

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) 00081433 | | 2 Total pages filed: 13 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | | FIRST Jackie Lee | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026 | |
| | NICKNAME | | LAST Schlegel | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 4909 Wareham Dr. | | ZIP CODE | | Date Hand-delivered or Date Postmarked | |
| | Arlington, TX 76017 | | | | Receipt # | |
| | | | | | Amount | |
| | | | | | Date Processed | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | | FIRST Mona | | MI | |
| | NICKNAME | | LAST Bailey | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 6200 Lake Way N. | | APT / SUITE #; CITY; STATE; ZIP CODE | | Richland Hills, TX 76180 | |
| | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (817) | 542-4456 | | | | |
| 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 | Day | Year | THROUGH | Month Day Year | |
| | 01/01/2026 | | | | 01/22/2026 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | 03/03/2026 | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) | | |
| | | | | State Representative District 94 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 13

| | | | |
|----------------|----------------------------|-------------|----------------------------|
| 13 C / OH NAME | Schlegel, Jackie Lee (Ms.) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00081433 | |

| | | |
|--|--|--------------------------------------|
| 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) | \$ | 56,651.38 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 459.34 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 66,495.19 |
| 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.

Ms. Jackie Lee Schlegel

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**

3 of 13

| | | |
|--|---|---|
| 18 FILER NAME Schlegel, Jackie Lee (Ms.) | | 19 Filer ID (Ethics Commission Filers) 00081433 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,111.38 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 46,540.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 459.34 |
| 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 A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMSTRONG, ROBIN <hr/> 6 Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546 | 7 Amount of Contribution (\$) \$520.51 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN | | 9 Employer (See Instructions) ARMSTRONG MEDICAL GROUP |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, KATHI <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76016 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) ENTREPRENEUR | | Employer (See Instructions) DESIGNED FOR LIFE MEDIA PRODUCTIONS |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARLOW, CHELSEA <hr/> Contributor address; City; State; Zip Code MANSFIELD, TX 76063 | Amount of Contribution (\$) \$520.51 |
| Principal occupation / Job title (See Instructions) LICENSED MINISTER AND NATUROPATHIC DOCTOR | | Employer (See Instructions) SELF |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, PATRICIA <hr/> Contributor address; City; State; Zip Code MANSFIELD, TX 76063 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) JUDGE | | Employer (See Instructions) TEXAS |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONDAR, PAUL <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) MANAGING PARTNER | | Employer (See Instructions) ALERA GROUP |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/17/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, KRIS <hr/> 6 Contributor address; City; State; Zip Code TERRELL, TX 75160 | 7 Amount of Contribution (\$) \$520.51 |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) RETIRED |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, ERICA <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77521 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) NATUROPATHIC DOCTOR | | Employer (See Instructions) ERICA CAMPBELL |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEFRANG, ROGER <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76013 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENT, MARTHA <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76016 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) SALES | | Employer (See Instructions) SELF-EMPLOYED INDEPENDENT CONTRACTOR |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKE, DON <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76094 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) INSURANCE BROKER | | Employer (See Instructions) COBLE CRAVENS |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUTTON, JILL <hr/> 6 Contributor address; City; State; Zip Code BEN WHEELER, TX 75754 | 7 Amount of Contribution (\$) \$260.25 |
| 8 Principal occupation / Job title (See Instructions) HR | | 9 Employer (See Instructions) CA PARTNERS |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTON, DARL <hr/> Contributor address; City; State; Zip Code EULESS, TX 76039 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDLUND, DAVID <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75035 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) LAND ACQUISITION | | Employer (See Instructions) COVENTRY HOMES |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOWLER, MELODY <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76016 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) PROFESSOR | | Employer (See Instructions) ARLINGTON BAPTIST UNIV |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE, KIM <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76013 | Amount of Contribution (\$) \$156.15 |
