

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers) 00084709		<b>2</b> Total pages filed: 11		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jennifer	MI	Date Received  ELECTRONICALLY FILED 02/02/2026	
	NICKNAME	LAST Mushtaler	SUFFIX M.D.	Date Hand-delivered or Date Postmarked	
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025		

**6** EXPLANATION OF CORRECTION

This report is being amended to accurately reflect the total principal amount of the outstanding loan of the committee. The previously filed report disclosed a \$5,000 candidate loan on Schedule E but was not captured on the Financial Summary Line 6 on Page 2 of the cover sheet. This report corrects that.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Jennifer Mushtaler M.D.

\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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) 00084709		2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Jennifer	MI	
	NICKNAME		LAST Mushtaler	SUFFIX M.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3575 Far West Blvd. P.O. Box 26224 Austin, TX 78755			ZIP CODE	
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Brian	MI	
	NICKNAME		LAST Swanick	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10703 Keystone Bend Austin, TX 78750				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (610) 348-9341				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/2025    12/31/2025				
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 47	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 11

13 C / OH NAME	Mushtaler M.D., Jennifer (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00084709	

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)	\$	7,380.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	587.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,812.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

## 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.

The Honorable Jennifer Mushtaler M.D.

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**

4 of 11

<b>18 FILER NAME</b> Mushtaler M.D., Jennifer (The Honorable)		<b>19 Filer ID</b> 00084709	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,410.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	970.49
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	587.90
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 5/11
<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Jeffery <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Candidate		<b>9</b> Employer (See Instructions) Campaign for Austin Mayor
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Cathy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkins, Mike <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not in Workforce		Employer (See Instructions) Not in Workforce
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Lilliana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Assistant Administration		Employer (See Instructions) Austin Voices for Education and Youth
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Larry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Computer Engineer		Employer (See Instructions) NCR Voyix

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 6/11
<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Judith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) JUDY MAGGIO MEDIA
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mettweauer, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Legislative Analyst		Employer (See Instructions) State of Texas
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) More, Janette <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sevey, Sara <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuler Collins, Cathy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 7/11
<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> Date 12/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78716	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spataro, Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Laura <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Advertising Consultant		Employer (See Instructions) Austin Fit Magazine
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# 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: 8/11	
2 FILER NAME Mushtaler M.D., Jennifer (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084709	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/12/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jennifer (Dr.) 7 Contributor address; City; State; Zip Code  Austin, TX 78755	8 Amount of contribution (\$) \$750.00	9 In-kind contribution description Ballot Registration Filing Fee
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician		11 Employer (FOR NON-JUDICIAL) (See instructions) Optum	
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)			
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jennifer (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78755	Amount of contribution (\$) \$220.49	In-kind contribution description Website Hosting Fee
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician		Employer (FOR NON-JUDICIAL) (See instructions) Optum	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 9/11
<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/18/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jennifer (Dr.)	<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Austin, TX 78755	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Physician		<b>13</b> Employer (See Instructions) Optum
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 10/11	<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> Date 11/25/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$2.30	<b>7</b> Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70113	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-Merchant Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Anedot	
Amount (\$) \$84.90	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70113	
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 E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Anedot	
Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70113	
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 E-Merchant 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 11/11	<b>2</b> FILER NAME Mushtaler M.D., Jennifer (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084709
<b>4</b> Date 12/18/2025	<b>5</b> Payee name CFS Compliance	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 30844  Bethesda, MD 20824	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held