# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp		1 Filer ID (Ethics Comm 00026313		2 Total pages filed: 12
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Jessica			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	<sup></sup> 07/14/2025
		Farrar			
4 CANDIDATE /	ADDRESS / PO BOX; AP	 'T / SUITE #;	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 30099				Receipt # Amount
Change of Address	Houston, TX 77249				
					Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	John			
	NICKALANE			CLIEFIX	
	NICKNAME	LAST Farrar		SUFFIX	
		, ara			
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	P.O. Box 30099				
(Residence or Business)					
(,	Houston, TX 77249				
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION		
TREASURER PHONE	(512) 535-0807				
FIIONE					
8 REPORT TYPE		2045 days bafara	-1	D# <b>-</b>	7 15th day of the control to the control
11112	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025		IROUGH	Month Day 06/30/202	Year
	01/01/2025	111	iitoogri	00/30/202	25
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	Pr	rimary	Runoff	Other
		G	eneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Representative Dis	strict 148		State Represent	tative District 148
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Farrar, Jessica (The	Honorable)	<b>14</b> Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDITESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE PRIOD	LAST DAY OF THE	\$ 266,478.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		The Ue	navahla Jasaisa Farrar	
			norable Jessica Farrar of Candidate or Officehold	
AEEIX NO	TARY STAMP / SEAL AB	OVE		
		aidertify which, witness my hand and seal of office.	, this the	day
	,, ,	,,		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			3 of 12
18 FILER NAMI Farrar, Jes	E sica (The Honorable)	<b>19</b> Filer ID 00026313	(Ethics Commission Filers)
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 493.29
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	<b>\$</b> 493.29
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

#### 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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 1/5 Rpt: 4/12	Farrar, Jessica (The	e Honorable)			00026313		
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 01/27/2025	(c) Date(s) ( 02/12/202	Credit Card Issuei 5	r Paid		
7 PAYEE	(a) Payee name  CBI Malwarebytes		(b) Payee at 350 N Clar Chicago, II	k St., Ste. 700	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti software	on			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 02/22/2025	(c) Date(s) ( 03/12/202	Credit Card Issuei 5	r Paid		
PAYEE	(a) Payee name  Houston K-911 Res	scue	(b) Payee at P.O. Box 3	37091	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descripti				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 03/22/2025	(c) Date(s) ( 04/12/202	Credit Card Issuei 5	r Paid		
PAYEE	(a) Payee name Houston K-911 Res	scue	(b) Payee at P.O. Box 3	37091	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholds	ns Made By er/Political Committee	(b) Descripti	on			
X Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) L Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	Check if Austin, TX,	officeholder living exp	ense	

#### 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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 2/5 Rpt: 5/12	Farrar, Jessica (The	e Honorable)			00026313		
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 04/16/2025	(c) Date(s) C 05/12/2025	redit Card Issuer	Paid		
7	PAYEE	(a) Payee name The 19th News			Caves Rd., Ste.	City, . 107-353	State,	Zip Code
Ļ		() 0 :		Austin, TX				
8	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description	on membership			
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 06/16/2025	(c) Date(s) C 06/30/2025	redit Card Issuer 5	Paid		
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
		The 19th News		3267 Bee 0	Caves Rd., Ste.	107-353		
				Austin, TX				
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio	ns Made By	(b) Description	on membership			
	X Non-Political	Candidate/Officeholde			1 Observation TV	-#6		
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
٤	Complete ONLY if direct expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 03/16/2025	(c) Date(s) C 04/12/2025	redit Card Issuer i	Paid		
	PAYEE	(a) Payee name The 19th News		(b) Payee ad 3267 Bee C	Caves Rd., Ste.	City, . 107-353	State,	Zip Code
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description				
L	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