| Principal occupation / Job title (See Instructions) GUEST RELATIONS MANAGER | | Employer (See Instructions) TEMPEST TOURS |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOSS, TIMOTHY <hr/> 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76006 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) INSIDER RISK PROGRAM MANAGER | | 9 Employer (See Instructions) US GSA |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, ROGER <hr/> Contributor address; City; State; Zip Code GRAND PRAIRIE, TX 75050 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) TRIAL LAWYER | | Employer (See Instructions) MCCURDYHEATH |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, ROGER <hr/> Contributor address; City; State; Zip Code GRAND PRAIRIE, TX 75050 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) TRIAL LAWYER | | Employer (See Instructions) MCCURDYHEATH |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, SHANNON <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76017 | Amount of Contribution (\$) \$2,602.54 |
| Principal occupation / Job title (See Instructions) PROPERTY MANAGEMENT | | Employer (See Instructions) SELF |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGG, DAVID <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76109 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) NATUROPATHIC DR | | Employer (See Instructions) NATUROPATHIC WISDOM |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/01/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEATHLEY, BRYAN <hr/> 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76012 | 7 Amount of Contribution (\$) \$97.86 |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) RETIRED |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, JENNIFER <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80905 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) UCHEALTH |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENEFEE, TRACY <hr/> Contributor address; City; State; Zip Code HURST, TX 76054 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST | | Employer (See Instructions) CITIGROUP |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NASH, BARBARA <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76005 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, DAVID <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76116 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) CONSULTANT | | Employer (See Instructions) LONGBOW PARTNERS |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGE, MICHELLE <hr/> 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76005 | 7 Amount of Contribution (\$) \$260.25 |
| 8 Principal occupation / Job title (See Instructions) ASSISTANT DISTRICT ATTORNEY | | 9 Employer (See Instructions) WISE COUNTY DA OFFICE |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHLEGEL, DAVID <hr/> Contributor address; City; State; Zip Code FERNANDINA BEACH, FL 32034 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, TYLER <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76133 | Amount of Contribution (\$) \$94.00 |
| Principal occupation / Job title (See Instructions) HOMEMAKER | | Employer (See Instructions) HOMEMAKER |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULLIVAN, SANDRA <hr/> Contributor address; City; State; Zip Code PLANO, TX 75075 | Amount of Contribution (\$) \$97.86 |
| Principal occupation / Job title (See Instructions) CHIROPRACTOR | | Employer (See Instructions) SULLIVAN CHIROPRACTIC |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYLER, AMY <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78749 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) NATUROPATHIC DOCTOR | | Employer (See Instructions) WHOLE HEALTH SOLUTIONS |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/13 |
| 2 FILER NAME Schlegel, Jackie Lee (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANHOOZER, KARI <hr/> 6 Contributor address; City; State; Zip Code BEDFORD, TX 76022 | 7 Amount of Contribution (\$) \$26.03 |
| 8 Principal occupation / Job title (See Instructions) HOUSEWIFE | | 9 Employer (See Instructions) SELF |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VENTURA, LISA <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76012 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) INSTRUCTOR | | Employer (See Instructions) TRIGGER DISCIPLINE TRAINING |
| Date 01/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, JAMES <hr/> Contributor address; City; State; Zip Code HILLISTER, TX 77624 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) STATE OF TEXAS | | Employer (See Instructions) SELF |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YORK, RACHEL <hr/> Contributor address; City; State; Zip Code CISCO, TX 76437 | Amount of Contribution (\$) \$26.35 |
| Principal occupation / Job title (See Instructions) CLERICAL | | Employer (See Instructions) WILKS BROTHERS, LLC |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 1/1 Rpt: 11/13

2 FILER NAME

Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers)
00081433

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
01/20/2026

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
TEXANS FOR LAWSUIT REFORM PAC

7 Contributor address; City; State; Zip Code

AUSTIN, TX 78701

8 Amount of
contribution (\$)
\$46,540.00

9 In-kind contribution
description

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 1/2 Rpt: 12/13 | 2 FILER NAME Schlegel, Jackie Lee (Ms.) | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/05/2026 | 5 Payee name WINRED | |
| 6 Amount (\$) \$65.85 | 7 Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name WINRED | |
| Amount (\$) \$2.05 | Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2026 | Payee name WINRED | |
| Amount (\$) \$159.13 | Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES |
| Complete <u>ONLY</u> 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
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 F1: Sch: 2/2 Rpt: 13/13 | 2 FILER NAME Schlegel, Jackie Lee (Ms.) | 3 Filer ID (Ethics Commission Filers) 00081433 |
| 4 Date 01/22/2026 | 5 Payee name WINRED | |
| 6 Amount (\$) \$106.37 | 7 Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2026 | Payee name WINRED | |
| Amount (\$) \$125.94 | Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |