

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Ms.    Maria    T ----- NICKNAME                                      LAST    SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 5560 FM 1640 RD #994 Richmond, TX 77406	Date Received  <b>RECVD VIA EMAIL</b> 02/24/2026	
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 713 )                      301-7037	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mrs    Theresa ----- NICKNAME                                      LAST    SUFFIX Lee- Jackson	Receipt #	Amount \$
		Date Processed	
		Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box 994 Richmond, TX 77469		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 713 )                      677-9062		
<b>9</b> 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 2                      /                      1                      /                      26    2                      /                      21                      /                      26		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 3                      /                      3                      /                      26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) 339th State District Judge	<b>13</b> OFFICE SOUGHT (if known) Fort Bend County Clerk	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.		
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# 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

02/03/2026

5 Full name of contributor

Tina Middleton

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

417 Piking St Houston, TX 77091

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2026

Full name of contributor

Wilmer M Moran III

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1302 Preston St Houston, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/26

Full name of contributor

Angel Roman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

8980 Lakes Dr. Houston, TX 77054

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2026

Full name of contributor

Melissa Lee

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3364 Grayburn Road Pasadena CA 91107

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

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

02/11/2026

5 Full name of contributor

Theeldon Branch

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

3651 Maroneal Houston, TX 77025

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Businessman

Date

02/13/2026

Full name of contributor

Jeralynn Manor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2929 Allen Pkwy, Ste. 200, Houston, TX 77057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Date

02/19/2026

Full name of contributor

Robert Baker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

450.00

Contributor address;

City;

State;

Zip Code

5868 Westheimer, Houston, TX 77057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

02/05/2026

Full name of contributor

Martha Castex Tatum

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6106 Dryad, Houston, TX 77035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

City Coucilwoman

City Of Houston

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# 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

02/04/2026

5 Full name of contributor

Smokie Phillips

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

P.O. Box 321084 Houston, TX 77221

8 Principal occupation / Job title (See Instructions)

Constable Precinct 7

9 Employer (See Instructions)

Self

Date

02/05/2026

Full name of contributor

Charles Swindell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

~~350.00~~  
300.00

Contributor address;

City;

State;

Zip Code

1802 Lake Quitman Dr. Houston, TX 77406-8078

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

02/05/2026

Full name of contributor

Don Quang Dinh

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

503 West RD Apt 76, Houston, TX 77038-2508

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/04/2026

Full name of contributor

Adebayo Adesemo, MD

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1463 Sugar Creek Blvd. Sugarland, TX 77478-3929

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

MariaT. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/2026

5 Full name of contributor

Lanease Fuller

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

4615 Southwest Frwy. Ste 820 Houston, TX 77027

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

02/17/2026

Full name of contributor

Charles Wren

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3351 Tampa Houston, TX 77021

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

Date

02/11/2026

Full name of contributor

Leonard Sheppard

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3807 Buckhurst Dr. Houston, TX 77066

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Self

Date

02/11/2026

Full name of contributor

Jay Karahan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

1221 Studewood St. Houston, TX 77008

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

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 02/11/2026	5 Full name of contributor Ambereen Thomas out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1600 State St. Houston, TX 77007	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) Businesswoman		9 Employer (See Instructions) Self
Date 02/05/2026	Full name of contributor Barabara Hudson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4616 Southwest Frwy #820, Houston, TX 77027	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/08/2026	Full name of contributor Harry Smith out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 18 Ivy Bend Lane Sugarland, TX 77479	Amount of contribution (\$) <b>3,300.00</b>
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self
Date 02/05/2026	Full name of contributor Ben Magnus-Lawson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Self

**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

02/05/2026

5 Full name of contributor

Judith Mahinay

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Self

Date

02/06/2026

Full name of contributor

Leah Pouncy

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

10707 Corporate Dr. Stafford, TX 77477

Principal occupation / Job title (See Instructions)

Business woman

Employer (See Instructions)

Self

Date

02/05/2026

Full name of contributor

Sonya Heath

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

201 Caroline St. Houston, TX 77002

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

State Of Texas

Date

02/05/2026

Full name of contributor

Patricia McFarland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

110.00

Contributor address;

City;

State;

Zip Code

6633 West Airport Houston, TX. 77035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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

02/07/2026

5 Full name of contributor

**Barbara Curtis**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City;

State;

Zip Code

**3700 Southwest Frwy. Houston, TX 77027**

8 Principal occupation / Job title (See Instructions)

**Curch Leader**

9 Employer (See Instructions)

**Lakewood Church**

Date

02/09/2026

Full name of contributor

**Byron Nichols**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**12612 Fleet River Rd. Pearland**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**Channel 2 News**

Date

02/12/2026

Full name of contributor

**Ali McHenry**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**1200 Travis Houston, Texas 77002**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/2026

Full name of contributor

**Harry Hartley**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**6847 Harrisburg Blvd. Houston, TX 77011**

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

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 <b>Maria T. Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/01/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kathy Cheng</b> 6 Contributor address; City; State; Zip Code <b>5444 Westheimer RD Ste 1000, Houston, TX 77056-5318</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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)

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)

