

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | | | |
|---------------------------------------|--|--|---|---|---------------------|-----|------|----------------|
| 1 Filer ID 00083742 | | 2 Total pages filed: 12 | | OFFICE USE ONLY | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | FIRST Ms. Janet T. | | Date Received ELECTRONICALLY FILED 02/05/2026 | | | | |
| | | NICKNAME Dudding | | Date Hand-delivered or Date Postmarked | | | | |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) _____ | | | | |
| | | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | | | | | |
| | | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | |
| | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | Receipt # _____ Amount _____ | | | | |
| 5 ORIGINAL PERIOD COVERED | | Month 01/01/2026 | Day | Year | Month 01/22/2026 | Day | Year | Date Processed |
| | | THROUGH | | | | | | Date Imaged |

6 EXPLANATION OF CORRECTION

Reported electronic contributions and inadvertently missed the contribution made by check and received in person at Saturday 10 Jan Meet the Candidate event. Check deposited into First Financial Bank on Monday 12 Jan after Prosperity Bank sent certified letter notifying they were closing campaign account effective Friday 9 Jan. Wasted the week ending 16 Jan fitting new direct deposit information into format acceptable to ActBlue. All this time working internally with 30 day report PERIOD ending 2 Feb and discovering that the 30 day FILING date was 2 Feb after a 9-hr last-day-to-register voter registration drive.

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.

Ms. Janet T. Dudding

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) 00083742 | 2 Total pages filed: 12 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Janet T. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Dudding | SUFFIX | Date Received ELECTRONICALLY FILED 02/05/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. 2298 Bryan , TX 77806 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Theresa L. | MI | | | |
| | NICKNAME Terri | LAST Pourahmadi | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4711 Scrimshaw College Station, TX 77845 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 595-3005 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month 01/01/2026 | Day | Year | Month 01/22/2026 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | 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 14 | | |

GO TO PAGE 2

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

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

3 of 12

| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Dudding, Janet T. (Ms.) | | 14 Filer ID (Ethics Commission Filers) 00083742 |
| 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) | | \$ 1,080.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 1,967.89 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 3,053.03 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 8,448.28 |

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. Janet T. Dudding

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 12

| | | |
|---|--------------------|----------------------------|
| 18 FILER NAME | 19 Filer ID | (Ethics Commission Filers) |
| Dudding, Janet T. (Ms.) | 00083742 | |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 1,080.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ | 1,917.21 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 50.68 |
| 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 | \$ | 1,917.21 |
| 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: 1/2 Rpt: 5/12 |
| 2 FILER NAME Dudding, Janet T. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00083742 |
| 4 Date 01/07/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDOWELL, JOHNNIE | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code LEANDER, TX 78641-9211 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 01/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAda, Judy | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code College Station, TX 77840 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosavi, Gina | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code College Station, TX 77845 | |
| Principal occupation / Job title (See Instructions) Veterinarian | | Employer (See Instructions) Self Employed |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Raequel | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Calwell, TX 77836 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandlin, Kristen | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Hermitage, TN 77845 | |
| Principal occupation / Job title (See Instructions) Dev Ops | | Employer (See Instructions) American Red Cross |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/12 |
| 2 FILER NAME Dudding, Janet T. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00083742 |
| 4 Date 01/18/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandlin, Kristen 6 Contributor address; City; State; Zip Code Hermitage, TN 77845 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Dev Ops | | 9 Employer (See Instructions) American Red Cross |

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 7/12 |
| 2 FILER NAME Dudding, Janet T. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00083742 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 01/22/2026 | 7 Name of lender Dudding, Janet | 9 out-of-state PAC (ID#: \$1,917.21) |
| 6 Is lender a financial institution? No | 8 Lender address; Bryan, TX 77806 | 10 Interest Rate 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) CPA | | 13 Employer (See Instructions) Self |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| 20 Principal occupation | | 21 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: 1/1 Rpt: 8/12 | 2 FILER NAME Dudding, Janet T. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00083742 |
| 4 Date 01/18/2026 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$3.18 | 7 Payee address; City; 366 Summer St Somerville, MA 02144 | |
| 8 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 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 Action Network | |
| Amount (\$) \$47.50 | Payee address; City; 1900 L ST NW Suite 900 Washington, DC 20036 | |
| 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 Email |
| 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: 1/4 Rpt: 9/12 | 2 FILER NAME Dudding, Janet T. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00083742 | |
| 4 Date 01/12/2026 | 5 Payee name OFFICE DEPOT | | |
| 6 Amount (\$) \$114.72 | 7 Payee address; City; State; Zip Code 715 Texas Av College Station, TX 77840 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies - toner | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/07/2026 | Payee name OFFICE DEPOT | | |
| Amount (\$) \$104.97 | Payee address; City; State; Zip Code 715 Texas Av College Station, TX 77840 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs - rush | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/11/2026 | Payee name Paypro US, Inc | | |
| Amount (\$) \$22.68 | Payee address; City; State; Zip Code 500 7th Avenue Office 14A119 New York, NY 10018 | | |
| 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 Publer Business | |
| Complete <u>ONLY</u> 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: 2/4 Rpt: 10/12 | 2 FILER NAME Dudding, Janet T. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00083742 | |
| 4 Date 01/11/2026 | 5 Payee name Paypro US, Inc | | |
| 6 Amount (\$) \$30.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 500 7th Avenue Office 14A119 New York, NY 10018 | | |
| 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 Publer Professional | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/04/2026 | Payee name Quickbooks Online | | |
| Amount (\$) \$12.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2800 E Commerce Center Place Tuscon, AZ 85706 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Online Simple Start accounting subscription | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/01/2026 | Payee name RUN! | | |
| Amount (\$) \$1,050.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 651 North Broad Street Middleton, DE 19709 | | |
| 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 RUN! Campaign Site for Large Districts + monthly maintenance fee | |
| Complete <u>ONLY</u> 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
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 G: Sch: 3/4 Rpt: 11/12 | 2 FILER NAME Dudding, Janet T. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00083742 | |
| 4 Date 01/08/2026 | 5 Payee name Sticky Brand Creative Group LLC | | |
| 6 Amount (\$) \$209.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 66 Bowdoin Street Suite 200 South Burlington, VT 05403 | | |
| 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 Stickers with rush | |
| 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 TAMU VISITOR PARK | | |
| Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 450 Spence St College Station, TX 77843 | | |
| 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 Parking fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/16/2026 | Payee name TML - GFOAT | | |
| Amount (\$) \$125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1821 Rutherford Lane Suite 400 Austin, TX 78754 | | |
| 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 2026 GFOAT Budget Academy: Understanding the Property Tax Calculation | |
| Complete <u>ONLY</u> 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: 4/4 Rpt: 12/12 | 2 FILER NAME Dudding, Janet T. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00083742 | |
| 4 Date 01/05/2026 | 5 Payee name Texas Cannabis Policy Center | | |
| 6 Amount (\$) \$153.90 | 7 Payee address; City; State; Zip Code 10109 Lake Creek Pkwy Austin, TX 78729 | | |
| 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 2026 Texas Cannabis Policy Conference | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/21/2026 | Payee name UPrinting | | |
| Amount (\$) \$87.42 | Payee address; City; State; Zip Code 8000 Haskell Av Van Nuys, CA 91406 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Big Business Cards | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |