

**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) 00066173	2 Total pages filed: 36		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jennifer	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Balido	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; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOV'T CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Randy	MI			
	NICKNAME	LAST Walters	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOV'T CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 697-9419	EXTENSION			
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 03/03/2026		Day	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) Criminal District Court Judge, Dallas Co. Place 1 Dallas			12 OFFICE SOUGHT (if known) Court Of Criminal Appeals, Judge Place 9		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Balido, Jennifer (The Honorable)		14 Filer ID (Ethics Commission Filers) 00066173												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 34,960.37												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 30,754.82												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 19,580.50												
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 style="text-align: right;">The Honorable Jennifer Balido</p> <hr/> <p style="text-align: right;">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**

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<b>18</b> FILER NAME Balido, Jennifer (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00066173
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 34,960.37	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
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 \$ 15,379.87	
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 \$ 15,374.95	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/36												
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173												
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubin, Nancy ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	<b>7</b> Amount of Contribution (\$) \$260.25												
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired												
<b>10</b> Contributor's employer/law firm N/A		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clancy, Daniel (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75204 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td>Contributor's Job Title Law Firm Owner</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Self </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clancy, Daniel (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Law Firm Owner	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 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clancy, Daniel (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Law Firm Owner												
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)														
<table border="1"> <tr> <td>Date 12/15/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Janet (Ms.) ..... Contributor address; City; State; Zip Code  Manlius, TX 13104 </td> <td>Amount of Contribution (\$) \$50.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Furniture Maker </td> <td>Contributor's Job Title Owner</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm N/A </td> <td>Law firm of contributor's spouse (if any) Payne &amp; Blanchard</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Janet (Ms.) ..... Contributor address; City; State; Zip Code  Manlius, TX 13104	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation Furniture Maker		Contributor's Job Title Owner	Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) Payne & Blanchard	If contributor is a child, law firm of parent(s) (if any)		
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Janet (Ms.) ..... Contributor address; City; State; Zip Code  Manlius, TX 13104	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation Furniture Maker		Contributor's Job Title Owner												
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) Payne & Blanchard												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/36	
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173	
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox III, William (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$) \$500.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Law Firm Owner	
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/04/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Max ..... Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$) \$78.08
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate	
Contributor's employer/law firm Paul Hastings		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Jennifer (Ms.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$1,405.51
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	
Contributor's employer/law firm McCathern, Shokouri, Evans		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/36	
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173	
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Knox (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$) \$1,405.51	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Law Firm Owner	
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Folks, Shelly (Ms.) Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Court Reporter/Records service		Contributor's Job Title Owner	
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 12/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genender, Paul (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75220	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	
Contributor's employer/law firm Paul Hastings		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/36
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorsky, Bob <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Contributor's Principal Occupation Attorney	
<b>9</b> Contributor's Job Title Law Firm Owner		
<b>10</b> Contributor's employer/law firm Gorsky, Gilbert, Snider, Horn, Rogers, Watsky, LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goudarzi, Brent Contributor address; City; State; Zip Code  Gilmer, TX 75644		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner/Law Firm Owner
Contributor's employer/law firm Goudarzi & Young		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagood, Daniel (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75231		Amount of Contribution (\$) \$1,405.51
