

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00026313	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jessica	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2025	
	NICKNAME	LAST Farrar	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 30099 Houston, TX 77249		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John	MI MI		
	NICKNAME	LAST Farrar	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 30099 Houston, TX 77249		APT / SUITE #;	CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	535-0807			
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	Month	
	07	01	2024	12	
		THROUGH	12/31/2024		
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) State Representative District 148 Harris			12 OFFICE SOUGHT (if known) State Representative District 148	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Farrar, Jessica (The Honorable)	14 Filer ID (Ethics Commission Filers) 00026313
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	266,971.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

 The Honorable Jessica Farrar
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Farrar, Jessica (The Honorable)		19 Filer ID (Ethics Commission Filers) 00026313
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,127.43
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,127.43
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 1/5 Rpt: 4/12	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution American Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/16/2024
7 PAYEE	(a) Payee name The 19th News	(c) Date(s) Credit Card Issuer Paid 08/12/2024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Description sustaining membership
9 Complete ONLY if direct expenditure to benefit C/OH	(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	
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 07/22/2024
7 PAYEE	(a) Payee name Houston K-911 Rescue	(c) Date(s) Credit Card Issuer Paid 08/12/2024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
9 Complete ONLY if direct expenditure to benefit C/OH	(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	
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 12/16/2024
7 PAYEE	(a) Payee name The 19th News	(c) Date(s) Credit Card Issuer Paid 12/30/2024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
9 Complete ONLY if direct expenditure to benefit C/OH	(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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 2/5 Rpt: 5/12	2	FILER NAME Farrar, Jessica (The Honorable)	3	Filer ID (Ethics Commission Filers) 00026313
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Issuer Paid 12/30/2024	
7	PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description donation	
		(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
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/16/2024	(c) Date(s) Credit Card Issuer Paid 11/12/2024		
PAYEE	(a) Payee name The 19th News	(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Description sustaining membership			
		(c) <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
PAYMENT	(a) Amount Charged \$342.00	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issuer Paid 08/12/2024		
PAYEE	(a) Payee name USPS PO Boxes Online	(b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260-0004			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Description post office box rental			
		(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 3/5 Rpt: 6/12	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 08/22/2024
7 PAYEE	(a) Payee name Houston K-911 Rescue	(c) Date(s) Credit Card Issuer Paid 09/12/2024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Description donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 08/23/2024
PAYEE	(a) Payee name The 19th News	(c) Date(s) Credit Card Issuer Paid 12/12/2024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$194.72	(b) Date of Charge 09/05/2024
PAYEE	(a) Payee name Hostgator.com	(c) Date(s) Credit Card Issuer Paid 10/12/2024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 11251 Northwest Frwy., Ste. 400 Houston, TX 77092
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 4/5 Rpt: 7/12	2	FILER NAME Farrar, Jessica (The Honorable)	3	Filer ID (Ethics Commission Filers) 00026313
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 09/16/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024	
7	PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description sustaining membership	
		(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
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 09/22/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024	
7	PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 10/09/2024	(c) Date(s) Credit Card Issuer Paid 11/12/2024	
7	PAYEE	(a) Payee name Norton Software		(b) Payee address; City, State, Zip Code 350 Ellis Street Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description software renewal	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 5/5 Rpt: 8/12	2	FILER NAME Farrar, Jessica (The Honorable)	3	Filer ID (Ethics Commission Filers) 00026313
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid 11/12/2024	
7	PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description donation	
		(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
6	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/16/2024	(c) Date(s) Credit Card Issuer Paid 12/12/2024	
7	PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description sustaining membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuer Paid 12/12/2024	
7	PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 9/12	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 09/05/2024	5 Payee name Hostgator.com	
6 Amount (\$) 194.72	7 Payee Address; City; State; Zip 11251 Northwest Frwy.,Ste. 400 Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) website hosting
Date 07/23/2024	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation
Date 08/22/2024	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation
Date 09/22/2024	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 10/22/2024	5 Payee name Houston K-911 Rescue	
6 Amount (\$) 50.00	7 Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation
Date 11/22/2024	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation
Date 12/22/2024	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091 Houston, TX 77237	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation
Date 10/09/2024	Payee name Norton Software	
Amount (\$) 140.71	Payee Address; City; State; Zip 350 Ellis Street Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) software renewal

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 07/16/2024	5 Payee name The 19th News	
6 Amount (\$) 25.00	7 Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 08/23/2024	Payee name The 19th News	
Amount (\$) 25.00	Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 09/16/2024	Payee name The 19th News	
Amount (\$) 25.00	Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 10/16/2024	Payee name The 19th News	
Amount (\$) 25.00	Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 11/16/2024	5 Payee name The 19th News	
6 Amount (\$) 25.00	7 Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 12/16/2024	Payee name The 19th News	
Amount (\$) 25.00	Payee Address; City; State; Zip 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 07/15/2024	Payee name USPS PO Boxes Online	
Amount (\$) 342.00	Payee Address; City; State; Zip 475 L'Enfant Plaza SW Washington, DC 20260-0004	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) post office box rental