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: 35

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms.
FIRST: Jackie Lee
MI:
NICKNAME:
LAST: Schlegel
SUFFIX:

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/23/2026

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
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:
FIRST: Mona
MI:
NICKNAME:
LAST: Bailey
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6200 Lake Way N.
Richland Hills, TX 76180

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 542-4456

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☒ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/23/2026 THROUGH Month Day Year: 02/21/2026

10 ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ 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

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

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	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)	$ 200.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 270,683.05
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 365.54
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 31,953.33
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 30,508.63
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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Schlegel, Jackie Lee (Ms.)	00081433

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 12,415.80
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 258,267.25
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 31,953.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 26,500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/17/2026	BERLINERBLAU, DEAN 6 Contributor address; City; State; Zip Code DENVER, CO 80205	$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
CEO	PATHWAYS PBC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/23/2026	BRADY, CHARLES Contributor address; City; State; Zip Code ARLINGTON, TX 76001	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PARTNER	LINEBARGER GOGGAN BLAIR & SAMPSON

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	CARROLL, CHRISTOPHER Contributor address; City; State; Zip Code ARLINGTON, TX 76017	$600.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SPRING CREEK BARBEQUE	OWNER

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/16/2026	COLLEN, CYNDI Contributor address; City; State; Zip Code AUSTIN, TX 78745	$104.10

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PSYCHOTHERAPIST	SELF EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/16/2026	DALEY, CAROL Contributor address; City; State; Zip Code ARLINGTON, TX 76005	$520.51

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/16/2026	DALEY, CAROL 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76005	$104.10

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
RETIRED	RETIRED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/01/2026	DEFRANG, ROGER Contributor address; City; State; Zip Code ARLINGTON, TX 76013	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	RETIRED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/19/2026	DUARTE, SANDRA Contributor address; City; State; Zip Code VALENCIA, CA 91355	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PROFESSOR	CTC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/17/2026	FRANZMEIER, CATHERINE Contributor address; City; State; Zip Code AUSTIN, TX 78701	$78.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HEALTH COACH	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/27/2026	JAMIESON, LISA Contributor address; City; State; Zip Code ARLINGTON, TX 76016	$260.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	BOURLAND, WALL WENZEL, PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
01/30/2026	KEATHLEY, BRYAN 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76012	$260.25

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
RETIRED	RETIRED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/18/2026	LOVE, AMANDA Contributor address; City; State; Zip Code AUSTIN, TX 78737	$26.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SELF	AMANDA LOVE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/19/2026	MAFFET, LINDSEY Contributor address; City; State; Zip Code HOUSTON, TX 77063	$1,041.02

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HOMEMAKER	HOMEMAKER

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/19/2026	MAKE TEXANS HEALTHY AGAIN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PAC	MTHA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/18/2026	MAZUR, MAJA Contributor address; City; State; Zip Code DOVER, DE 10010	$26.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	HEALTHNIX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/19/2026	MCCORMICK, TRAVIS	AUSTIN, TX 78704	$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
CONSULTANT	MCCORMICK STRATEGIES

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/16/2026	MCMULLEN, STUART	LEANDER, TX 78641	$260.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SALES	SELF EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/23/2026	MOISE, HELEN	ARLINGTON, TX 76012	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PRINCIPAL OWNER	MOISE REAL ESTATE SERVICES

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
01/23/2026	O'DONNELL, LOUANN	ARLINGTON, TX 76013	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
FOUNDER	SHAKESPEARE LIVE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/18/2026	PURP, MICHELE	ARLINGTON, TX 76017	$104.10

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RN CNS	THOMAS J PURGASON MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
01/23/2026	SARGENT, DAVID 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76006	$1,000.00

8 Principal occupation / Job title (See Instructions): PRESIDENT

9 Employer (See Instructions): STRIPE-A-ZONE, INC.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/16/2026	SCHLOZ, JENEEN Contributor address; City; State; Zip Code AUSTIN, TX 78704	$26.03

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): RETIRED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/20/2026	SERMAN, BRIG Contributor address; City; State; Zip Code ARLINGTON, TX 76012	$97.86

Principal occupation / Job title (See Instructions): DIGITAL MARKETING AGENCY

Employer (See Instructions): ADVANCED INTEGRATED MARKETING INC.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/17/2026	SMALLING, TERRY Contributor address; City; State; Zip Code AUSTIN, TX 78728	$25.00

