

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: <p style="text-align: center; font-size: 1.2em;">22</p>
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST MI <p style="text-align: center; font-size: 1.2em;">JESSICA</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">SKINNER</p>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">125 S. WASHINGTON SAN ANGELO, TX 76901</p>	FEB 23 2026	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(325) 227-4429</p>	Date Received	
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST MI <p style="text-align: center; font-size: 1.2em;">KRISTAL</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">KYPFER</p>	Date Hand-delivered or Date Postmarked	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">2534 W. TWAMER SAN ANGELO, TX 76901</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(325) 895-0222</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 THROUGH Month Day Year <p style="text-align: center; font-size: 1.2em;">1 / 23 / 2026 THROUGH 2 / 21 / 2026</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center; font-size: 1.2em;">3 / 3 / 26</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">County Court at Law Tom Green County</p>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

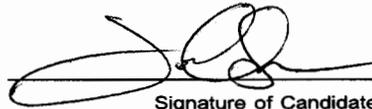
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME		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)	\$ 7,325
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,915.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,318.01
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

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jessica Skinner, and my date of birth is 9/2/1985.

My address is 125 S. WASHINGTON, SAN ANGELO, TX, 76801, USA.

Executed in Tom Green County, State of Texas, on the 23rd day of February, 2026.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,325
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4277.47
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3637.72
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	\$

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: 7
2 FILER NAME Jessica Skinner		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CAROL SKINMORE	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 3136 SW 28th Amarillo TX 79109		
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)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DANA DICKENS	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 5519 Columbia San Angelo TX 76904		
Contributor's principal occupation Investor		Contributor's job title Investor
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 2/13/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRANTLEY HOELSCHER	Amount of contribution (\$) \$1050
Contributor address; City; State; Zip Code 2861 Country Club Rd San Angelo TX 76904		
Contributor's principal occupation FARMER		Contributor's job title FARMER
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)		

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: 7
2 FILER NAME <i>JESSICA SKINNER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/28/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>KESTEON TERGER (mother)</i>	7 Amount of contribution (\$) <i>\$200</i>
6 Contributor address; City; State; Zip Code <i>1412 MACKENZIE SAN ANGELO TX 76901</i>		
8 Contributor's principal occupation <i>PHYSICIAN</i>		9 Contributor's job title <i>PHYSICIAN</i>
10 Contributor's employer/law firm <i>SHANNON MED CTR</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/28/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>COREY ALLUM</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>7302 ALLEN RD. CHRISTOVAL TX 76935</i>		
Contributor's principal occupation <i>oil + GAS</i>		Contributor's job title <i>MEASUREMENT TECH</i>
Contributor's employer/law firm <i>EXXON MOBIL</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/28/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>SHERRI THOMPSON</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>27 DIANA LN SAN ANGELO TX 76904</i>		
Contributor's principal occupation <i>REGISTERED NURSE</i>		Contributor's job title <i>OWNER</i>
Contributor's employer/law firm <i>SAN ANGELO MOBILE II</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.

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: 7
2 FILER NAME JESSA SKINNER		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BILLY COOK	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1967 SAINT MARY'S ST SAN ANGELO, TX 76904		
8 Contributor's principal occupation oil & GAS		9 Contributor's job title MEASUREMENT TECH
10 Contributor's employer/law firm EXXON MOBILE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 1/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ WHITNEY WYATT	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 123 GOSAW RIVER DR. BEAUFORT SC 29907		
Contributor's principal occupation investor		Contributor's job title investor
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 1/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DR. LEANNA TALBOTT	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code PO BOX 346 WALL, TX 76957		
Contributor's principal occupation PSYCHOLOGIST		Contributor's job title PSYCHOLOGIST
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)		

