

**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) 00090178	2 Total pages filed: 30		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kristi	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Skillern	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3009 S. John Redditt Dr. Ste. E 170 Lufkin, TX 75904			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kristi C.	MI			
	NICKNAME	LAST Skillern	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3009 S. John Redditt Dr. Ste. E 170 Lufkin , TX 75904		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 577-5900					
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 10/14/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) District Judge District 217		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Skillern, Kristi (Ms.)		14 Filer ID (Ethics Commission Filers) 00090178												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 10,321.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 321.35												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 29,987.22												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,833.28												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 22,500.00												

**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.

Ms. Kristi Skillern

\_\_\_\_\_  
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 oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18</b> FILER NAME Skillern , Kristi (Ms.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090178
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 10,321.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 22,500.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 29,987.22	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Eduardo <b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75901	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Engineering		<b>9</b> Contributor's Job Title Engineer
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baimbridge, Larry Contributor address; City; State; Zip Code  Houston, TX 77055		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm Spring Branch ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bigger, Kenneth Contributor address; City; State; Zip Code  Houston, TX 77092		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buenik, George <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>8</b> Contributor's Principal Occupation Security <b>9</b> Contributor's Job Title Consultant	
<b>10</b> Contributor's employer/law firm Self Employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calley, Michael Contributor address; City; State; Zip Code  Kemah, TX 77565		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Countryman, Melissa Contributor address; City; State; Zip Code  Spring, TX 77386		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crager, Eric	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Diboll, TX 75941	
<b>8</b> Contributor's Principal Occupation Education		<b>9</b> Contributor's Job Title Teacher
<b>10</b> Contributor's employer/law firm Diboll ISD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbins, Bobby	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
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 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy, Alan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Spring, TX 77381	
Contributor's Principal Occupation Real Estate		Contributor's Job Title Appraiser
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy, David	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<b>8</b> Contributor's Principal Occupation Real Estate		<b>9</b> Contributor's Job Title Managing Director
<b>10</b> Contributor's employer/law firm JLL		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy , Jerry	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77015	
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 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPG Champion Development LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Lufkin, TX 75901	
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Eric  <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77353	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Construction		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary Jane  Contributor address; City; State; Zip Code  Dallas, TX 75254		Amount of Contribution (\$) \$50.00
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 11/07/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gage, Monroe  Contributor address; City; State; Zip Code  Warren, TX 77664		Amount of Contribution (\$) \$25.00
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin, Christopher  <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers Union PAC  Contributor address; City; State; Zip Code  Houston, TX 77007		Amount of Contribution (\$)  \$500.00
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)		
Date 11/07/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Joseph  Contributor address; City; State; Zip Code  Knoxville, TN 37922		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Communications		Contributor's Job Title Radio Announcer
Contributor's employer/law firm Midwest Communications		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Javier ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Auto Sales		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Javiers Autos Unlimited		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lentini, Mark ..... Contributor address; City; State; Zip Code  Houston, TX 77095		Amount of Contribution (\$)  \$100.00
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 11/08/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John ..... Contributor address; City; State; Zip Code  Willis, TX 77318		Amount of Contribution (\$)  \$50.00
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Stephen <b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation Insurance		<b>9</b> Contributor's Job Title Sales Manager
<b>10</b> Contributor's employer/law firm Aflac		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Matthew Contributor address; City; State; Zip Code  Houston, TX 77092		Amount of Contribution (\$)  \$100.00
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 11/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, David Contributor address; City; State; Zip Code  Pasadena, TX 77505		Amount of Contribution (\$)  \$50.00
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Donald <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Contributor's Principal Occupation Retired	<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Dusty <b>6</b> Contributor address; City; State; Zip Code  Channelview, TX 77530		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Unemployed		Contributor's Job Title Unemployed
Contributor's employer/law firm Unemployed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihalco, Elizabeth <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356		Amount of Contribution (\$) \$50.00
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Heather <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Law Enforcement		<b>9</b> Contributor's Job Title City Marshal
<b>10</b> Contributor's employer/law firm City of Galveston		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Phillip Contributor address; City; State; Zip Code  Houston, TX 77044		Amount of Contribution (\$)  \$100.00
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 11/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jerry Contributor address; City; State; Zip Code  Richardson, TX 75080		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Home Builder		Contributor's Job Title Home Builder
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jerry ..... <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>8</b> Contributor's Principal Occupation Home Builder	<b>9</b> Contributor's Job Title Builder
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025 ..... Contributor address; City; State; Zip Code  Houston, TX 77009		Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025 ..... Contributor address; City; State; Zip Code  Lufkin, TX 75901		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm Diboll Police Department		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roche, Derek <b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Manufacturing		<b>9</b> Contributor's Job Title Manager
<b>10</b> Contributor's employer/law firm Georgia-Pacific		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddons, Patrick  Contributor address; City; State; Zip Code  Houston, TX 77019		Amount of Contribution (\$)  \$100.00
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 11/17/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillern, Charles  Contributor address; City; State; Zip Code  Mount Sterling, KY 40353		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Construction		Contributor's Job Title Construction
