

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

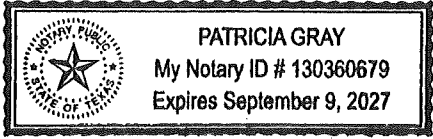
16 C/OH NAME Jennifer Blackman		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 65.49
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,457.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,167.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,292.01

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.

Jennifer Blackman
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jennifer Blackman this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Gray Signature of officer administering oath
Patricia Gray Printed name of officer administering oath
CPA Supt. Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Jennifer Blackman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,625.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,292.01
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,457.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 3
2 FILER NAME Jennifer Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Courtney Powers	7 Amount of contribution (\$) 2,500.00
	6 Contributor address; City; State; Zip Code 3904 Toro Canyon Rd Austin TX 78746	
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) UTIMCO
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Steve Emmons	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 29622 Alta Terra Laguna Niguel CA 92677	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) retired
Date 03/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Suzanne Mullen	Amount of contribution (\$) 514.80
	Contributor address; City; State; Zip Code 3202 El Toro Cove Austin, TX, 78746	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) MKS2
Date 03/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Misty Hasiotis	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 1215 Bickler Road Austin TX 78704	
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a

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: 3
2 FILER NAME Jennifer Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Parsons 6 Contributor address; City; State; Zip Code 1212 Wilderness Dr. Austin TX 78746	7 Amount of contribution (\$) 51.75
8 Principal occupation / Job title (See Instructions) Planner		9 Employer (See Instructions) TBG Partners
Date 3/7/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Voss Contributor address; City; State; Zip Code 1754 Channel Road Austin TX 78746	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Morgan Stanley
Date 3/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Blackman Contributor address; City; State; Zip Code 1664 Circa del Lago E104 San Marcos CA 92	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) physician (zip code is 92078)		Employer (See Instructions) retired
Date 2/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanna Cannon Contributor address; City; State; Zip Code 3559 Cay Dr. Carlsbad CA 92010	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hoag
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jennifer Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buddy Dunn 6 Contributor address; City; State; Zip Code 500 Riders Trl Austin TX 78733	7 Amount of contribution (\$) 103.20
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 03/14/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yael Glazer Contributor address; City; State; Zip Code 5806 Buckpasser Cove Austin TX 78746	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) UT Austin
Date 03/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenn Hartner Contributor address; City; State; Zip Code 3633 Hickory Manor Dr Apex NC 27539	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Nonprofit exec		Employer (See Instructions) CLR
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Jennifer Blackman		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 02/25/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Blackman	9 Loan Amount (\$) 6,019.51
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px;"></div>	10 Interest rate 0.00
		11 Maturity date 12/21/2030
12 Principal occupation / Job title (See Instructions) nonprofit consultant		13 Employer (See Instructions) self
14 Description of Collateral <input type="checkbox"/> none		16 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor Jennifer Blackman	19 Amount Guaranteed (\$) 25.00
	18 Guarantor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px;"></div>	
20 Principal Occupation (See Instructions) nonprofit consultant		21 Employer (See Instructions) self
Date of loan 03/23/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Blackman	Loan Amount (\$) 247.50
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px;"></div>	Interest rate 0.00
		Maturity date 12/31/2030
Principal occupation / Job title (See Instructions) nonprofit consultant		Employer (See Instructions) self
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Jennifer Blackman	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2026	5 Payee name JG Media / Community Impact	
6 Amount (\$) 727.93	7 Payee address; City; State; Zip Code 5424 W US Hwy, 290 Frontage Rd Suite 204-7, Austin, TX 78735 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description inserts
	(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 03/11/2026	Payee name Delwin Goss (M&G sign Placement Services)	
Amount (\$) 730.00	Payee address; City; State; Zip Code 6410 Ponca St. Austin, tx 78741 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expenses	Description road sign installation
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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