

**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) 00090483	2 Total pages filed: 15		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Tamika L.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Jones	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3133 Castle Rock Lane			Date Hand-delivered or Date Postmarked		
	Garland, TX 75044			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Joanna L.	MI			
	NICKNAME	LAST Schmehl Irizarry	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 723 Clayton Circle		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Coppell, TX 75019					
7 CAMPAIGN TREASURER PHONE	AREA CODE (214) 680-8767	PHONE NUMBER EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) District Judge District 330		

**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	Jones, Tamika L. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090483
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>		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 18,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 8,844.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 9,646.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 15,000.00

**17 AFFIDAVIT**

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

Ms. Tamika L. Jones

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath

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

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

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

3 of 15

<b>18</b> FILER NAME Jones, Tamika L. (Ms.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090483
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 18,175.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 8,844.97	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/15
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483
<b>4</b> Date 01/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Cohan, Mark ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Law office of Mark Cohan		<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 01/07/2026 ..... Contributor's Principal Occupation Lawyer		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arevalo, Cruz ..... Contributor's Job Title Lawyer
Contributor's employer/law firm Cruz Arevalo, P.C.		Amount of Contribution (\$) \$500.00 ..... Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/2026 ..... Contributor's Principal Occupation Managing Partner		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Rebecca ..... Contributor's Job Title Managing Partner
Contributor's employer/law firm Armstrong Divorce and Family Law		Amount of Contribution (\$) \$1,000.00 ..... Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/15
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483
<b>4</b> Date 01/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Evelyn	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Desoto, TX 75115	
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/06/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffee Eitzen, LLP
Contributor address; City; State; Zip Code  Dallas, TX 75219-2338		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Robert
Contributor address; City; State; Zip Code  Dallas, TX 75225		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Epstein Family Law P.C.		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: 6/15
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Robert <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Epstein Family Law P.C.		<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)		
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Firm, GBA <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75206	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Contributor's Principal Occupation</b> Attorney		<b>Contributor's Job Title</b> Attorney
<b>Contributor's employer/law firm</b> Goranson Bain Ausley		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin Bowman PC <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75201-3499	<b>Amount of Contribution (\$)</b>  \$3,000.00
<b>Contributor's Principal Occupation</b>		<b>Contributor's Job Title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# 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: 7/15												
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483												
<b>4</b> Date 01/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Henderson Love, Mellannise ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney												
<b>10</b> Contributor's employer/law firm Law Office of Mellannise Henderson-Love, PLLC.		<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 01/01/2026</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jones, Octavia ..... Contributor address; City; State; Zip Code  Cedar Hill, TX 75104</td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation Not Employed         </td> <td>           Contributor's Job Title Not Employed         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm Not Employed         </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 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jones, Octavia ..... Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation Not Employed		Contributor's Job Title Not Employed	Contributor's employer/law firm Not Employed		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jones, Octavia ..... Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation Not Employed		Contributor's Job Title Not Employed												
Contributor's employer/law firm Not Employed		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 01/18/2026</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McClain, Lauren ..... Contributor address; City; State; Zip Code  Dallas, TX 75234</td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation Attorney         </td> <td>           Contributor's Job Title Attorney         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm The Law Office OfLaurenTheLawyer         </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 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McClain, Lauren ..... Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm The Law Office OfLaurenTheLawyer		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McClain, Lauren ..... Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm The Law Office OfLaurenTheLawyer		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: 8/15	
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483	
<b>4</b> Date 01/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Jim ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$2,500.00	
<b>8</b> Contributor's Principal Occupation Owner/Managing Partner		<b>9</b> Contributor's Job Title Owner/Managing Partner	
<b>10</b> Contributor's employer/law firm Mueller Family Law Group		<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 01/06/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsinger, Nelson, Downing & Anderson LLP ..... Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01/02/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Patrick ..... Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not Employed		Contributor's Job Title Not Employed	
Contributor's employer/law firm Not Employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/15												
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483												
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally J. Bybee PC ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-6735	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<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 01/04/2026 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Adam ..... Contributor address; City; State; Zip Code  Dallas, TX 75214 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Lawyer </td> <td> Contributor's Job Title Lawyer </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Adam L. Seidel PC </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 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Adam ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer	Contributor's employer/law firm Adam L. Seidel PC		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Adam ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer												
Contributor's employer/law firm Adam L. Seidel PC		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 01/06/2026 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lake, chris ..... Contributor address; City; State; Zip Code  Dallas, TX 75225 </td> <td> Amount of Contribution (\$) \$500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation attorney </td> <td> Contributor's Job Title attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Wilson Lake Savage &amp; Gajak </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 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lake, chris ..... Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation attorney		Contributor's Job Title attorney	Contributor's employer/law firm Wilson Lake Savage & Gajak		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lake, chris ..... Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation attorney		Contributor's Job Title attorney												
Contributor's employer/law firm Wilson Lake Savage & Gajak		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/15
<b>2</b> FILER NAME Jones, Tamika L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090483
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) marsala, john ..... <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75051	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm law office of John Marsala		<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)		

# 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: 1/5 Rpt: 11/15	2 FILER NAME Jones, Tamika L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090483
4 Date 01/22/2026	5 Payee name ActBlue	
6 Amount (\$) \$101.33	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/11/2026	Payee name Espy Consulting	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4206 Goodfellow  Dallas, TX 75229	
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 Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name FedEx Office	
Amount (\$) \$35.71	Payee address; City; State; Zip Code 7900 Legacy Dr.  Plano, TX 75024	
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 Print Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 12/15	2 FILER NAME Jones, Tamika L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090483
4 Date 01/21/2026	5 Payee name JD Advisory Group	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO BOX 227272  Dallas, TX 75222	
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 Compliance and Reporting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/07/2026	Payee name Minutemen Press	
Amount (\$) \$4,059.38	Payee address; City; State; Zip Code 61 Executive Boulevard  Farmingdale, NY 11735	
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 Print Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name Ravenedge Inc.	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO BOX 227272  Dallas, TX 75222	
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 Marketing - Social Media Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 13/15	2 FILER NAME Jones, Tamika L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090483	
4 Date 01/22/2026	5 Payee name Rojas, Kruse		
6 Amount (\$) \$1,050.03	7 Payee address; City; State; Zip Code 3915 Main Street  Dallas, TX 75226		
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 Print Materials	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 01/22/2026	Payee name Stripe		
Amount (\$) \$215.52	Payee address; City; State; Zip Code 54 Oyster Point Boulevard, South  San Francisco, CA 94080		
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 Merchant Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 01/11/2026	Payee name Vistaprint		
Amount (\$) \$385.36	Payee address; City; State; Zip Code 275 Wyman Street  Waltham, MA 02451		
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 Print Materials	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 14/15	2 FILER NAME Jones, Tamika L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090483
4 Date 01/11/2026	5 Payee name Walgreens	
6 Amount (\$) \$68.85	7 Payee address; City; State; Zip Code 108 Wilmot Road #2002 Deerfield, IL 60015	
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 Print Materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wix	Office sought Office held
Date 01/05/2026	Payee name Wix	
Amount (\$) \$18.18	Payee address; City; State; Zip Code 500 Terry A Francois Blvd, San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Web Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wix	Office sought Office held
Date 01/05/2026	Payee name Wix	
Amount (\$) \$10.82	Payee address; City; State; Zip Code 500 Terry A Francois Blvd, San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Web Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wix	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 15/15	2 FILER NAME Jones, Tamika L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090483	
4 Date 01/05/2026	5 Payee name Wix		
6 Amount (\$) \$49.79	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd,  San Francisco, CA 94158		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Web Services	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held