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: <i>7</i>
2 FILER NAME <i>JESSICA SKINNER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/28/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>ELIZABETH CHAMBERS</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>5721 MAJESTIC CT SAN ANGELO, TX 76904</i>		
8 Contributor's principal occupation <i>INSURANCE BROKER</i>		9 Contributor's job title <i>INSURANCE BROKER</i>
10 Contributor's employer/law firm <i>SELF</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/28/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>ASHLEY PALOUTZIAN</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>2717 PRINCETON AVE SAN ANGELO, TX 76904</i>		
Contributor's principal occupation <i>FINANCIAL ADVISOR</i>		Contributor's job title <i>FINANCIAL ADVISOR</i>
Contributor's employer/law firm <i>CECIL + EADY Investments</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>2/12/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>LINDA COATES</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>7805 BRIGHT AVE SAN ANGELO, TX 76904</i>		
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

7

2 FILER NAME

Jessica Skinner

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/26

5 Full name of contributor

out-of-state PAC (ID#: _____)

CATHERYNE DICKINSON

7 Amount of contribution (\$)

\$25

6 Contributor address;

City; State; Zip Code

2310 Green Bluff ABILENE, TX 79605

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)

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

Date

2/12/26

Full name of contributor

out-of-state PAC (ID#: _____)

MARTHA ELDER

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

5601 Woodbine SAN ANGELO, TX 76904

Contributor's principal occupation

retired

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

2/12/26

Full name of contributor

out-of-state PAC (ID#: _____)

JEFFREY WATKINS

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

936 TARVER SAN ANGELO, TX 76903

Contributor's principal occupation

PROCESS ENGINEER

Contributor's job title

PROCESS ENGINEER

Contributor's employer/law firm

ETHICON

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 7
2 FILER NAME JESSICA SKINNER		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGGIE SMITH	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 1524 Kenwood San Angelo, TX 76903		
8 Contributor's principal occupation LICENSED PROFESSIONAL COUNSELOR		9 Contributor's job title LPC
10 Contributor's employer/law firm SELF - GREEN CARDIGAN COUNSELING		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Absent JERRY LOZANO	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1213 AUSTIN ST SAN ANGELO, TX 76903		
Contributor's principal occupation SENIOR PROGRAM MANAGER		Contributor's job title SENIOR PROGRAM MANAGER
Contributor's employer/law firm DELL TECHNOLOGIES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMILLE SANTRY	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code 614 S. JEFFERSON ST. SAN ANGELO, TX 76901		
Contributor's principal occupation PHILANTHROPIST/INVESTOR		Contributor's job title PHILANTHROPIST
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)		
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

7

2 FILER NAME

JESSICA SKINNER

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/26

5 Full name of contributor

KATHERINE SUGG

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

800 W. AVE D SAN ANGELO, TX 76903

8 Contributor's principal occupation

investor

9 Contributor's job title

investor

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

1/28/26

Full name of contributor

STEPHANIE MAY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

303 W. HARRIS STE. 3, SAN ANGELO, TX 76903

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

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 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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 1/26/2026	5 Payee name GOOGLE LLC
----------------------------	-----------------------------------

6 Amount (\$) \$200	7 Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043 City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description online advertising
	(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 2/2/2026	Payee name GOOGLE LLC
------------------	--------------------------

Amount (\$) \$38.55	Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043 City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description online advertising
	<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 2/4/26	Payee name TAM GRAPHICS
----------------	----------------------------

Amount (\$) \$1,757.71	Payee address; 601 MURRAY ST. SAN ANGELO TX 76903 City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AOU	Description advertising
	<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
---	-------------------------------	---------------	-------------

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
4 Date 2/9/26	5 Payee name OLBx Hello Sirs	
6 Amount (\$) \$21.28	7 Payee address; City; State; Zip Code 1800 OWENS ST, STE 200 SAN FRANCISCO CA 94158 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/10/26	Payee name E-CANVASSEN		
Amount (\$) 1.99	Payee address; City; State; Zip Code SOUTH RING BUSINESS PARK BALLYMORANE, COCK, IRELAND D02 X 361 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CANVASSEN	
	<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 2/10/26	Payee name E-CANVASSEN		
Amount (\$) \$199	Payee address; City; State; Zip Code SOUTH RING BUSINESS PARK BALLYMORANE, COCK, IRELAND D02 X 361 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CANVASSEN	
	<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

