

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00026313	2 Total pages filed: 12								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Jessica</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Jessica	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026					
	MS / MRS / MR The Honorable	FIRST Jessica	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Farrar</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Farrar	SUFFIX							
NICKNAME	LAST Farrar	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 30099 Houston, TX 77249		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST John</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR Mr.	FIRST John	MI MI					
	MS / MRS / MR Mr.	FIRST John	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Farrar</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Farrar	SUFFIX						
NICKNAME	LAST Farrar	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 30099 Houston, TX 77249										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 535-0807										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE Month Day Year</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE						
	ELECTION DATE Month Day Year	ELECTION TYPE									
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special				
<input 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) State Representative District 148										
	12 OFFICE SOUGHT (if known) State Representative District 148										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Farrar, Jessica (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00026313	

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	265,307.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Jessica Farrar

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Farrar, Jessica (The Honorable)		19 Filer ID (Ethics Commission Filers) 00026313	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,171.22
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,171.22
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/5 Rpt: 4/12	2 FILER NAME Farrar, Jessica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/12/2025
7 PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$360.00	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/12/2025
PAYEE	(a) Payee name USPS PO Boxes Online		(b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260-0004
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description post office box rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$220.51	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 09/12/2025
PAYEE	(a) Payee name Hostgator.com		(b) Payee address; City, State, Zip Code 11251 Northwest Frwy., Ste. 400 Houston, TX 77092
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website hosting service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 5/12	2 FILER NAME Farrar, Jessica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/16/2025	(c) Date(s) Credit Card Issuer Paid 08/12/2025
7 PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/12/2025
PAYEE	(a) Payee name Norton Software		(b) Payee address; City, State, Zip Code 350 Ellis Street Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description anti-virus software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/12/2025
PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 6/12	2 FILER NAME Farrar, Jessica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/16/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 08/12/2025
PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 10/12/2025
PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 7/12	2 FILER NAME Farrar, Jessica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 09/12/2025
PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/22/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/5 Rpt: 8/12	2 FILER NAME Farrar, Jessica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026313
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 12/22/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Houston K-911 Rescue		(b) Payee address; City, State, Zip Code P.O. Box 37091 Houston, TX 77237
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name The 19th News		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd., Ste. 107-353 Austin, TX 78746
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 9/12	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 08/12/2025	5 Payee name American Express	
6 Amount (\$) 360.00	7 Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of USPS PO Boxes Online charge on 7/15/2025
Date 09/12/2025	Payee name American Express	
Amount (\$) 220.51	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Hostgator.com charge on 9/5/2025
Date 10/12/2025	Payee name American Express	
Amount (\$) 140.71	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Norton Software charge on 10/9/2025
Date 09/12/2025	Payee name American Express	
Amount (\$) 25.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 8/16/2025

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 10/12/2025	5 Payee name American Express	
6 Amount (\$) 25.00	7 Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 9/16/2025
Date 11/12/2025	Payee name American Express	
Amount (\$) 25.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 10/16/2025
Date 12/12/2025	Payee name American Express	
Amount (\$) 25.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 11/16/2025
Date 12/31/2025	Payee name American Express	
Amount (\$) 25.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 12/12/2025

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 08/12/2025	5 Payee name American Express	
6 Amount (\$) 50.00	7 Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 7/22/2025
Date 09/12/2025	Payee name American Express	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 8/22/2025
Date 10/12/2025	Payee name American Express	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 9/22/2025
Date 11/12/2025	Payee name American Express	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 10/22/2025

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Farrar, Jessica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026313
4 Date 12/12/2025	5 Payee name American Express	
6 Amount (\$) 50.00	7 Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 11/22/2025
Date 12/31/2025	Payee name American Express	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of Houston K-911 Rescue charge on 12/22/2025
Date 08/12/2025	Payee name American Express	
Amount (\$) 25.00	Payee Address; City; State; Zip P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) payment of The 19th News charge on 7/16/2025