

**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) 00089132 | 2 Total pages filed: 45 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Jessica A. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Caird | SUFFIX | Date Received ELECTRONICALLY FILED 01/14/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 6942 FM 1960 Rd. East, PMB #210 Humble, TX 77346-2706 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Kenneth C. | MI | | | |
| | NICKNAME | LAST Courville | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 6942 FM 1960 Rd. East, PMB #145 Humble, TX 77346-2706 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 868-4357 | | | | | |
| 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 07/01/2025 | 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) None | | | 12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 5 District 1 | | |

GO TO PAGE 2

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

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

2 of 45

| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Caird, Jessica A. (Ms.) | | 14 Filer ID (Ethics Commission Filers) 00089132 | | | | | | | | | | | | |
| 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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 5,980.74 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 5,723.24 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 3,162.91 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | |
| <p>Ms. Jessica A. Caird _____ Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| 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**

3 of 45

| | |
|---|--|
| 18 FILER NAME | 19 Filer ID (Ethics Commission Filers) 00089132 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 4,200.00 | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 1,780.74 | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,155.79 | |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 4,567.45 | |
| 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

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreo, Damian (Ms.) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77040 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Chief Operations Officer |
| 10 Contributor's employer/law firm RMS Electric | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Cici (Ms.) |
| | | Contributor address; City; State; Zip Code Kingwood, TX 77339-2068 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/05/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Ann (Ms.) |
| | | Contributor address; City; State; Zip Code Dallas, TX 75243-1373 |
| 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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, David 6 Contributor address; City; State; Zip Code Houston, TX 77024 | 7 Amount of Contribution (\$) \$100.00 |
| | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/08/2025 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 77007-7790 | | 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 09/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Warren (Mr.) Contributor address; City; State; Zip Code Houston, TX 77084-5042 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Insurance Executive | | Contributor's Job Title President |
| Contributor's employer/law firm Employer's Risk Ins. | | 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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knecht, Samantha (Ms.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77055 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title ADA |
| 10 Contributor's employer/law firm Harris County Dist. Attorney's Office | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kugler, Eric (Mr.) | | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Sugarland, TX 77478 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) None |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickelson, Sarah (Ms.) | | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Houston, TX 77024 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Assistant District Attorney |
| Contributor's employer/law firm Harris County Dist. Attorney's Office | | Law firm of contributor's spouse (if any) Foley & Lardner LLP |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitcham, David (Mr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77019 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/17/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramming, Temple (Mr.) |
| | | Contributor address; City; State; Zip Code Conroe, TX 77304 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Assistant District Attorney |
| Contributor's employer/law firm Harris County Dist. Attorney's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/18/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagin, Shawna (The Honorable) |
| | | Contributor address; City; State; Zip Code Houston, TX 77008 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Assistant District Attorney |
| Contributor's employer/law firm Harris County Dist. Attorney's Office | | 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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, Markay (Ms.) | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Spring, TX 77382 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/29/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ray (Mr.) |
| | | Contributor address; City; State; Zip Code Webster, TX 77598 |
| 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 08/24/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Valerie (Ms.) |
| | | Contributor address; City; State; Zip Code Bellarie, TX 77401 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Assistant District Attorney |
| Contributor's employer/law firm Fort Bend DAO | | 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**

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/45 |
| 2 FILER NAME Caird, Jessica A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Valerie (Ms.) 6 Contributor address; City; State; Zip Code Bellarie, TX 77401 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Assistant District Attorney |
| 10 Contributor's employer/law firm Fort Bend DAO | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/45</p> |
| <p>2 FILER NAME Caird, Jessica A. (Ms.)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00089132</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | <p>\$</p> |
| <p>5 Date 09/18/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeAngelo, Lori (The Honorable)</p> <p>7 Contributor address; City; State; Zip Code Bellaire, TX 77402-0655</p> | <p>8 Amount of contribution (\$) \$890.35</p> <p>9 In-kind contribution description Expenses paid for joint fundraiser on September 18, 2025</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL) Judicial Campaign</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions) Judge</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL) State of Texas</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Montgomery County</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |
| <p>Date 09/18/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simons, Dan (The Honorable)</p> <p>Contributor address; City; State; Zip Code Houston, TX 77205</p> | <p>Amount of contribution (\$) \$890.39</p> <p>In-kind contribution description Expenses paid in joint fundraiser on September 18, 2025</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL) Judicial Campaign Fund</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) Judge</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL) State of Texas</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |

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: 1/4 Rpt: 11/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 08/24/2025 | 5 Payee name Anedot | |
| 6 Amount (\$) \$4.30 | 7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/11/2025 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/16/2025 | Payee name Anedot | |
| Amount (\$) \$10.30 | Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| 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: 2/4 Rpt: 12/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/17/2025 | 5 Payee name Anedot | |
| 6 Amount (\$) \$8.30 | 7 Payee address; City; 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/17/2025 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/18/2025 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| 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: 3/4 Rpt: 13/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/18/2025 | 5 Payee name Anedot | |
| 6 Amount (\$) \$20.30 | 7 Payee address; City; 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/20/2025 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; 3723 Greenville Ave #41002 Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 credit card processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/18/2025 | Payee name Campaign Partners LLC | |
| Amount (\$) \$890.39 | Payee address; City; P.O. BOX 655 Bellaire, TX 77402-0655 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fundraiser expenses for September 18, 2025 joint fundraiser |
| 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: 4/4 Rpt: 14/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/18/2025 | 5 Payee name Campaign Partners LLC | | |
| 6 Amount (\$) \$205.00 | 7 Payee address; City; P.O. BOX 655 Bellaire, TX 77402 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fundraiser expenses for September 18, 2025 joint fundraiser | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/31 Rpt: 15/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/16/2025 | 5 Payee name Austin County Republican Party | | |
| 6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 856 W. Main St. Bellville, TX 77418 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 ticket to event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/25/2025 | Payee name Blake's Kithen @ Kocktailz | | |
| Amount (\$) \$26.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2035 Milan St., Ste A Columbus, TX 78934 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/04/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$8.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 12.1miles to attend Kingwood July 4th Parade | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/31 Rpt: 16/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 07/08/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$112.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 160miles to attend Washington County Republican Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/12/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$46.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 66miles to attend Saturday Menudo Club | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/19/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$37.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 54miles to attend Candidate Petition Signing Event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule G: Sch: 3/31 Rpt: 17/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 07/22/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$40.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 58miles to attend Texas Truth Movement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 07/27/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$48.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 69miles to attend Signing Event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 07/28/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$24.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 35.6miles to attend West Loop Conservatives |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/31 Rpt: 18/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 07/30/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$30.10 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 43miles to attend Carolyn B. Bryant's Meet Up |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 08/02/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$46.20 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 66miles to attend Saturday Menudo Club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 08/07/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$103.60 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 148miles to attend Galveston Pachyderm Club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 5/31 Rpt: 19/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/09/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$43.40 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 62miles to attend HCGOP Judicial Information Session | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/12/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$52.50 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 75miles to attend Fort Bend County Executive Committee Meeting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/13/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 28.5miles to attend Log Cabin Republicans | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 6/31 Rpt: 20/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/14/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$47.60 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 68miles to attend Chambers County Executive Committee Meeting | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/16/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$56.00 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 80miles to attend Menudo Club Cypress | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/16/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$113.40 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 162miles to attend Austin County Republican Picnic | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: Sch: 7/31 Rpt: 21/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 08/19/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$39.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 56miles to attend Cherry Tree Republican Club |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 08/21/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$60.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 86miles to attend Sweetgrass Republicans Club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 08/26/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 20miles to attend Greater Houston Council of Rep. Women Garden Party |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: Sch: 8/31 Rpt: 22/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 08/30/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$54.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 78miles to attend West Loop Energy Corridor Patriots |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 09/05/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$67.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 96miles to attend Clear Creek Republican Women |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 09/06/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$54.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 78miles to attend signing event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 9/31 Rpt: 23/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/08/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$38.50 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 55miles to attend Texas Asian Republican Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/10/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 28.5miles to attend Log Cabin Republicans | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/11/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$69.93 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 99.9miles to attend Waller County Republican Party | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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|---|--|--|
| 1 Total pages Schedule G: Sch: 10/31 Rpt: 24/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 09/15/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$36.26 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 8 PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 51.8miles to attend Harris County Executive Committee Meeting </div> |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 09/17/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$21.70 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Travel In District Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 31miles to attend Joint Fundraiser </div> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 09/23/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$49.00 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Travel In District Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 70miles to attend South Loop 7 Meet Up (speaker) </div> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|--|--|--|-------------|
| 1 Total pages Schedule G: Sch: 11/31 Rpt: 25/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/25/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$189.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 270miles to attend TLR interview | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/25/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$140.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 200miles to attend Colorado Rep. Exec. Com. Meeting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/30/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$49.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 71miles to attend Meet & Greet Rep. Candidates | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|--|--|---|-------------|
| 1 Total pages Schedule G: Sch: 12/31 Rpt: 26/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 10/02/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$103.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 148miles to attend Greater Galveston Island Pachyderm Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/14/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$114.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 164miles to attend Austin County Bar Asso. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/16/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$5.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 8miles to attend Kingwood Area Republican Women | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|---|--|--|-------------|
