

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00081433	2 Total pages filed: 17	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Jackie Lee	Date Received ELECTRONICALLY FILED 02/27/2026	
	NICKNAME LAST SUFFIX Schlegel		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input 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)	
5 ORIGINAL PERIOD COVERED	Month Day Year 06/05/2025	THROUGH	Month Day Year 06/30/2025
Date Hand-delivered or Date Postmarked			
		Receipt #	Amount
Date Processed			
Date Imaged			

6 EXPLANATION OF CORRECTION
Transaction data was incomplete.

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. 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 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) 00081433	2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Jackie Lee	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/27/2026
	NICKNAME	LAST Schlegel	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4909 Wareham Dr. Arlington, TX 76017		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mona	MI MI	
	NICKNAME	LAST Bailey	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6200 Lake Way N. Richland Hills, TX 76180		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 542-4456	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 06/05/2025	THROUGH	Month Day Year 06/30/2025	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 94	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S)
 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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)	\$	16,711.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	379.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,332.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Jackie Lee Schlegel

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Schlegel, Jackie Lee (Ms.)	19 Filer ID (Ethics Commission Filers) 00081433
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,711.70
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	\$ 1,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 379.64
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 5/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Airheart, Michelle <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87122	7 Amount of Contribution (\$) \$1,041.02
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Construction Seminars
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagg, Scott <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Specialty Advertising		Employer (See Instructions) Self
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Mona <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barli, Lisa <hr/> Contributor address; City; State; Zip Code Winter Garden, FL 34787	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlow, Chelsea <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Licensed Minister and Naturopathic Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 6/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Christin <hr/> 6 Contributor address; City; State; Zip Code Winona, TX 75792	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) Education Advocate		9 Employer (See Instructions) Self
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Linda <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Memorial Hermann
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bortfeld, Holly <hr/> Contributor address; City; State; Zip Code Felton, PA 17322	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Phillip <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76148	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kris <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 7/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Terri <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) LPC		9 Employer (See Instructions) Self
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutton, Jill <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Dir of Admin		Employer (See Instructions) CA Partners
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elrod, Hal <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escoto, Tasha <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$208.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 8/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahnert, Celeste <hr/> 6 Contributor address; City; State; Zip Code Erie, TX 80516	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Taylor Morrison
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiaschetti, Bernadette <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of Contribution (\$) \$94.00
Principal occupation / Job title (See Instructions) Podcast Host		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, Rebecca <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Therapy Tech		Employer (See Instructions) THFW Hospital
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Kara <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Preserve Liberty		Employer (See Instructions) Torch of Freedom Foundation
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankamer, Emerson <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 9/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shannon <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidwill, Curtis <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidwill, Mika <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Medical Sales		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layton, Catharine <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Catharine Layton
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Robin <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 10/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Zach <hr/> 6 Contributor address; City; State; Zip Code Stephenville, TX 76401	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) Executive Management		9 Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Cary <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$97.86
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcintire, Krista <hr/> Contributor address; City; State; Zip Code Paradise, TX 76073	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Hannah <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Protect TX Fragile Kids
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Joe <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 11/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sheena	7 Amount of Contribution (\$) \$26.03
6 Contributor address; City; State; Zip Code Eules, TX 76039		
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowtown, Michelle	Amount of Contribution (\$) \$97.86
Contributor address; City; State; Zip Code Melissa, TX 75454		
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Doris	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code Fernandina Beach, FL 32034		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Jackie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texans for Medical Freedom
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strom, John	Amount of Contribution (\$) \$495.00
Contributor address; City; State; Zip Code Houston, TX 77056		
Principal occupation / Job title (See Instructions) Investment Professional		Employer (See Instructions) Haddington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 12/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77241	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Child Support Officer		9 Employer (See Instructions) State of Texas
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Ruth Contributor address; City; State; Zip Code Cisco, TX 76437	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) Direct Sales		Employer (See Instructions) Self

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/17
2 FILER NAME Schlegel, Jackie Lee (Ms.)		3 Filer ID (Ethics Commission Filers) 00081433
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/10/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHLEGEL, JACKIE	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code ARLINGTON, TX 76017	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) TEXANS FOR JACKIE SCHLEGEL		13 Employer (See Instructions) CANDIDATE
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 14/17	2 FILER NAME Schlegel, Jackie Lee (Ms.)	3 Filer ID (Ethics Commission Filers) 00081433
4 Date 06/23/2025	5 Payee name FedEx	
6 Amount (\$) \$33.83	7 Payee address; City; State; Zip Code P.O. Box 223125 Pittsburgh, PA 15251-2125	
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 Campaign Materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name Mailchimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Communication	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communication
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Squarespace	
Amount (\$) \$14.00	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website housing
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
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 F1: Sch: 2/4 Rpt: 15/17	2	FILER NAME Schlegel, Jackie Lee (Ms.)	3	Filer ID (Ethics Commission Filers) 00081433
4	Date 06/09/2025	5	Payee name Squarespace		
6	Amount (\$) \$26.65	7	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website housing		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 06/09/2025		Payee name WINRED		
	Amount (\$) \$3.94		Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 06/10/2025		Payee name WINRED		
	Amount (\$) \$6.90		Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/4 Rpt: 16/17	2	FILER NAME Schlegel, Jackie Lee (Ms.)	3	Filer ID (Ethics Commission Filers) 00081433
4	Date 06/14/2025	5	Payee name WINRED		
6	Amount (\$) \$30.76	7	Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/15/2025		Payee name WINRED		
	Amount (\$) \$4.89		Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/16/2025		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 17/17	2 FILER NAME Schlegel, Jackie Lee (Ms.)	3 Filer ID (Ethics Commission Filers) 00081433
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4 Date 06/28/2025	5 Payee name WINRED
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6 Amount (\$) \$3.09	7 Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/29/2025	Payee name WINRED
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Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2025	Payee name WINRED
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Amount (\$) \$188.54	Payee address; City; State; Zip Code 4250 FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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