#### 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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 3/5 Rpt: 6/12	Farrar, Jessica (The	e Honorable)			00026313		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 05/16/2025	(c) Date(s) 06/12/20	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name The 19th News			e Caves Rd., Ste.	City, . 107-353	State,	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Austin, T (b) Descrip sustainin				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 04/22/2025	(c) Date(s) 05/12/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name  Houston K-911 Res	scue	(b) Payee P.O. Box Houston		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 01/22/2025	(c) Date(s) 02/12/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name  Houston K-911 Res	scue	(b) Payee P.O. Box Houston,		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  Political  Value Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By er/Political Committee	(b) Description	_	<i>**</i>		
L	X Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office hold	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

#### 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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F	4: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 4/5 Rpt: 7/12	Farrar, Jessica (Th	e Honorable)		00026313		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	<b> \$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$50.00	05/22/2025	06/12/2025			
7 PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code
	Houston K-911 Res	scue	P.O. Box 37091			
			Houston, TX 77237			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description			
l <u> </u>	Contributions/Donation		donation			
Political		er/Political Ćommittee				
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living exp	ense	
9 Complete ONLY if direct		name Office	e sought	Office held		
expenditure to benefit C/C						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/30/2025	er Paid		
	\$50.00	06/22/2025	00/30/2025			
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code
	Houston K-911 Res	scue	P.O. Box 37091			
			Houston, TX 77237			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donation		donation			
Political		er/Political Committee				
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living exp	ense	
Complete ONLY if direct	t Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/C						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$25.00	01/16/2025	02/12/2025			
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code
			3267 Bee Caves Rd., Ste	e. 107-353		
	The 19th News					
			Austin, TX 78746			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donation	,	sustaining membership			
Political		er/Political Committee				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living exp	ense	
Complete ONLY if direct		name Office	e sought	Office held		
expenditure to benefit C/C	H					

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award:	s/Memorials Expense	Printing Expense T	ravel in District ravel Out of District )THER (enter a category not listed above)
L		The Inst	ruction Guide explains ho	ow to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/12	Farrar, Jessica (The	e Honorable)		00026313
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	
l	ISSUER	see pi	revious	EXPENDITURES	_ \$
l		'		CHARGED TO A CREDIT	<b>'  </b>
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
l		\$25.00	02/16/2025	03/12/2025	
l		Ψ23.00	02/10/2023		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
l		(a) r ayou name		3267 Bee Caves Rd., Ste	
l		The 19th News		3207 Dec Caves Na., Sic	,. 107-333
l				Austin, TX 78746	
8	PURPOSE OF	(a) Category		(b) Description	
ľ	EXPENDITURE	(See Categories listed at the top		sustaining membership	
l	Political	Contributions/Donatio			
l	X Non-Political	H <b>—</b>			
Ļ		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	Check if Austin, TX	C, officeholder living expense Office held
	Complete ONLY if direct cpenditure to benefit C/OH	Candidate/Officeriolder	name On	nce sought	Office field
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	The Instruction Guide explains how to complete th	iis form.
Total pages Schedule I: Sch: 1/4 Rpt: 9/12	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers 00026313
Date 01/27/2025	5 Payee name CBI Malwarebytes	
Amount (\$) 43.29	7 Payee Address; City; State; Zip 350 N Clark St., Ste. 700 Chicago, IL 60654	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description software	(See instructions regarding type of information required.
Date 01/22/2025	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	(See instructions regarding type of information required.
Date 02/22/2025	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	(See instructions regarding type of information required.
Date 03/22/2025	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 donation	(See instructions regarding type of information required.

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers 00026313
Date 04/22/2025	5 Payee name Houston K-911 Rescue	
Amount (\$) 50.00	7 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 05/22/2025	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091  Houston, TX 77237	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required donation
Date 06/22/2025	Payee name Houston K-911 Rescue	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 37091  Houston, TX 77237	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required donation
Date 01/16/2025	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

	The Instruction Guide explains how to	complete tills formi
Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
Date 02/16/2025	5 Payee name The 19th News	
Amount (\$) 25.00	7 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 03/16/2025	Payee name The 19th News	
Amount (\$) 25.00		
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 04/16/2025	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	<u> </u>	(b) Description (See instructions regarding type of information required.) sustaining membership
Date 05/16/2025	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

	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 5 Payee name 06/16/2025 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				