Principal occupation / Job title (See Instructions): BOOKKEEPER

Employer (See Instructions): SELF-EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/15/2026	STEIN, EDWIN Contributor address; City; State; Zip Code WICHITA FALLS, TX 76309	$52.05

Principal occupation / Job title (See Instructions): IT CONTRACTOR

Employer (See Instructions): SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/16/2026	STEVENS, STAR 6 Contributor address; City; State; Zip Code PERRYTON, TX 79070	$26.03

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
MOM	CHURCH.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/23/2026	TEXAS AUTOMOBILE DEALERS ASSC. PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/29/2026	TEXAS BUILDING BRANCH AGC PAC ACCOUNT Contributor address; City; State; Zip Code AUSTIN, TX 78701	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	TREPAC Contributor address; City; State; Zip Code AUSTIN, TX 78768	$2,500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	VALDEZ, JESSICA Contributor address; City; State; Zip Code TUCSON, AZ 85730	$26.03

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PARALEGAL	CAMPOS LAW GROUP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/10/2026	VALDEZ, JESSICA 6 Contributor address; City; State; Zip Code TUCSON, AZ 85730	$26.03

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
PARALEGAL	CAMPOS LAW GROUP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/19/2026	WIATT, REINA Contributor address; City; State; Zip Code AUSTIN, TX 78704	$52.05

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	RETIRED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/23/2026	WILEMON, KATHRYN Contributor address; City; State; Zip Code ARLINGTON, TX 76005	$400.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 1/4 Rpt: 11/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of contribution ($)	9 In-kind contribution description
02/18/2026	DALEY, CAROL 7 Contributor address; City; State; Zip Code ARLINGTON, TX 76005	$64.05 ☐ Check if travel outside of Texas. Complete Schedule T.	POSTAGE

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIAL) (See instructions)
RETIRED	RETIRED
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description
01/23/2026	TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$578.00 ☐ Check if travel outside of Texas. Complete Schedule T.	POLLING

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description
01/23/2026	TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$26,892.00 ☐ Check if travel outside of Texas. Complete Schedule T.	POLITICAL ADVERTISING

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 2/4 Rpt: 12/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date: 01/23/2026

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

7 Contributor address; City; State; Zip Code: AUSTIN, TX 78701

8 Amount of contribution ($): $65,308.00

9 In-kind contribution description: CAMPAIGN DIRECT MAIL

☐ 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)

Date: 01/27/2026

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

Contributor address; City; State; Zip Code: AUSTIN, TX 78701

Amount of contribution ($): $13,125.00

In-kind contribution description: CAMPAIGN GRASSROOTS SERVICES

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

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

Employer (FOR NON-JUDICIAL) (See instructions)

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)

Date: 01/27/2026

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

Contributor address; City; State; Zip Code: AUSTIN, TX 78701

Amount of contribution ($): $28,832.00

In-kind contribution description: CAMPAIGN DIRECT MAIL

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

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

Employer (FOR NON-JUDICIAL) (See instructions)

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)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 3/4 Rpt: 13/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of contribution ($)	9 In-kind contribution description
01/29/2026	TEXANS FOR LAWSUIT REFORM PAC 7 Contributor address; City; State; Zip Code AUSTIN, TX 78701	$46,540.00	POLITICAL ADVERTISING ☐ 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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description
02/06/2026	TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$46,540.00	POLITCAL ADVERTISING ☐ Check if travel outside of Texas. Complete Schedule T.

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description
02/06/2026	TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$13,125.00	CAMPAIGN GRASSROOTS SERVICES ☐ Check if travel outside of Texas. Complete Schedule T.

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 4/4 Rpt: 14/35

2 FILER NAME: Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers): 00081433

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of contribution ($)	9 In-kind contribution description
02/06/2026	TEXANS FOR LAWSUIT REFORM PAC 7 Contributor address; City; State; Zip Code AUSTIN, TX 78701	$746.93 ☐ Check if travel outside of Texas. Complete Schedule T.	POLITICAL ADVERTISING

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)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description
02/13/2026	TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	$16,516.27 ☐ Check if travel outside of Texas. Complete Schedule T.	CAMPAIGN DIRECT MAIL

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

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: 1/20 Rpt: 15/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/05/2026

5 Payee name BANKEM PRINTING

6 Amount ($) $649.50

7 Payee address; City; State; Zip Code
2357 S COLLINS STREET
ARLINGTON, TX 76014

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
PRINTING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/17/2026

Payee name BANKEM PRINTING

Amount ($) $189.44

Payee address; City; State; Zip Code
2357 S COLLINS STREET
ARLINGTON, TX 76014

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
PRINTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 01/26/2026

Payee name CAPITOL RESOURCES LLC

Amount ($) $4,830.00

Payee address; City; State; Zip Code
200 N CONGRESS STREET
SUITE 500
JACKSON, MS 39201

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Consulting Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
CAMPAIGN CONSULTANT

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: 2/20 Rpt: 16/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 01/26/2026

5 Payee name FACEBOOK

6 Amount ($) $534.00

7 Payee address; City; State; Zip Code
1 HACKER WAY
MENLO PARK, CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 01/26/2026

Payee name FACEBOOK

Amount ($) $556.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 01/26/2026

Payee name FACEBOOK

Amount ($) $579.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 3/20 Rpt: 17/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 01/28/2026

5 Payee name FACEBOOK

6 Amount ($) $603.00

7 Payee address; City; State; Zip Code
1 HACKER WAY

MENLO PARK, CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 01/30/2026

Payee name FACEBOOK

Amount ($) $627.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/02/2026

Payee name FACEBOOK

Amount ($) $652.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 4/20 Rpt: 18/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/04/2026

5 Payee name FACEBOOK

6 Amount ($) $678.00

7 Payee address; City; State; Zip Code
1 HACKER WAY

MENLO PARK, CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/09/2026

Payee name FACEBOOK

Amount ($) $705.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/11/2026

Payee name FACEBOOK

Amount ($) $383.94

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 5/20 Rpt: 19/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/13/2026

5 Payee name FACEBOOK

6 Amount ($) $732.00

7 Payee address; City; State; Zip Code
1 HACKER WAY
MENLO PARK, CA 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/17/2026

Payee name FACEBOOK

Amount ($) $760.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/19/2026

Payee name FACEBOOK

Amount ($) $789.00

Payee address; City; State; Zip Code
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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/20 Rpt: 20/35	Schlegel, Jackie Lee (Ms.)	00081433

4 Date	5 Payee name
01/26/2026	GIFT SERVICES INC.

6 Amount ($)	7 Payee address; City; State; Zip Code
$102.32	5039 SIRONA DRIVE CHARLOTTE, NC 28273

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Gift/Awards/Memorials Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GIFT

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/09/2026	GIFT SERVICES INC.

Amount ($)	Payee address; City; State; Zip Code
$30.66	5039 SIRONA DRIVE CHARLOTTE, NC 28273

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Gift/Awards/Memorials Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GIFT

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/23/2026	GOOGLE

Amount ($)	Payee address; City; State; Zip Code
$500.00	1600 AMPITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ONLINE ADVERTISING

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: 7/20 Rpt: 21/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 01/26/2026

5 Payee name GOOGLE

6 Amount ($) $500.00

7 Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 01/27/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 01/30/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 22/35	Schlegel, Jackie Lee (Ms.)	00081433

4 Date	5 Payee name
02/02/2026	GOOGLE

6 Amount ($)	7 Payee address; City; State; Zip Code
$239.19	1600 AMPITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/02/2026	GOOGLE

Amount ($)	Payee address; City; State; Zip Code
$87.13	1600 AMPITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SOFTWARE

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/05/2026	GOOGLE

Amount ($)	Payee address; City; State; Zip Code
$500.00	1600 AMPITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ONLINE ADVERTISING

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: 9/20 Rpt: 23/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/09/2026

5 Payee name GOOGLE

6 Amount ($) $500.00

7 Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/10/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/12/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 10/20 Rpt: 24/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/13/2026

5 Payee name GOOGLE

6 Amount ($) $500.00

7 Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/17/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/17/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 11/20 Rpt: 25/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/17/2026

5 Payee name GOOGLE

6 Amount ($) $500.00

7 Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/18/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/19/2026

Payee name GOOGLE

Amount ($) $500.00

Payee address; City; State; Zip Code
1600 AMPITHEATRE PARKWAY

MOUNTAIN VIEW, CA 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
ONLINE ADVERTISING

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: 12/20 Rpt: 26/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/04/2026

5 Payee name HOME DEPOT

6 Amount ($) $134.45

7 Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/05/2026

Payee name HOME DEPOT

Amount ($) $12.97

Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/11/2026

Payee name HOME DEPOT

Amount ($) $100.83

Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

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: 13/20 Rpt: 27/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/11/2026

5 Payee name HOME DEPOT

6 Amount ($) $100.83

7 Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/12/2026

Payee name HOME DEPOT

Amount ($) $1,391.00

Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/12/2026

Payee name HOME DEPOT

Amount ($) $150.00

Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

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: 14/20 Rpt: 28/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/12/2026

5 Payee name HOME DEPOT

6 Amount ($) $100.83

7 Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/13/2026

Payee name HOME DEPOT

Amount ($) $2.90

Payee address; City; State; Zip Code
2455 PACES FERRY ROAD NW
ATLANTA, GA 30339

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
OFFICE SUPPLIES

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/02/2026

Payee name LOPEZ, GERMAN

Amount ($) $2,000.00

Payee address; City; State; Zip Code
4909 WAREHAM DRIVE
ARLINGTON, TX 76017

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
STAFFING

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: 15/20 Rpt: 29/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/03/2026

5 Payee name LOPEZ, GERMAN

6 Amount ($) $500.00

7 Payee address; City; State; Zip Code
4909 WAREHAM DRIVE

ARLINGTON, TX 76017

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
STAFFING

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 01/26/2026

Payee name MAILCHIMP

Amount ($) $186.55

Payee address; City; State; Zip Code
405 N ANGIER AVENUE NE

ATLANTA, GA 30308

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
EMAIL DISTRIBUTION

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/04/2026

Payee name MAILCHIMP

Amount ($) $37.31

Payee address; City; State; Zip Code
405 N ANGIER AVENUE NE

ATLANTA, GA 30308

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
EMAIL DISTRIBUTION

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: 16/20 Rpt: 30/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/02/2026

5 Payee name NUMINAR INC.

6 Amount ($) $1,000.00

7 Payee address; City; State; Zip Code
1201 WILSON BOULEVARD

ARLINGTON, VA 22209

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
SOFTWARE

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/17/2026

Payee name REICHERT, LOGAN

Amount ($) $2,000.00

Payee address; City; State; Zip Code
4909 WAREHAM DRIVE

ARLINGTON, TX 76017

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
STAFFING

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/18/2026

Payee name REICHERT, LOGAN

Amount ($) $994.40

Payee address; City; State; Zip Code
4909 WAREHAM DRIVE

ARLINGTON, TX 76017

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
STAFFING

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/20 Rpt: 31/35	Schlegel, Jackie Lee (Ms.)	00081433

4 Date	5 Payee name
02/09/2026	SQUARESPACE

6 Amount ($)	7 Payee address; City; State; Zip Code
$26.65	225 VARICK STREET 12TH FLOOR NEW YORK, NY 10014

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense WEBSITE HOSTING

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/03/2026	TWIN ARROWS, LLC

Amount ($)	Payee address; City; State; Zip Code
$2,000.00	PO BOX 44 SCOTTDALE, GA 30079

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING & COMPLIANCE SERVICES

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/28/2026	WINRED

Amount ($)	Payee address; City; State; Zip Code
$10.25	4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Solicitation/Fundraising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD 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: 18/20 Rpt: 32/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433
4 Date 02/02/2026	**5** Payee name WINRED	
6 Amount ($) $10.25	**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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 02/03/2026	Payee name WINRED	
Amount ($) $1.97	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 02/12/2026	Payee name WINRED	
Amount ($) $1.03	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD 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: 19/20 Rpt: 33/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433

4 Date 02/17/2026

5 Payee name WINRED

6 Amount ($) $1.03

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
CREDIT CARD PROCESSING FEES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/18/2026

Payee name WINRED

Amount ($) $48.13

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
CREDIT CARD PROCESSING FEES

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date 02/19/2026

Payee name WINRED

Amount ($) $6.16

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
CREDIT CARD 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: 20/20 Rpt: 34/35	**2** FILER NAME Schlegel, Jackie Lee (Ms.)	**3** Filer ID (Ethics Commission Filers) 00081433
4 Date 02/19/2026	**5** Payee name WINRED	
6 Amount ($) $43.07	**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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 35/35

2 FILER NAME
Schlegel, Jackie Lee (Ms.)

3 Filer ID (Ethics Commission Filers)
00081433

4 Date
02/18/2026

5 Name of person from whom amount is received
SMART MEDIA GROUP

6 Address of person from whom amount is received; City; State; Zip Code

ALEXANDRIA, VA 22301

8 Amount ($)
$26,500.00

7 Purpose for which amount is received
POLITICAL ADVERTISING

☐ Check if political contribution returned to filer