b>	Payee name <b>GOOGLE LLC</b>		
Amount (\$) <b>10</b>	Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADS</b>	Description <b>ADS</b>	
	<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			

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