Contributor's employer/law firm DW Construction		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillern, Michael	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904	
<b>8</b> Contributor's Principal Occupation Law Enforcement		<b>9</b> Contributor's Job Title Police Chief
<b>10</b> Contributor's employer/law firm Diboll PD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Christy  Contributor address; City; State; Zip Code  Houston, TX 77007		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/09/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szymborski, Brian  Contributor address; City; State; Zip Code  Kewadin, MI 49648		Amount of Contribution (\$) \$250.00
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/30	
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178	
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiele, Michele <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Self Employed		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Zandt, Mary Jo Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Finance		Contributor's Job Title Mortgage Underwriter	
Contributor's employer/law firm DHI Mortgage		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/08/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waltmon, James Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Security		Contributor's Job Title Director of Security	
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Trey  <b>6</b> Contributor address; City; State; Zip Code  Diboll, TX 75941	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Contributor's Principal Occupation Financial Advisor		<b>9</b> Contributor's Job Title Financial Advisor
<b>10</b> Contributor's employer/law firm LPL Financial LLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston, Benjamin  Contributor address; City; State; Zip Code  Lufkin, TX 75901	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Rancher		Contributor's Job Title Rancher
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)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/5 Rpt: 19/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 10/27/2025	<b>7</b> Name of lender Skillern, Kristi	<b>8</b> out-of-state PAC (ID#: <input type="checkbox"/> _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$5,000.00	
<b>10</b> Interest Rate 0.0		
<b>11</b> Maturity Date		
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title City Attorney
<b>14</b> Lender's Employer/Law Firm City of Lufkin		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
<b>21</b> Guarantor address; City; State; Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/5 Rpt: 20/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 11/12/2025	<b>7</b> Name of lender Skillern, Kristi	<b>8</b> out-of-state PAC (ID#: <input type="checkbox"/> _____)
<b>6</b> Is lender a financial institution? No	<b>9</b> Loan Amount (\$) \$3,500.00	
	<b>10</b> Interest Rate 0.0	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title City Attorney
<b>14</b> Lender's Employer/Law Firm City of Lufkin		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 3/5 Rpt: 21/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 11/18/2025	<b>7</b> Name of lender Skillern, Kristi	<b>8</b> out-of-state PAC (ID#: <input type="checkbox"/> _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$5,000.00	
<b>10</b> Interest Rate 0.0		
<b>11</b> Maturity Date		
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title City Attorney
<b>14</b> Lender's Employer/Law Firm City of Lufkin		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
<b>21</b> Guarantor address; City; State; Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 5/5 Rpt: 23/30
<b>2</b> FILER NAME Skillern , Kristi (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090178
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/18/2025	<b>7</b> Name of lender Skillern, Kristi	<b>8</b> out-of-state PAC (ID#): _____
<b>6</b> Is lender a financial institution? No	<b>9</b> Loan Amount (\$) \$4,000.00	
	<b>10</b> Interest Rate 0.0	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title City Attorney
<b>14</b> Lender's Employer/Law Firm City of Lufkin		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 1/7 Rpt: 24/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 10/25/2025	5 Payee name Anedot, Inc	
6 Amount (\$) \$65.34	7 Payee address; City; 3723 Greenville Ave Ste 41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees for Online Campaign Contributions: Oct 25 - Dec 9
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Angelina County Republican Party	
Amount (\$) \$1,500.00	Payee address; City; 2951 S. John Reddit Drive  Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fee for March 2026 Republican Primary Election
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Catalyst Advisors Group	
Amount (\$) \$1,500.00	Payee address; City; 1108 Lavaca St. 110-506  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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: Sch: 2/7 Rpt: 25/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 12/19/2025	5 Payee name Catalyst Advisors Group	
6 Amount (\$) \$1,500.00	7 Payee address; City; 1108 Lavaca St. 110-506  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name JM Outdoors	
Amount (\$) \$2,600.00	Payee address; City; P.O. Box 10  Lufkin, TX 75902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Billboard Advertising Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name JM Outdoors	
Amount (\$) \$2,600.00	Payee address; City; P.O. Box 10  Lufkin, TX 75902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Billboard Advertising Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 3/7 Rpt: 26/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 11/18/2025	5 Payee name Lamar Advertising	
6 Amount (\$) \$2,224.80	7 Payee address; City; 5321 Corporate Boulevard  Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Billboard Advertising Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lufkin Daily News	Office sought Office held
Date 12/30/2025	Payee name Lufkin Daily News	
Amount (\$) \$1,552.50	Payee address; City; 300 Ellis Ave.  Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Newspaper Advertisements
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Real Graphics	Office sought Office held
Date 11/10/2025	Payee name Real Graphics	
Amount (\$) \$69.28	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 4/7 Rpt: 27/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 11/12/2025	5 Payee name Real Graphics	
6 Amount (\$) \$1,243.00	7 Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and Production of Campaign Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Real Graphics	Office sought Office held
Date 11/14/2025	Payee name Real Graphics	
Amount (\$) \$102.84	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Real Graphics	Office sought Office held
Date 11/17/2025	Payee name Real Graphics	
Amount (\$) \$398.64	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Real Graphics	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 5/7 Rpt: 28/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 11/26/2025	5 Payee name Real Graphics	
6 Amount (\$) \$2,231.57	7 Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Real Graphics	
Amount (\$) \$139.82	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Real Graphics	
Amount (\$) \$239.99	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 6/7 Rpt: 29/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 12/11/2025	5 Payee name Real Graphics	
6 Amount (\$) \$4,404.94	7 Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Real Graphics	
Amount (\$) \$1,913.88	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Real Graphics	
Amount (\$) \$779.27	Payee address; City; 417 E. Lufkin Ave  Lufkin , TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense for Campaign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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: Sch: 7/7 Rpt: 30/30	2 FILER NAME Skillern , Kristi (Ms.)	3 Filer ID (Ethics Commission Filers) 00090178
4 Date 11/14/2025	5 Payee name Sian Creative	
6 Amount (\$) \$800.00	7 Payee address; City; 518 County Barn Rd.  Lufkin, TX 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography/Videography Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Sian Creative	
Amount (\$) \$800.00	Payee address; City; 518 County Barn Rd.  Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography/Videography Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Sign Ad Outdoor	
Amount (\$) \$3,000.00	Payee address; City; 1010 North Loop P.O.Box 8626 Houston , TX 77249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Billboard Advertising Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held