

**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	MI	OFFICE USE ONLY		
	NICKNAME	LAST Schlegel	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; 4909 Wareham Dr. Arlington, TX 76017			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mona	FIRST	MI			
	NICKNAME	LAST Bailey	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6200 Lake Way N. Richland Hills, TX 76180		APT / SUITE #;	CITY;	STATE;	ZIP CODE
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 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			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**

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13 C / OH NAME	Schlegel, Jackie Lee (Ms.)		14 Filer ID (Ethics Commission Filers) 00081433
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<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. 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**

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Schlegel, Jackie Lee (Ms.)	00081433	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
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	7 Amount of Contribution (\$) \$520.51
	6 Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546	
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	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code ARLINGTON, TX 76016	
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	Amount of Contribution (\$) \$520.51
	Contributor address; City; State; Zip Code MANSFIELD, TX 76063	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code MANSFIELD, TX 76063	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code ROCKWALL, TX 75032	
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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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	7 Amount of Contribution (\$) \$97.86
	6 Contributor address; City; State; Zip Code ARLINGTON, TX 76012	
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	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80905	
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#: _____) MENEFE, TRACY	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code HURST, TX 76054	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code ARLINGTON, TX 76005	
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	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code FORT WORTH, TX 76116	
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	7 Amount of Contribution (\$) \$260.25
	6 Contributor address; City; State; Zip Code ARLINGTON, TX 76005	
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	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code FERNANDINA BEACH, FL 32034	
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	Amount of Contribution (\$) \$94.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76133	
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	Amount of Contribution (\$) \$97.86
	Contributor address; City; State; Zip Code PLANO, TX 75075	
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	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code AUSTIN, TX 78749	
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 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 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 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 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	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: 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 ONLY 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 ONLY 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 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: 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 WINRED	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 WINRED	Office sought Office held