Contributor's Principal Occupation Attorney		Contributor's Job Title Law Firm Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/36	
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173	
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Nancy (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code  Comfort, TX 78013	<b>7</b> Amount of Contribution (\$) \$1,000.00	
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired	
<b>10</b> Contributor's employer/law firm none		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark , Gilbert (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Law Firm Owner	
Contributor's employer/law firm Gilbert Mediation Group/Gorsky Gilbert Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mateja, Bill (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	
Contributor's employer/law firm Sheppard Mullin		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

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/36</p>												
<p><b>2</b> FILER NAME Balido, Jennifer (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00066173</p>												
<p><b>4</b> Date 11/19/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner III, George (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201</p>	<p><b>7</b> Amount of Contribution (\$) \$250.00</p>												
<p><b>8</b> Contributor's Principal Occupation Attorney</p>		<p><b>9</b> Contributor's Job Title Law Firm Owner</p>												
<p><b>10</b> Contributor's employer/law firm Milner, Wynne</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>												
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prospero, Reed (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75225</td> <td>Amount of Contribution (\$) \$200.00</td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Attorney</p> </td> <td> <p>Contributor's Job Title Law Firm Owner</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Self</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prospero, Reed (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$) \$200.00	<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Law Firm Owner</p>	<p>Contributor's employer/law firm Self</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prospero, Reed (Mr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$) \$200.00												
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Law Firm Owner</p>												
<p>Contributor's employer/law firm Self</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 08/29/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snipes, Michael (Judge) ..... Contributor address; City; State; Zip Code  Dallas , TX 75214</td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Retired Senior District Judge</p> </td> <td> <p>Contributor's Job Title Retired Senior District Judge</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm none</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snipes, Michael (Judge) ..... Contributor address; City; State; Zip Code  Dallas , TX 75214	Amount of Contribution (\$) \$500.00	<p>Contributor's Principal Occupation Retired Senior District Judge</p>		<p>Contributor's Job Title Retired Senior District Judge</p>	<p>Contributor's employer/law firm none</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snipes, Michael (Judge) ..... Contributor address; City; State; Zip Code  Dallas , TX 75214	Amount of Contribution (\$) \$500.00												
<p>Contributor's Principal Occupation Retired Senior District Judge</p>		<p>Contributor's Job Title Retired Senior District Judge</p>												
<p>Contributor's employer/law firm none</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/36
<b>2</b> FILER NAME Balido, Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066173
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhl, Michael (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$) \$1,405.51
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Law firm owner
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Randy (Mr.) Contributor address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOVT CODE</b>		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Law Firm Owner
Contributor's employer/law firm Walters, Balido, & Crain		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sheila (Ms.) Contributor address; City; State; Zip Code  Colleyville, TX 76034		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 11/19/2025	5 Payee name Jen , Falk (Ms.)	
6 Amount (\$) \$5,622.07	7 Payee address; City; 3710 Rawlins  Dallas, TX 75231	
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 Fundraiser expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Pelican Campaigns	
Amount (\$) \$2,500.00	Payee address; City; P.O. Box 26326  Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Pelican Campaigns	
Amount (\$) \$1,500.00	Payee address; City; P.O. Box 26326  Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consultants
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: 2/2 Rpt: 12/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 12/23/2025	5 Payee name Pelican Campaigns	
6 Amount (\$) \$1,500.00	7 Payee address; City; P.O. Box 26326  Austin, TX 78755	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Republican Party of Texas	
Amount (\$) \$3,750.00	Payee address; City; 807 Brazos Street  Austin, TX 78701	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Republican Primary Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name WinRed	
Amount (\$) \$507.80	Payee address; City; 1776 Wilson Blvd  Arlington, TX 22209	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fees for December 2025
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: 1/24 Rpt: 13/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 10/16/2025	5 Payee name 48hourprint.com		
6 Amount (\$) \$160.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8000 Haskell Ave.  Van Nuys , CA 71406		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name 4Imprint		
Amount (\$) \$1,068.93  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code unknown  unknown, WI 73001		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/17/2025	Payee name Amarillo Republican Women		
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3505 Olsen Blvd Suite 223 Amarillo, TX 79109		
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 Luncheon	
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: 2/24 Rpt: 14/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 09/15/2025	5 Payee name Ambassadors for Israel		
6 Amount (\$) \$153.47  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3021 Ridge Road PMB 144 Rockwall, TX 75032		
8 PURPOSE OF EXPENDITURE	(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 Banquet	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/17/2025	Payee name American Airlines		
Amount (\$) \$821.16  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Skyview Drive  Ft. Worth, TX 76155		
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 Dallas to Corpus Christi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/23/2025	Payee name Austin Republican Women PAC Fund		
Amount (\$) \$45.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3804 Peak Lookout Drive  Austin, TX 78738		
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 Candidate Lunche0n	
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: 3/24 Rpt: 15/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 11/25/2025	5 Payee name Austin Republican Women PAC Fund		
6 Amount (\$) \$55.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3804 Peak Lookout Drive  Austin, TX 78738		
8 PURPOSE OF EXPENDITURE	(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 Luncheon	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/01/2025	Payee name Avis Rent A Car		
Amount (\$) \$149.29  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 98 Carson Road Suite 3 Garden City, NJ 11530		
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 Rental Car in Houston	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/18/2025	Payee name Avis Rent A Car		
Amount (\$) \$405.72  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 98 Carson Road Suite 3 Garden City , NJ 11530		
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 Car rental Corpus/Victoria/San Antonio	
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: 4/24 Rpt: 16/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 11/11/2025	5 Payee name Budget Rent A Car	
6 Amount (\$) \$61.33	7 Payee address; City; State; Zip Code 300 Ctr Pointe Dr.  Virginia Beach, VA 23462	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>8 PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>(a) Category (See Categories listed at the top of this schedule) Travel In District</span> <span>(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car in San Antonio</span> </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/18/2025	Payee name DFW Parking	
Amount (\$) \$64.00	Payee address; City; State; Zip Code 2400 Aviation Drive  Dallas, TX 75261	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Travel In District</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking</span> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/28/2025	Payee name Dallas County Council of Republican Women	
Amount (\$) \$41.50	Payee address; City; State; Zip Code 11617 North Central Expressway Suite 240 Dallas , TX 75243	
<input type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Food/Beverage Expense</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon</span> </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.

1 Total pages Schedule G: Sch: 5/24 Rpt: 17/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 09/01/2025	5 Payee name Dallas County GOP		
6 Amount (\$) \$250.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11617 North Central Expressway Suite 240 Dallas, TX 75243		
8 PURPOSE OF EXPENDITURE	(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 Holiday Party	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name El Paso Republican Party		
Amount (\$) \$60.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7717 Lockheed Drive Suite D El Paso, TX 79925		
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 Banquet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/25/2025	Payee name Fedex Office		
Amount (\$) \$89.23  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
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: 6/24 Rpt: 18/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 11/24/2025	5 Payee name Fedex Office		
6 Amount (\$) \$60.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards/Petitions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/23/2025	Payee name Fedex Office		
Amount (\$) \$52.54  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards/Petitions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/22/2025	Payee name Fedex Office		
Amount (\$) \$212.84  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards/petitions	
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: 7/24 Rpt: 19/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 11/21/2025	5 Payee name Fedex Office		
6 Amount (\$) \$15.34  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards/Petitions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name Fedex Office		
Amount (\$) \$9.97  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4612 Billingsley Blvd. Suite 39 Midland, TX 79705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/05/2025	Payee name Fedex Office		
Amount (\$) \$13.46  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
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 Petitions	
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: 8/24 Rpt: 20/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 10/21/2025	5 Payee name Fedex Office		
6 Amount (\$) \$14.94  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/24/2025	Payee name Fedex Office		
Amount (\$) \$62.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions/Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/23/2025	Payee name Fedex Office		
Amount (\$) \$212.42  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
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: 9/24 Rpt: 21/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 09/18/2025	5 Payee name Fedex Office		
6 Amount (\$) \$11.38  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/12/2025	Payee name Fedex Office		
Amount (\$) \$24.56  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/02/2025	Payee name Fedex Office		
Amount (\$) \$46.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards/Petitions	
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: 10/24 Rpt: 22/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 08/29/2025	5 Payee name Fedex Office		
6 Amount (\$) \$95.51  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/18/2025	Payee name Fedex Office		
Amount (\$) \$25.45  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/26/2025	Payee name Fedex Office		
Amount (\$) \$38.43  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
