

**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) 00089797	2 Total pages filed: 15		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Eddington	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; P.O. Box 99  Crandall, TX 75114			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Will	MI			
	NICKNAME	LAST Smith	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6060 Village Bend Dr.  #2205 Dallas, TX 75206		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (806) 317-0060					
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 01/31/2026	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) State Senator District 2		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Eddington, Jason (Mr.)		14 Filer ID (Ethics Commission Filers) 00089797
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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,340.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 4,435.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
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.

Mr. Jason Eddington

\_\_\_\_\_  
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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<b>18</b> FILER NAME Eddington, Jason (Mr.)	<b>19</b> Filer ID (Ethics Commission Filers) 00089797
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" 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	
SUBTOTAL AMOUNT	
\$ 4,340.00	
\$	
\$	
\$	
\$	
\$ 3,435.00	
\$	
\$	
\$	
\$	
\$ 1,000.00	
\$	
\$	
\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/15
<b>2</b> FILER NAME Eddington, Jason (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089797
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Alex	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Terrell, TX 75160	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Larry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barkham, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Forney, TX 75126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beam, Rebecca	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Matthew	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Costa Mesa, CA 92627	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/15
<b>2</b> FILER NAME Eddington, Jason (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089797
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumit, Benton	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Terrell, TX 75160	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Meagan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Forney, TX 75126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas, Justin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doskocil, Jake	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Fuquay Varina, NC 27526	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easter, Erin	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/15
<b>2</b> FILER NAME Eddington, Jason (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089797
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddington, Robin	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75227	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunke, Marsha	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  DeSoto, TX 75115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melton, Melodie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Canton, TX 75103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercer, Heidi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullins, Kristi	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Forney, TX 75126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/15
<b>2</b> FILER NAME Eddington, Jason (Mr.)			<b>3</b> Filer ID (Ethics Commission Filers) 00089797
<b>4</b> Date 01/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Jason	<b>7</b> Amount of Contribution (\$) \$50.00	
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cooper, kevin m  Contributor address; City; State; Zip Code  Terrell, TX 75160	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# 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: 1/7 Rpt: 8/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/14/2026	5 Payee name AMAZON MKTPL*GS8VR4Amzn.com/bill WAUS	
6 Amount (\$) \$61.69	7 Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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 Marketing Material
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name AMAZON MKTPL*MR27J6Amzn.com/bill WAUS	
Amount (\$) \$148.78	Payee address; City; 410 Terry Ave  Seattle, WA 98109	
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 Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name BURGER KING #18414	
Amount (\$) \$9.95	Payee address; City; 1933 N Town E Blvd  Mesquite, TX 75150	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food
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: 2/7 Rpt: 9/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/13/2026	5 Payee name CIRCLEK #274158	
6 Amount (\$) \$4.21	7 Payee address; City; 5010 ALMA RD  MCKINNEY, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name Eddington, Jason	
Amount (\$) \$265.00	Payee address; City; 9500 FM 740  Forney, TX 75126	
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 Door Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/07/2026	Payee name FACEBK *CYE2EAVAB2 650-5434800 DEUS	
Amount (\$) \$300.00	Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
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 Ads
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: 3/7 Rpt: 10/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/28/2026	5 Payee name FACEBK *M8SDNBMB2 650-5434800 DEUS	
6 Amount (\$) \$100.00	7 Payee address; City; 1 Hacker Way  California, CA 94025	
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 Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FACEBK *WX39H9MBB2 650-5434800 DEUS	Office sought Office held
Date 01/20/2026	Payee name FACEBK *WX39H9MBB2 650-5434800 DEUS	
Amount (\$) \$250.00	Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
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 Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FACEBK *WX39H9MBB2 650-5434800 DEUS	Office sought Office held
Date 01/22/2026	Payee name Hunke, Lauren	
Amount (\$) \$265.00	Payee address; City; Fort Worth, TX 76131  <b>REDACTED PER 254.0401, ELEC. CODE</b>	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Door Cards Printer Ink
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FACEBK *WX39H9MBB2 650-5434800 DEUS	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: 4/7 Rpt: 11/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/14/2026	5 Payee name Hunke, Lauren	
6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Fort Worth, TX 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Door Cards Printer Ink
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/23/2026	Payee name INTUIT * 800-446-8848 - QBooks Onl 8039808	
Amount (\$) \$159.90	Payee address; City; State; Zip Code 2700 Coast Avenue  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name Johnson, Amanda	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 99  Crandall, TX 75114	
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 Videographer
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: 5/7 Rpt: 12/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/23/2026	5 Payee name OTCHEAP*CUSTOMPRINT866-661-9239 TXUS	
6 Amount (\$) \$1,090.03	7 Payee address; City; State; Zip Code 11525A Stonehollow 100 Austin, TX 78758	
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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name OTCHEAP*CUSTOMPRINT866-661-9239 TXUS	
Amount (\$) \$402.56	Payee address; City; State; Zip Code 11525A Stonehollow 120 Austin, TX 78758	
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 Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name RACETRAC 2478 FORNEY TXUS	
Amount (\$) \$8.11	Payee address; City; State; Zip Code 30 N FM 548  Forney, TX 75126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
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: 6/7 Rpt: 13/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/13/2026	5 Payee name RAISING CANES 0259 FORNEY TXUS	
6 Amount (\$) \$13.28	7 Payee address; City; State; Zip Code 100 N FM 548  Forney, TX 75126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name SQ *KAUFMAN COUNTY gosq.com TXUS	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 209 S Washington St  Kaufman, TX 75142	
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 Registration Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name WENDYS 10552 605 E MALLOY BRIDGE SEAGOVILLE TXUS	
Amount (\$) \$12.49	Payee address; City; State; Zip Code 605 E MALLOY BRIDGE  Seagoville, TX 75159	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food
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: 7/7 Rpt: 14/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797	
4 Date 01/09/2026	5 Payee name WWW.MUREKA.AI SINGAPORE SGSG		
6 Amount (\$) \$9.00	7 Payee address; City; 99  Crandall, TX 75114	State; Zip Code	
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 Software License	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 1/1 Rpt: 15/15	2 FILER NAME Eddington, Jason (Mr.)	3 Filer ID (Ethics Commission Filers) 00089797
4 Date 01/22/2026	5 Payee name Eddington, Jason	
6 Amount (\$) \$300.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  9500 FM 740  Forney, TX 75126	
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 Door Cards Material & Print
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Eddington, Jason	Office sought Office held
Date 01/13/2026	Payee name Eddington, Jason	
Amount (\$) \$700.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  9500 FM 740  Forney, TX 75126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Eddington, Jason	Office sought Office held