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: 9	2 FILER NAME Jessica Sclimre	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/26	5 Payee name Wix.com	
6 Amount (\$) \$8.96	7 Payee address; 100 GARESEVOULT ST	City; State; Zip Code NYC NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISEMENT	(b) Description ONLINE ADVERTISING
	(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 2/19/26	Payee name META PLATFORMS INC	
Amount (\$) \$500	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ADVERTISING
	<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 2/21/26	Payee name GOOGLE LLC	
Amount (\$) \$350	Payee address; City; State; Zip Code 1600 AMUNITEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ADVERTISING
	<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

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 2/19/26	5 Payee name STRIPE INC
-------------------	----------------------------

6 Amount (\$) \$6.15	7 Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing Fees	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/19/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$17.85	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description Fees
	<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 2/19/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$58.80	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

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

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 2/12/26	5 Payee name STRIPE INC
-------------------	----------------------------

6 Amount (\$) \$6.15	7 Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing Fees	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/12/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$6.15	Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description fees
	<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 2/12/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$6.15	Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.
-----------------------	--

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

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 1/28/26	5 Payee name STRIPE INC
-------------------	----------------------------

6 Amount (\$) \$6.15	7 Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing Fees	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/12/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$14.93	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	Description Fees
	<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 2/12/26	Payee name STRIPE INC
-----------------	--------------------------

Amount (\$) \$1.77	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

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

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 1/28/26	5 Payee name STRIFE INC
-------------------	----------------------------

6 Amount (\$) \$3.23	7 Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing fees	(b) Description 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 1/28/26	Payee name STRIFE INC
-----------------	--------------------------

Amount (\$) \$6.15	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing fees	Description 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 1/28/26	Payee name STRIFE INC
-----------------	--------------------------

Amount (\$) \$6.15	Payee address; 354 Oyster Blvd South San Francisco, CA 94080 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
-----------------------	---

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

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: 4	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2026	5 Payee name STAPE INC	
6 Amount (\$) \$29.55	7 Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing fees	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/28/2026	Payee name STAPE INC
Amount (\$) \$29.55	Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco CA 94080 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) processing fees
	Description fees
<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 1/28/2026	Payee name STAPE INC
Amount (\$) \$6.15	Payee address; City; State; Zip Code 354 Oyster Blvd South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) processing fees
	Description fees
<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

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: 9	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/26	5 Payee name STRIPE INC	
6 Amount (\$) 17.85	7 Payee address; City; State; Zip Code 354 Oyster Blvd Santa Fe Springs, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing Fees	(b) Description 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 2/20/26	Payee name TAM GRAMMS	
Amount (\$) \$924.25	Payee address; City; State; Zip Code 601 Murphy St San Antonio TX 76903 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>JESSICA SKINNER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/26</i>	5 Payee name <i>LA SIMONA</i>	
6 Amount (\$) <i>851.41</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>113 E. CANO STE 160 SAN ANGELO TX 76903</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE</i>	(b) Description <i>EVENT</i>
	(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>2/18/2026</i>	Payee name <i>HYOR INTERACTIVE INC</i>	
Amount (\$) <i>\$2500</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2001 W. BEAUREGARD AVE SAN ANGELO TX 76901-3812</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>ONLINE</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
Date <i>2/19/26</i>	Payee name <i>LOWE'S</i>	
Amount (\$) <i>\$135.03</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5301 SHERWOOD WAY SAN ANGELO TX 76904</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>MARKETING SIGNS</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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME JESSICA SKINNER	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2026	5 Payee name Lowe's	
6 Amount (\$) \$86.28 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5300 SHERWOOD WAY SAN ANGELO TX 76904 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description watermark 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/26	Payee name DB Hamman	
Amount (\$) \$65 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1726 KANSAS SAN ANGELO TX 76904 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

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

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

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

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the FEB 21, 2026 report due on FEB 23, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit


Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jessica Skinner, and my date of birth is 9/2/1985.
 My address is 25 S. Washington (street), SAN ANGELO (city), TX (state), 76901 (zip code), USA (country).
 Executed in Tam Green County, State of TEXAS, on the 23rd day of February, 2026.
 (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