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: 11/24 Rpt: 23/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 07/25/2025	5 Payee name Fedex Office		
6 Amount (\$) \$22.29  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5545 LBJ Fwy Ste. C Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/14/2025	Payee name Ft. Worth Republican Women		
Amount (\$) \$36.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2413 Warner Rd  Fort Worth, TX 76110		
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 Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/16/2025	Payee name Golden Triangle Republican Women's Club		
Amount (\$) \$36.32  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6370 Madera Lane  Beaumont, TX 77706		
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 Luncheon	
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: 12/24 Rpt: 24/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 10/25/2025	5 Payee name Grand Hyatt	
6 Amount (\$) \$980.34	7 Payee address; City; State; Zip Code 600 E. Market Street  San Antonio, TX 78205	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>8 PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>(a) Category (See Categories listed at the top of this schedule) Travel In District</span> <span>(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in San Antonio</span> </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/23/2025	Payee name Hampton Inn Lubbock University	
Amount (\$) \$514.59	Payee address; City; State; Zip Code 2828 Marsha Sharp Fwy  Lubbock , TX 79415	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Travel In District</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Lubbock</span> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/19/2025	Payee name Hampton Inn Suites	
Amount (\$) \$119.08	Payee address; City; State; Zip Code 917 Navigation Blvd.  Corpus Christi, TX 78408	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Travel In District</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel</span> </div>
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: 13/24 Rpt: 25/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 12/04/2025	5 Payee name Hertz Car Rental		
6 Amount (\$) \$124.94	7 Payee address; City; State; Zip Code 5601 North West Expy  Oklahoma City, OK 73132		
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 Rental Car in Midland	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name Hertz Car Rental		
Amount (\$) \$120.01	Payee address; City; State; Zip Code 5601 North West Expy  Oklahoma City, OK 73132		
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 Rental car in El Paso	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/11/2025	Payee name Hertz Car Rental		
Amount (\$) \$237.88	Payee address; City; State; Zip Code 5601 North West Expy  Oklahoma City, OK 73132		
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 Rental Car in Midland	
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: 14/24 Rpt: 26/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 08/20/2025	5 Payee name Hertz Car Rental		
6 Amount (\$) \$137.32	7 Payee address; City; State; Zip Code 5601 North West Expy  Oklahoma City, OK 73132		
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 Rental Car in Lubbock	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/09/2025	Payee name Hilton Garden Inn		
Amount (\$) \$234.40	Payee address; City; State; Zip Code 301 West 17th Street  Austin, TX 78701		
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 Lodging	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/06/2025	Payee name Hilton Garden Inn		
Amount (\$) \$146.88	Payee address; City; State; Zip Code 1301 North Loop 250 West  Midland, TX 79706		
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 Lodging	
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: 15/24 Rpt: 27/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 11/16/2025	5 Payee name Hilton Garden Inn		
6 Amount (\$) \$125.37	7 Payee address; City; State; Zip Code 6650 Gateway Blvd East  El Paso, TX 79915		
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
Date 11/11/2025	Payee name Hilton Garden Inn		
Amount (\$) \$207.29	Payee address; City; State; Zip Code 8505 Broadway  San Antonio, TX 78217		
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>Category</b> (See Categories listed at the top of this schedule) Travel In District	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
Date 10/26/2025	Payee name Hotel Van Zandt		
Amount (\$) \$594.41	Payee address; City; State; Zip Code 605 Davis Street  Austin, TX 78701		
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>Category</b> (See Categories listed at the top of this schedule) Travel In District	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
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: 16/24 Rpt: 28/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 11/17/2025	5 Payee name Lake Travis Republican Club	
6 Amount (\$) \$47.50	7 Payee address; City; State; Zip Code 115 Fretti Drive  Lakewood, TX 78734	
<input type="checkbox"/> Reimbursement from political contributions intended		<b>8 PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</span> <span>(b) Description</span> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div> <p>Luncheon</p>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/01/2025	Payee name Love Field Parking Garage	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 7555 Lemmon Ave.  Dallas, TX 75209	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Travel In District</span> <span>Description</span> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div> <p>Parking</p>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/20/2025	Payee name Love Field Parking Garage	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 7555 Lemmon Ave.  Dallas, TX 75209	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Travel In District</span> <span>Description</span> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div> <p>Parking</p>
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: 17/24 Rpt: 29/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 08/14/2025	5 Payee name Lubbock Area Republican Women Pac		
6 Amount (\$) \$258.75  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2642 34th Street  Lubbock, TX 79410		
8 PURPOSE OF EXPENDITURE	(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 Banquet	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/19/2025	Payee name Lubbock Area Republican Women		
Amount (\$) \$20.50  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12513 Quaker  Lubbock, TX 79493		
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 Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2025	Payee name McLennan County Republican Women PAC		
Amount (\$) \$57.60  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2711 Woodland Drive  Waco, TX 76710		
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 Luncheon	
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: 18/24 Rpt: 30/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 08/04/2025	5 Payee name Midland County Republican Women		
6 Amount (\$) \$105.58  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6200 FM 307  Midland, TX 79706		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Club Dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/30/2025	Payee name Morgan Reed Photography		
Amount (\$) \$400.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9562 Spring Branch Drive  Dallas, TX 75238		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/20/2025	Payee name Parking Dallas Love Field		
Amount (\$) \$42.70  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7555 Lemmon Ave.  Dallas, TX 75231		
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 Parking 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  
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: 19/24 Rpt: 31/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 12/05/2025	5 Payee name Pkg Garage/Love Field		
6 Amount (\$) \$21.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7555 Lemmon Ave  Dallas, TX 75209		
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 Parking fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/08/2025	Payee name Republican Women of Greater North Texas		
Amount (\$) \$35.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11932 Salisbury Drive  Frisco, TX 75035		
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 Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/03/2025	Payee name Southwest Airlines		
Amount (\$) \$654.96  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235		
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 Flight	
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: 20/24 Rpt: 32/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 11/30/2025	5 Payee name Southwest Airlines		
6 Amount (\$) \$574.96  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235		
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 Travel to Houston	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/19/2025	Payee name Southwest Airlines		
Amount (\$) \$654.96  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235		
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 Travel to Lubbock	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name Southwest Airlines		
Amount (\$) \$684.95  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235		
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 Travel to El Paso	
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: 21/24 Rpt: 33/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173
4 Date 11/11/2025	5 Payee name Southwest Airlines	
6 Amount (\$) \$654.96	7 Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235	
<b>8 PURPOSE OF EXPENDITURE</b> (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 Flight to Midland
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/09/2025	Payee name Southwest Airlines	
Amount (\$) \$654.96	Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235	
<b>PURPOSE OF EXPENDITURE</b> 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 Flight to San Antonio
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/15/2025	Payee name Southwest Airlines	
Amount (\$) \$530.97	Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235	
<b>PURPOSE OF EXPENDITURE</b> 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 Travel to El Paso
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: 22/24 Rpt: 34/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 08/19/2025	5 Payee name Southwest Airlines		
6 Amount (\$) \$658.59	7 Payee address; City; State; Zip Code P.O. Box 36611  Dallas, TX 75235		
<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 Airfare to Lubbock	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/09/2025	Payee name Texas Alliance for Life		
Amount (\$) \$120.00	Payee address; City; State; Zip Code 8000 Center Park Drive Suite 380 Austin, TX 78754		
<input type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	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 Banquet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/14/2025	Payee name Texas Federation of Republican Women		
Amount (\$) \$260.73	Payee address; City; State; Zip Code 13740 North Hwy 183 Suite J4 Austin, TX 78750		
<input type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Registration fee for Convention	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee for Convention
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: 23/24 Rpt: 35/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 09/22/2025	5 Payee name Texas Right to Life Committee		
6 Amount (\$) \$300.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4500 Bissonnet Suite 305 Houston, TX 77401		
8 PURPOSE OF EXPENDITURE	(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 Banquet	
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 State Directory		
Amount (\$) \$113.86  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1800 Nueces Street  Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense List of Elected Officials	
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 State Directory		
Amount (\$) \$151.55  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1800 Nueces Street  Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense List of Elected Officials	
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: 24/24 Rpt: 36/36	2 FILER NAME Balido, Jennifer (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066173	
4 Date 12/02/2025	5 Payee name The Hundred Dollar Headshot		
6 Amount (\$) \$75.78  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 606 North Edgefield Ave.  Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshot photos	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/26/2025	Payee name The Hundred Dollar Headshot		
Amount (\$) \$270.22  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 606 North Edgefield Ave.  Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshots for Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held