| 1 Total pages Schedule G: Sch: 13/31 Rpt: 27/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 10/18/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$57.40 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 82miles to attend Petition Signing | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/22/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$24.29 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 34.7miles to attend Petition Signing | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/23/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$28.56 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 40.8miles to attend Menudo Candidate Meet & Greet | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|---|--|--|-------------|
| 1 Total pages Schedule G: Sch: 14/31 Rpt: 28/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 11/02/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$39.27 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 56.1miles to attend Signing Event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/09/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$56.98 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 81.4miles to attend Signing Event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/10/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$245.70 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 351miles to attend Filing to be on the Primary Ballot | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule G: Sch: 15/31 Rpt: 29/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 |
| 4 Date 11/10/2025 | 5 Payee name Caird, Jessica (Ms.) | |
| 6 Amount (\$) \$2.25 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee to turn in application to appear on the ballot at the State Party Headquarters |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 11/11/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$49.00 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 70miles to attend CyFair Republican Women PAC |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 11/12/2025 | Payee name Caird, Jessica (Ms.) | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 28.5miles to attend Log Cabin Republicans |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 16/31 Rpt: 30/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 11/17/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$22.75 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 32.5miles to attend Kingwood Tea Party | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/18/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 28.5miles to attend Red Riders of Houston | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/01/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$102.06 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 145.8miles to attend Grimes County Rep Exec Comm. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|---|--|--|-------------|
| 1 Total pages Schedule G: Sch: 17/31 Rpt: 31/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 12/03/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$27.72 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 39.6miles to attend Fort Bend Republicn Women's Club Xmas Party | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/04/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$84.70 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 121miles to attend Austin County Republianc Party Candidate Forum | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/09/2025 | Payee name Caird, Jessica (Ms.) | | |
| Amount (\$) \$27.72 | Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 39.6miles to attend Greater Houston Pachyderm Xmas party | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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| 1 Total pages Schedule G: Sch: 18/31 Rpt: 32/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/27/2025 | 5 Payee name Caird, Jessica (Ms.) | | |
| 6 Amount (\$) \$44.80 | 7 Payee address; City; State; Zip Code 6942 FM 1960 Rd E PMB 210 Humble, TX 77346-2706 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage of 64miles to attend Fort Bend Republican Women's Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/11/2025 | Payee name Campaign Partners LLC | | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 655 Bellaire, TX 77402-0655 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consultant Fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/19/2025 | Payee name Cherry Tree Republican Club | | |
| Amount (\$) \$11.00 | Payee address; City; State; Zip Code 5505 FM 1960 Rd W Houston, TX 77069 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entry fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 19/31 Rpt: 33/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/05/2025 | 5 Payee name Clear Creek Republican Women's Club | | |
| 6 Amount (\$) \$20.00 | 7 Payee address; City; State; Zip Code PO Box 2171 League City, TX 77574 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Event 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 entry lunch included | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/13/2025 | Payee name Cuchara | | |
| Amount (\$) \$34.35 | Payee address; City; State; Zip Code 214 Fairview St., Houston, TX 77006 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food & drink event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/10/2025 | Payee name Cuchara | | |
| Amount (\$) \$12.62 | Payee address; City; State; Zip Code 214 Fairview St., Houston, TX 77006 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense drink event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|---|---|---|-------------|
| 1 Total pages Schedule G: Sch: 20/31 Rpt: 34/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 11/18/2025 | 5 Payee name Cuchara | | |
| 6 Amount (\$) \$6.91 | 7 Payee address; City; State; Zip Code 214 Fairview St., Houston, TX 77006 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 drink event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/05/2025 | Payee name CyFair Republican Women | | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 8524 Hwy 6, North #550 Houston, TX 77095 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Event 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 lunch & entry | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/28/2025 | Payee name Cyclone Anaya's | | |
| Amount (\$) \$8.79 | Payee address; City; State; Zip Code 3736 Westheimer Rd. Houston, TX 77027 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 drink & tip event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 21/31 Rpt: 35/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 07/28/2025 | 5 Payee name Cyclone Anaya's | | |
| 6 Amount (\$) \$8.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3736 Westheimer Rd. Houston, TX 77027 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 iced tea & tip | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/24/2025 | Payee name Cyclone Anaya's | | |
| Amount (\$) \$17.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3736 Westheimer Rd. Houston, TX 77027 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dinner at event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/14/2025 | Payee name El Jimador Mexican Grill #5 | | |
| Amount (\$) \$18.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 564 E. Hill St. Bellville, TX 77418 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food at event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 22/31 Rpt: 36/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 07/29/2025 | 5 Payee name Fort Bend Republican Women's Club | | |
| 6 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 14019 Southwest Fwy. #340 Sugar Land, TX 77478 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 entry fee 8/27/25 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/25/2025 | Payee name Fort Bend Republican Women's Club | | |
| Amount (\$) \$78.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 14019 Southwest Fwy. #340 Sugar Land, TX 77478 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entry to X-mas lunch | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/26/2025 | Payee name GHCFRW Garden Party Event | | |
| Amount (\$) \$85.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7941 Katy Fwy. Ste. 272 Houston, TX 77024 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ticket to event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 23/31 Rpt: 37/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 10/02/2025 | 5 Payee name Galveston Island Pachyderm Club | | |
| 6 Amount (\$) \$42.50 | 7 Payee address; City; State; Zip Code 906 91st Street Galveston, TX 77554-9148 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Event 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 ticket to event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/25/2025 | Payee name Greater Houston Pachyderm Club | | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 2726 Bissonnet St, Ste 240-215 Houston, TX 77005 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tickets to Xmas party |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/08/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$9.95 | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Washington County Republican Club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|--|---|---|-------------|
| 1 Total pages Schedule G: Sch: 24/31 Rpt: 38/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 07/12/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Washington County Republican Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/27/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$1.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Signing Event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/19/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$1.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Cherry Tree Republican Club | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 25/31 Rpt: 39/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/08/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$3.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Texas Asian Republican Club | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/11/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$1.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Waller County Republican Party | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/15/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$1.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Harris County Executive Committee Meeting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|-------------|
| 1 Total pages Schedule G: Sch: 26/31 Rpt: 40/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/23/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$4.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend South Loop 7 Meet Up (speaker) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/25/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out of District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend TLR interview | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/25/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$0.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Colorado Rep. Exec. Com. Meeting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

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|--|---|--|-------------|
| 1 Total pages Schedule G: Sch: 27/31 Rpt: 41/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 09/30/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Meet & Greet Rep. Candidates | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/14/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Austin County Bar Asso. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/09/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$2.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Signing Event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 28/31 Rpt: 42/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 11/10/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$6.56 | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Filing to be on the Primary Ballot | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/11/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$1.35 | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend CyFair Republican Women PAC | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/01/2025 | Payee name Harris County Toll Road Authority | | |
| Amount (\$) \$0.00 | Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Grimes County Rep Exec Comm. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 29/31 Rpt: 43/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 12/04/2025 | 5 Payee name Harris County Toll Road Authority | | |
| 6 Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 Wilshire Place Dr Houston, TX 77040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to attend Austin County Republiacn Party Candidate Forum | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/16/2025 | Payee name Mamacitas | | |
| Amount (\$) \$15.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 19831 Northwest Fwy., Houston, TX 77065 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food & tip event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/16/2025 | Payee name Mamacitas | | |
| Amount (\$) \$14.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 19831 Northwest Fwy., Houston, TX 77065 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food at Menudo | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 30/31 Rpt: 44/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/19/2025 | 5 Payee name Mamacitas | | |
| 6 Amount (\$) \$17.48 | 7 Payee address; City; 19831 Northwest Fwy., Houston, TX 77065 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/10/2025 | Payee name Meyer's Elgin Smokehouse | | |
| Amount (\$) \$20.95 | Payee address; City; 188 US 290 Elgin, TX 78621 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food on return from GOP filing | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/02/2025 | Payee name Ninfa's | | |
| Amount (\$) \$24.40 | Payee address; City; 8553 Gulf Fwy Houston, TX 77017 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food at event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 31/31 Rpt: 45/45 | 2 FILER NAME Caird, Jessica A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089132 | |
| 4 Date 08/30/2025 | 5 Payee name Poblano's Mexican Grill | | |
| 6 Amount (\$) \$9.58 | 7 Payee address; City; State; Zip Code 1250 Eldridge Pkwy Houston, TX 77077 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food at event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/22/2025 | Payee name Texas Truth Movement | | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 27708 SH249 #108 Tomball, TX 77375 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entry fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/28/2025 | Payee name Vista Print | | |
| Amount (\$) \$51.46 | Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |