

CANDIDATE / OFFICEHOLDER FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

<p>The JC Action Guide explains how to complete this form.</p> <p>DATE / OFFICEHOLDER NAME</p>		<p>1 Filer ID (Ethics Commission Filers)</p>		<p>2 Total pages filed:</p>									
<p>MS / MRS / MR</p> <p>FIRST R Jeanette</p> <p>NICKNAME RJ</p> <p>LAST Parham</p>		<p>MI</p> <p>SUFFIX</p>		<p>OFFICE USE ONLY</p>									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>		<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>916 Wilkins Street Hempstead Tx 77445</p>		<p>Date Received</p>									
<p>5 CANDIDATE/ OFFICEHOLDER PHONE</p>		<p>AREA CODE (713) PHONE NUMBER 2526116 EXTENSION</p>		<p>Waller Co. Elections</p>									
<p>6 CAMPAIGN TREASURER NAME</p>		<p>MS / MRS / MR</p> <p>FIRST Ruby</p> <p>NICKNAME</p> <p>LAST Parham</p> <p>MI</p> <p>SUFFIX</p>		<p>FEB 02 2026</p> <p>RECEIVED</p> <p>Date Hand-delivered or Date Postmarked</p>									
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>		<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;</p> <p>916 Wilkins Street Hempstead Tx 77445</p>		<p>Receipt #</p> <p>Date Processed</p> <p>Date Imaged</p>									
<p>8 CAMPAIGN TREASURER PHONE</p>		<p>AREA CODE (713) PHONE NUMBER 2526116 EXTENSION</p>		<p>STATE; ZIP CODE</p>									
<p>9 REPORT TYPE</p>		<p><input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit</p> <p><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</p> <p><input type="checkbox"/> Final Report (Attach C/OH - FR)</p>											
<p>10 PERIOD COVERED</p>		<p>Month 01</p>	<p>Day /01</p>	<p>Year 2026</p>	<p>Month 01</p>	<p>Day /21</p>	<p>Year 2026</p>						
<p>11 ELECTION</p>		<p>ELECTION DATE Month 03 Day /03 Year /26</p>		<p>THROUGH</p>									
<p>12 OFFICE</p>		<p>OFFICE HELD (if any)</p>		<p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary</p> <p><input type="checkbox"/> Runoff</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> Other Description</p>									
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>		<p>13 OFFICE SOUGHT (if known)</p> <p>Judge Waller County Court At Law No 1</p> <p>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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS												
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME R Jeanette Parham	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) \$ 100
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 600
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1409.36
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 500.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10857.42

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/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

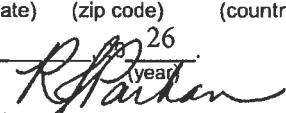
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is R Jeanette Parham, and my date of birth is 09-14-1952.
My address is 916 Wilkins Street, Hempstead, Tx, 77445, USA.

Executed in Waller (street) Tx (city) (state) (zip code) (country)
County, State of _____, on the 2 day of Feb 26 ^(month) _(year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1409.36
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 100.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1409.36
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 230 ⁰⁰
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 1
2 FILER NAME <i>R. Jeanette Parcham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-7-2024</i>	5 Full name of contributor <i>LANCE TOLSON</i>	6 Contributor address; City; State; Zip Code <i>5748 Longmont Lane Houston TX 77057</i>
		7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule E(J): 1
2 FILER NAME <i>R. Jeanette Parham</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>1-14-2024</i>	7 Name of lender <i>R. Jeanette Parham (Self)</i>	8 out-of-state PAC (ID#: 9 Loan Amount (\$) <i>1409.36</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10 Interest rate	
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	R Jeanette Parcham		
4 Date	5 Payee name		
1/4/2026	Discover Card		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
100 ⁰⁰	P.O. Box 6103 Carol Stream IL 60197		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Billboards	
	<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
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME <i>R. Jane He Parham</i>	3 FILER ID (Ethics Commission Filers)
--	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution <i>American Express</i>		
----------------------	--	--	--

6 PAYMENT	(a) Amount Charged \$ 1409.36	(b) Date Expenditure Charged 1/14/2026	(c) Date(s) Credit Card Issuer Paid
-----------	----------------------------------	---	-------------------------------------

7 PAYEE	(a) Payee name <i>American Express</i>	(b) Payee address;	City, State, Zip Code
---------	---	--------------------	-----------------------

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>ROAD Signs</i>
--------------------------	--	--------------------------------------

	(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
---	-------------------------------	--	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
-------	----------------	--------------------	-----------------------

Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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
--	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
---	-------------------------------	--	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
-------	----------------	--------------------	-----------------------

Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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
--	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
---	-------------------------------	--	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$
5 CREDIT CARD ISSUER	Name of financial institution Discover			
6 PAYMENT 330 00	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid 1/4/2024	
7 PAYEE	(a) Payee name Discover	(b) Payee address: PO Box 103 Carol Stream IL	City, State, Zip Code	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Billboards
		(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
PAYMENT 8500 00	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid 1/4/2024 (Transferred WF)	
PAYEE	(a) Payee name Discover	(b) Payee address: PO Box 103 Carol Stream IL	City, State, Zip Code	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address:	City, State, Zip Code	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <i>3</i>	2 FILER NAME		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>Wells Fargo</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 8500.00</i>	(b) Date Expenditure Charged <i>1/04/2026</i>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <i>Wells Fargo</i>	(b) Payee address; <i>Web</i>	City, State, Zip Code
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Billboards Transfer From Discover</i>	
<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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	R. Jeannette Farbman	
4 Date	5 Payee name	
1/4/2026	Discover Card	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
230.00	P.O. Box 6103 CAROL STREAM IL 60197	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	Advertising Repay CR Cd.	
(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

OUTSTANDING LOANS

SCHEDULE L

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 L: 1
2 FILER NAME <i>R. Jeannette Parham</i>		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION <input type="checkbox"/> not applicable	4 Name of lender <i>R. Jeannette Parham (self)</i>	5 Lender address; 916 Wilkins St Hempstead TX 77445
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor	7 Guarantor address; City; State; Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City; State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City; State; Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City; State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City; State; Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City; State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED