#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065194 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Jill R. The Honorable NAME Date Received **ELECTRONICALLY FILED** 07/14/2023 NICKNAME LAST **SUFFIX** Willis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2100 Bloomdale Rd., Ste. 10014 MAILING Receipt # Amount **ADDRESS** Change of Address McKinney, TX 75071 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kathryn J. NAME NICKNAME LAST **SUFFIX** Murphy **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** Two Legacy Town Cener, Ste. 400 **ADDRESS** 6900 N. Dallas Pkwy. (Residence or Business) Plano, TX 75024 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 473-9696 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other

11 OFFICE

03/03/2026

OFFICE HELD (if any)

District Judge District 429 Collin

General

Special

12 OFFICE SOUGHT (if known)

District Judge District 429

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Willis, Jill R. (The Ho	norable)	14 Filer ID 00065194	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendition. These expenditures may have been made without difficeholders are required to report this information.	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE TOOMMITTEE NAME				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 4,549.87	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 119,312.81	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Ho	onorable Jill R. Willis		
		Signature of	Candidate or Officeho	lder	
AFFIX NOT	TARY STAMP / SEAL AB	OVE			
Sworn to and subsc	ribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath	

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

30							
18 FILER NAI Willis, Jill	(Ethics Commission Filers)						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,549.87				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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)
	Sch: 1/6 Rpt: 4/9	Willis, Jill R. (The Honorable) 00065194
4	Date	5 Payee name
	01/07/2023	Advantage Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.00	1210 McDermott Drive
		Allen, TX 75013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense storage fee for campaign materials
		storage ree for earnpaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	02/08/2023	Advantage Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.00	1210 McDermott Drive
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense storage fee for campaign materials
		Storage ree for campaign materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	_	
	Date	Payee name
	03/08/2023	Advantage Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.00	1210 McDermott Drive
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		storage fee for campaign materials
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 2/6 Rpt: 5/9	Willis, Jill R. (The Honorable) 00065194					
4	Date	5 Payee name					
	05/09/2023	Advantage Storage					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$111.00	1210 McDermott Drive					
		Allen, TX 75013					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		storage fee for campaign materials					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	04/10/2023	Advantage Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$111.00	1210 McDermott Drive					
		Allen, TX 75013					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE Check if Austin, TX, officeholder living expense							
		storage fee for campaign materials					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	<b>y</b>					
	Date	Davisa sama					
	06/08/2023	Payee name Advantage Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$111.00	1210 McDermott Drive					
	Ψ111.00	1210 MCDefficit Drive					
		Allen, TX 75013					
	DUDDOCE	<u> </u>					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		storage fee for campaign materials					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	1					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Dotations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
				explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/6 Rpt: 6/9	Willis, Jill R	. (The Honorable)					00065194		
4	Date	5 Payee name								
	03/24/2023	Amazon								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$192.66	410 Terry A	ve. North							
		Seattle, WA	N 98109							
8	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF	Advertising		of this schedule)	( )	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,	TX,	officeholder living	g expense	
						storage conta	ine	ers and supp	olies for campaign-	
						related mater	ials	5		
9	Complete ONLY if direct		ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	<b>H</b>								
	Date	Payee name		-						
	05/02/2023	Amazon								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$10.66	410 Terry A	ve. North							
		Seattle, WA	N 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	nse			<u></u>			plete Schedule T.	
						ш		officeholder living		
						Bench/Bar Co			ation at Collin County	
_	Complete ONLY if direct	Canadidate/Off		Office					ماط	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ignt			Office h	eia	
	· 	1								
	Date	Payee name								
	01/13/2023	American E	ank Checks							
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$40.64	P.O. Box 3!	51110							
		New Braun	fels, TX 78135							
	PURPOSE	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				ш			plete Schedule T.	
	ZA ZIIDII GIAZ							officeholder living		
						re-order tees	TOT	campaign a	account checks	
_	Complete ONLY if allowed	Condidate 10"	ooboldo:	Ott:	10 P t			Office 1	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ignt			Office h	<b>∂</b> Iu	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: Sch: 4/6 Rpt: 7/9	2 FILER NAME Willis, Jill R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065194
Ļ	<u> </u>	
4	Date 02/06/2023	5 Payee name Brannon, Kevin (Mr.)
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1911 Lorraine Ave. Allen, TX 75002
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  consulting fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2023	Chick-fil-A
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1000 Hwy 380
		McKinney, TX 75070
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Administrative Professionals Day gift to staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/12/2023	Payee name GCRW
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 863863
		Plano, TX 75086
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense sponsorship of Membership Brunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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)
	Sch: 5/6 Rpt: 8/9	Willis, Jill R. (The Honorable) 00065194
4	Date	5 Payee name
	04/13/2023	GCRW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 863863
		Plano, TX 75086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sponsorship and membership dues
		Sponsorship and membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	04/28/2023	Little Caesars
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$50.82	1321 N. Tennessee Street
		McKinney, TX 75069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for practice of ethics presentation at Collin
		County Bench/Bar Conference
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/14/2023	Little Caesars
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$50.82	1321 N. Tennessee Street
l	<b>400.02</b>	101111111111111111111111111111111111111
		McKinney, TX 75069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		food for practice of ethics presentation at Collin County Bench/Bar Conference
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	•
$\vdash$		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	xpense P S		ense ges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3 Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/9	Willis, Jill R	. (The Honorable)	1			00065194	
4	Date	5 Payee name						
	06/14/2023	Plano Repu	ıblican Women					
6	Amount (\$)	7 Payee addre	ss; City;	State; 2	Zip Code	е		
	\$155.00	P.O. Box 94	4046					
		Plano, TX 7	75094					
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedu	<sub>ule)</sub> (I	b) Description		
	OF EXPENDITURE	Advertising	Expense				outside of Texas. Com	
						ш	n, TX, officeholder living and membersh	
						эропзогаттр	and membersh	ip dues
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Offi	ice sough	nt	Office he	5l4
	expenditure to benefit C/O			<b></b>	.cc ccag.		000	
	Date	Payee name						
	01/11/2023	Spring Cree	ek BBQ					
	Amount (\$)	Payee addre	ss; City;	State; 2	Zip Code	е		
	\$12.77	1993 N. Ce	ntral Expwy					
		McKinney,	TX 75070					
	PURPOSE OF	(a) Category (Se	ee Categories listed at the	top of this schedu	<sub>ule)</sub> (I	b) Description		
	EXPENDITURE	Food/Bever	age Expense			<u> </u>	outside of Texas. Com n, TX, officeholder living	
						Lincoln Socie		у схрензе
	Complete ONLY if direct		ceholder name	Offi	ice sough	nt	Office he	eld
	expenditure to benefit C/OI	ł						
	Date	Payee name						
	04/14/2023	Target						
	Amount (\$)	Payee addre	ss; City;	State; 2	Zip Code	e		
	\$20.50	2025 N. Ce	ntral Expy					
		McKinney,	TX 75070					
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedu	<sub>ule)</sub> (I	b) Description		
	OF EXPENDITURE	Food/Bever	age Expense				outside of Texas. Com	
							n, TX, officeholder living	
								for ethics presentation nch/Bar Conference
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Offi	ice sough	nt	Office he	eld
	expenditure to benefit C/O				9.			
	rms provided by Tayas F	hios Commissi	00 1444	w othics sta	to ty uc			Version V2 5 1 3ac88hc0