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 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 Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 02/02/2026	5 Payee name Burton Levine
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6 Amount (\$) 135.96	7 Payee address; 9600 Greenfield Ct Ste 148 Houston TX 77096 <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) Campaign Expense	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/03/2026	Payee name Office Max
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Amount (\$) 151.53	Payee address; Rosenberg <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 Material	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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 Aviva Wholesale
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Amount (\$) 216.46	Payee address; 10365 Harwin Dr. Houston, TX 77036 <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) T-Shirts	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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 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 02/06/2026	5 Payee name Milimo Reed
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6 Amount (\$) 800.00	7 Payee address: 503 Summers Arbor Circle Richmond, TX 77489 <small>Check if individual's residence address.</small>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Campaign Expenses	(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
--	-------------------------------	---------------	-------------

Date 02/06/2026	Payee name Braxton Johnson
--------------------	-------------------------------

Amount (\$) 250.00	Payee address: P.O. Box 572 141 Houston, TX 77257 <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name Cierra Evans
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Amount (\$) 1,000.00	Payee address: 22111 Legendre Rd Richmond, TX 77407 <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting/ Media	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 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 Maria T. jackson	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date 02/09/2026	5 Payee name Print N Sign
----------------------	------------------------------

6 Amount (\$) 433.00	7 Payee address; 7350 Harwin Dr. Ste 316-A Houston, TX 77036 <small>Check if individual's residence address.</small>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Signs/ T-Shirts	(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
--	-------------------------------	---------------	-------------

Date 02/01/2026	Payee name HUM FM LLC
--------------------	--------------------------

Amount (\$) 2,000.00	Payee address; 6161 Savoy Dr. Houston, TX 77036 <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
	(c) <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
--	-------------------------------	---------------	-------------

Date 02/13/2026	Payee name Print N Sign
--------------------	----------------------------

Amount (\$) 1,699.52	Payee address; 7350 Harwin Dr. Ste 316-A Houston TX 77036 <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) Signs/ T-Shirts	Description
	(c) <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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Maria T. jackson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/12/2026	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) 283.47	<b>7</b> Payee address;  City; State; Zip Code  <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Material	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name Almeda Dent	
Amount (\$) 150.00	Payee address;  City; State; Zip Code  <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expense	Description
	<small>Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span></small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/13/2026	Payee name Loew's	
Amount (\$) 507.87	Payee address; 4645 Beechnut St. City: Houston, TX State: TX Zip Code 77096  <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Material	Description
	<small>Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span></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 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 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)
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4 Date	5 Payee name Andre Primes
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6 Amount (\$) 325.00	7 Payee address; 1210 North Wayside Dr. Houston, TX 77020 <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) Campaign Worker	(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 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 See You At The Polls
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Amount (\$) 500.00	Payee address; 331 Raleigh Row Missouri City, TX 77459 <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) Campaign Consulting	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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 AJay ChunChu
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Amount (\$) 250.00	Payee address; 6161 Savoy Dr. Houston, TX 77036 <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) Advrtising	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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 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)
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4 Date 02/18/2026	5 Payee name Surburban Houston Fort Bend Alumnae
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6 Amount (\$) 395.00	7 Payee address; 6011 W Orem Dr. Houston, TX 77085 City; State; Zip Code
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Check if individual's residence address.

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Chapter Membership Expense	(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 02/23/2026	Payee name See You At The Polls
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Amount (\$) 225.00	Payee address; 331 Kabeigh low Missouri City TX 77459 City; State; Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description
	(c) <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 2/5/26	Payee name Agusta Williams
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Amount (\$) \$150.00	Payee address; 1340 Independence Blvd. Missouri City, TX 77489 City; State; Zip Code
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Check if individual's residence address.

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	

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

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Maria T. Jackson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/23/2026	<b>5</b> Payee name See You At the Polls	
<b>6</b> Amount (\$) 2,500.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 331 Raleigh Row Missouri City, TX 77459 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Expenses	<b>(b)</b> Description
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>	
Date 02/12/2026	Payee name Cierra Evans	
Amount (\$) 750.00 <small>Reimbursement from political contributions intended</small>	Payee address; 22111 Legendre RD. Richmond, TX 77407 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expenses	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 <span style="float:right">Office sought <span style="float:right">Office held</span></span>	
Date 02/15/2026	Payee name Aubrey Taylor	
Amount (\$) 500.00 <small>Reimbursement from political contributions intended</small>	Payee address; 957 Nasa Parkway #251 Houston, Texas 77058-3039 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	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>	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>	

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# 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 <b>Maria T. Jackson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/23/2026</b>	5 Payee name <b>See You At the Polls</b>
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6 Amount (\$) <b>2,500.00</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; <b>331 Raleigh Row Missouri City, TX 77459</b> <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) <b>Campaign Expenses</b>	(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 <b>02/12/2026</b>	Payee name <b>Cierra Evans</b>
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Amount (\$) <b>750.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>22111 Legendre RD. Richmond, TX 77407</b> <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) <b>Campaign Expenses</b>	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 <b>02/15/2026</b>	Payee name <b>Aubrey Taylor</b>
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Amount (\$) <b>500.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>957 Nasa Parkway #251 Houston, Texas 77058-3039</b> <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) <b>Advertising</b>	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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