

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Maria T. Jackson		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 6,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,865.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,033.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,403.82

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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 _____

OR

(2) Unsworn Declaration

My name is Maria T. Jackson, and my date of birth is 08-02-1964.
My address is 5560 FM 1640 RD #994, Richmond, TX, 77406, United States.

Executed in Fort Bend (street) County, State of Texas (city) (state) (zip code) (country), on the 02 day of February, 2026 (month) (year).

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Maria T. Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 1/3/26	5 Full name of contributor Lynell Smith out-of-state PAC (ID#: _____) 6 Contributor address; 9203 Hwy 6 South Ste 124, Houston, TX 77083 City; State; Zip Code	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions) Business Man		9 Employer (See Instructions) Self
Date 1/2/26	Full name of contributor Reginald Randolph out-of-state PAC (ID#: _____) Contributor address; 3206 Cliffmarshall Houston, TX 77088 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) City of Houston
Date 1/2/26	Full name of contributor Jose Lopez out-of-state PAC (ID#: _____) Contributor address; 4601 Washington Ave Houston, TX 77007 City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/26	Full name of contributor Oner Celepcikay out-of-state PAC (ID#: _____) Contributor address; 4223 Austin Meadow Dr. Sugar Land TX 77479 City; State; Zip Code	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Harmony Academy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Maria T. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date
1/28/26

5 Full name of contributor out-of-state PAC (ID#: _____)
Brooks Ballard

7 Amount of contribution (\$) **200.00**

6 Contributor address; City; State; Zip Code

309 Gray St. Houston, TX 77002

8 Principal occupation / Job title (See Instructions)

Real Estate Broker

9 Employer (See Instructions)

Brooks Ballard Properties International

Date
1/27/26

Full name of contributor out-of-state PAC (ID#: _____)
Cora Robinson

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code

2700 Lake Olympia Parkway Missouri City, 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/20/26

Full name of contributor out-of-state PAC (ID#: _____)
Michael Kaplan

Amount of contribution (\$) **1000.00**

Contributor address; City; State; Zip Code

4101 Greenbriar Dr. Suite 320 Houston, TX 77098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Doctor

Self

Date
1/20/26

Full name of contributor out-of-state PAC (ID#: _____)
Ricky Anderson

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code

4265 San Felipe Street, Ste 1100 Houston, TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Maria T. Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/26	5 Full name of contributor Patricia Myles out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2503 Kensington Pl Colleyville, TX 76034-4681	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions) Housewife		9 Employer (See Instructions)
Date 1/27/26	Full name of contributor Nhatthien Nguyen out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1201 Travis St. Houston, TX 77002	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Commander		Employer (See Instructions) Houston Police Department
Date 1/9/26	Full name of contributor Byron Jubert out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1001 West Loop S. Fwy 105 Houston, TX 77027	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Champions Real Estate
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2026	5 Payee name TGM Printing	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 13910 Murphy Rd. Stafford, TX 77477 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Merchandise	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk
10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk
11 Date 1/12/2026	12 Payee name Burt Levine	
13 Amount (\$) 80.00	14 Payee address; City; State; Zip Code 9600 Greenfield Ct. Ste. 148 Houston, TX 77096 <small>Check if individual's residence address.</small>	
15 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Merchandise	Description Polls
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk
17 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk
18 Date 1/14/2026	19 Payee name Augusta Williams	
20 Amount (\$) 150.00	21 Payee address; City; State; Zip Code 1340 Independence Blvd Missouri City, TX 77489 <small>Check if individual's residence address.</small>	
22 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
23 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk
24 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought FB County Clerk

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Maria T Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 1/31/26	5 Payee name Aviva
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6 Amount (\$) 200.00	7 Payee address; 1 10355 Harwin Drive Houston, TX 77036 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Merchandise	(b) Description T-Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought County Clerk	Office held Judge
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Date 1/2/26	Payee name See You At The Polls
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Amount (\$) 1,000.00	Payee address; 331 Raleeigh Row Missouri City, TX 77459 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Consultant
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/5/26	Payee name Burt Levine
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Amount (\$) 188.00	Payee address; 9600 Greenfield Ct. STe. 148 Houston, TX 77096 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Merchandise	Description Polls
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Maria T Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 01/20/2026	5 Payee name TGM
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6 Amount (\$) 1,823.39	7 Payee address; 13910 Murphy RD Stafford, TX 77477 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/20/2026	Payee name Towana Bryant
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Amount (\$) 250.00	Payee address; 7620 FM 521 RD Rosharon, TX 77583 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/20/2026	Payee name Cierra Evans
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Amount (\$) 200.00	Payee address; 22111 Legendre Rd Richmond, TX 77407 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Maria T Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 01/20/2026	5 Payee name Milimo Reed
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6 Amount (\$) 500.00	7 Payee address; 503 Summer Arbor Circle Richmond, Texas 77469 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/21/2026	Payee name Texas Victory Consulting LLC
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Amount (\$) 650.00	Payee address; 2440 Texas Parkway Missouri City, TX 77489 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services	Description Moni
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/22/2026	Payee name Monica Riley
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Amount (\$) 670.00	Payee address; P.O. Box 2082 Missouri City, TX 77459 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 01/26/2026	5 Payee name Braxton Johnson
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/26/2026	Payee name Oscar McGarr
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Amount (\$) 500.00	Payee address; 12103 Ashley Circle Dr. Houston, TX 77071 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 01/10/2026	5 Payee name Milimo Reed
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6 Amount (\$) 2,000.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 503 Summer Arbor Circle Richmond, TX 77469 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought	Office held
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Date 01/26/2026	Payee name TL Smith Foundation
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Amount (\$) 53.61 <small>Reimbursement from political contributions intended</small>	Payee address; 18 Ivy Bend Ln Sugar Land 77479 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maria T. Jackson	Office sought	Office held
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Date 01/22/2026	Payee name Cierra Evans
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Amount (\$) 750.00 <small>Reimbursement from political contributions intended</small>	Payee address; 22111 Legendre RD. Richmond, TX 77407 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 01/20/2026	5 Payee name Burt Levine
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6 Amount (\$) 435.96 <small>Reimbursement from political contributions intended</small>	7 Payee address; 22111 Legendre RD. Richmond, TX 77407 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held
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Date 01/10/2026	Payee name Wheels Fort Bend Texas Senior
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Amount (\$) 89.25 <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held
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Date 01/12/2026	Payee name Behind The Badge
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Amount (\$) 75.00 <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Police Officers Gala	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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