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) 00069291 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David C. NAME Date Received **ELECTRONICALLY FILED** 07/16/2023 NICKNAME LAST **SUFFIX** Hagerman CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 93011 MAILING Amount Receipt # **ADDRESS** Southlake, TX 76092 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Roper **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** Burnett Plz, Ste. 1600 **ADDRESS** 801 Cherry St., Unit 1 (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 347-1700 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 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 05/06/2025 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 297 Tarrant District Judge District 297

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Hagerman, David C.	(The Honorable)	14 Filer ID 00069291	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politic These expenditures may have been ma I officeholders are required to report this	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
16 CONTRIBUTION TOTALS	I .	ZED POLITICAL CONTRIBUTIONS(O` ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE:	C OF LOANS)	\$ 0.00
EXPENDITURE	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ZED POLITICAL EXPENDITURES	5 OF LOANS)	\$ 0.00
TOTALS				5 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,684.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	S OF THE LAST DAY OF THE	\$ 28,527.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			nder penalty of perjury, that the acc d includes all information required t tion Code.	
		1	The Honorable David C. Hagern	nan
		:	Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid		day
of	, 20, to ce	ertify which, witness my hand and seal o	of office.	
Signature of office	cer administering oath	Printed name of officer administer	ring oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 16
18 FILEF		ME n, David C. (The Honorable)	19 Filer ID 00069291	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	\$	0.00		
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	Х	\$	4,684.93		
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	75.00

	LOANS (J	UDICIAL)				SCHED	OULE E((J)
	The Instructio	n Guide explains how to complete this	form.	1		ges Schedule 1 Rpt: 4/16	E(J):	
2	FILER NAME Hagerman, Davi	d C. (The Honorable)		1	Filer ID 000692	(Ethics Com	mission File	ers)
4	TOTAL OF UN	ITEMIZED LOANS		<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity I	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere de	eposited	into political a		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount (- Guaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; Dal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	worll aw Eirm	26 Law Firm of guarantor's sp	NOUSO	(if any)			
	· 		20 Law I IIII of guarantor 3 Sp	Jouse	(ii ariy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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)

	Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 5/16	Hagerman, David C. (The Honorable)	00069291
4	Date	5 Payee name	
	02/25/2023	African American Museum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	3536 Grand Ave	ļ
	!		ļ.
		dallas, TX 75210-0000	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	!	I 🗀	ceremony table sponsorship
	!		ļ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	06/27/2023	Avenida Parking Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	701 Avenida de las Americas	
	!	Suite 200	ļ
		Houston, TX 77010-0000	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	parking expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	!	,	r NADCP conference to be reimbursed on
	!	sch K.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/27/2023	Avenida Parking Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	701 Avenida de las Americas	
	!	Suite 200	
		Houston, TX 77010-0000	
Г	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Parking L	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	!	,	r NADCP conference to be reimbursed on
	!	sch K.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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		Legal Services The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER N	JAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/11 Rpt: 6/16	Hagern	nan, David C. (The Honora	able)				00069291		
4	Date	5 Payee n	ame							
	06/28/2023	Avenida	a Parking Houston							
6	Amount (\$)	7 Payee a	•	State; Zip Co	ode					
	\$25.00	701 Av	enida de las Americas							
		Suite 2	00							
		Housto	n, TX 77010-0000							
8	PURPOSE	(a) Categor	y (See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	parking	ļ			=		de of Texas. Com		
						_		officeholder living	nce to be reimbursed o	ın
						sch K		or comerci	ice to be reimbarsed o	
9	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office sou	ıght			Office he	eld	
	experiditure to benefit C/Or									
	Date	Payee n	ame							
	06/25/2023	Avenida	a Parking Houston							
	Amount (\$)	Payee a	address; City;	State; Zip Co	ode					
	\$25.00	701 Av	enida de las Americas							
		Suite 2	00							
		Housto	n, TX 77010-0000							
	PURPOSE OF	(a) Categor	y (See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	parking	ł			=		de of Texas. Com officeholder living		
						_			to be reimbursed on	
						sch. K				
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ight			Office he	eld	
	Date	Payee n	ame							_
	06/29/2023	Avenida	a Parking Houston							
	Amount (\$)	Payee a	address; City;	State; Zip Co	ode					
	\$25.00	701 Av	enida de las Americas							
		Suite 2	00							
		Housto	n, TX 77010-0000							
	PURPOSE OF	(a) Categor	y (See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	parking	Į.					de of Texas. Com officeholder living		
						_			nce Houston to be	
						reimbursed o	n s	ch. K	ice riouston to be	
	Complete ONLY if direct	Candidate	e/Officeholder name	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/O	H			-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission I	-ilers)
	Sch: 3/11 Rpt: 7/16		an, David C. (The Honor	rable)				00069291	•	-
4	Date	5 Payee nai	me							
	06/29/2023	Avenida	Parking Houston							
6	Amount (\$)	7 Payee add	dress; City;	State; Zip Co	ode					
	\$25.00	701 Aver	nida de las Americas							
		Suite 200)							
		Houston,	TX 77010-0000							
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	parking						de of Texas. Com		
						\Box		officeholder living	rexpense nce Houston to be	
						reimbursed o			ice i lousion to be	
9	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	l uaht			Office he	eld	
	expenditure to benefit C/OF	1								
	Date	Payee nai	ne							
	01/06/2023	Bice's Flo	orist							
	Amount (\$)	Payee add	dress; City;	State; Zip Co	ode					
	\$234.89	650 W. E	Bedford Euless Rd.							
		Hurst, T≻	X 76053-0000							
	PURPOSE OF	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	Gift/Awa	rds/Memorials Expense					de of Texas. Com officeholder living		
						funeral flower		, officeriolder living	expense	
						ianciai novei				
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/O									
	Date	Payee nai	ne							
	01/31/2023	Bice's Flo	orist							
	Amount (\$)	Payee add	dress; City;	State; Zip Co	ode					
	\$180.77	650 W. E	Bedford Euless Rd.							
		Hurst, T>	K 76053-0000							
	PURPOSE OF		(See Categories listed at the top of		(b)	Description	_			
	EXPENDITURE	Gift/Awa	rds/Memorials Expense					de of Texas. Com		
						funeral flower		officeholder living	expense	
						Taricial HOWE	J			
\vdash	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	laht			Office he	eld .	
	expenditure to benefit C/O		SShorder Harrie	31100 300	-9·11			Cilioc IIC		
-										
l										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	al Committee	Legal Services The Instruction Guide			c/Contract Labor		OTHER (enter a	a category not listed ab	oove)
1	Total pages Schedule F1:	2 FILER NAMI	E			[3	3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/11 Rpt: 8/16	_	David C. (The Hono	orable)				00069291		
4	Date	5 Payee name	!							
	04/12/2023	Bice's Flori	st							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$229.47	650 W. Bed	dford Euless Rd.							
		Hurst, TX 7	6053-0000							
8	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards	s/Memorials Expens	e		_			nplete Schedule T.	
l						Check if Austin, T		officenolaer livin	g expense	
l						iuneral nowers	>			
Ļ					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office h	eld	
┝	Date	Payee name								
l	06/22/2023	Campisi's F								
⊢	Amount (\$)	Payee addre		State; Zip Co	nde					
l	\$262.22	6150 Camp		State, Zip Ci	Juc					
l	Φ202.22	0150 Camp	Dowle							
		Ft. Worth, ⁻	ΓX 76116-0000							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
l	OF EXPENDITURE	Event Expe				\Box			nplete Schedule T.	
l						Check if Austin,			g expense	
l						grand jury lund	cne	eon		
L		<u> </u>			Ļ					
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ıght			Office h	eld	
L	experience to benefit 6/6/									
	Date	Payee name								
l	04/20/2023	Central Ma	rket							
Г	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
l	\$74.18	1425 E Soı	uthlake Blvd							
l										
		Southlake,	TX 76092-0000							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	staff breakf	ast						nplete Schedule T.	
l	EXI ENDITORE					Check if Austin,			g expense	
l						court staff brea	akı	ast		
					Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office h	eld	
	CAPERIORATE TO DEFICIT C/OI									

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	-)
1	Sch: 5/11 Rpt: 9/16	Hagerman, David C. (The Honorable)	»)
4	Date	5 Payee name	
	04/17/2023	Colleyville Lions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.00	P.O. Box 536	
		Colleyville, TX 76034-0000	
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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		membership fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/14/2023	Cookies By Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.94		
	\$70.94	3100 Independence Pkwy.	
		Plano, TX 75075-0000	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		bereavement basket	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
H	Date	Davis name	
		Payee name	
	06/28/2023	Eado Investments LP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	4200 Montrose	
		Houston, TX 77006-0000	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	parking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		parking for NADCP conference Houston to be reimbursed on sch. K.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 6/11 Rpt: 10/16	Hagerman, David C. (The Honorable) 00069291
4	Date	5 Payee name
	01/03/2023	Einstein Bagels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.47	2600 E. Southlake Blvd
		Ste. 140
		Southlake, TX 76092-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORIE	Check if Austin, TX, officeholder living expense
		oath signing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OF	
_	Date	Payee name
	01/25/2023	FGF Catering
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	8303 Elmbrook Dr.
	φυυ.υυ	8303 EIIIIDIOOK DI.
		Dallas, TX 75247-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Tarrant County caucus for Dallas Inns of Court joint
	!	meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	· ·
_	Date	Payee name
	06/30/2023	Platinum Parking Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	930 Main St.
	,	Ste T280
		Houston, TX 77002-6224
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Parking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		parking for NADCP conference at hotel to be
		reimbursed on sch. K.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/11 Rpt: 11/16	_		David C. (The Honora	able)					00069291	
4	Date		Payee name								
L	06/30/2023	L	Platinum Pa	arking Houston							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$20.00		930 Main S	t.							
			Ste T280								
			Houston, T	X 77002-6224							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of	this sched	dule)	(b)	Description			
	OF EXPENDITURE		parking					-		de of Texas. Comp	
								ш		officeholder living	expense conference to be
								reimbursed of			2
9	Complete ONLY if direct		Candidate/Offi	iceholder name	Of	ffice sou	l ght			Office he	ld
	expenditure to benefit C/OF	H									
	Date		Payee name								
L	06/29/2023		Platinum Pa	arking Houston							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$8.00		930 Main S	t.							
			Ste T280								
			Houston, T	X 77002-6224							
	PURPOSE	(a)	Category (Se	ee Categories listed at the top of	this sched	dule)	(b)	Description			
	OF EXPENDITURE		parking	·				=		de of Texas. Comp	
								ш		officeholder living	expense conference to be
								reimbursed o			omercine to be
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	iceholder name	Of	ffice sou	ght			Office he	ld
	Date		Payee name								
	06/28/2023		•	arking Houston							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$20.00		930 Main S	t.							
			Ste T280								
			Houston, T	X 77002-6224							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top of	this sched	dule)	(b)	Description			
	EXPENDITURE		parking					ш		le of Texas. Comp officeholder living	
								ш		-	conference to be
								reimbursed or			
	Complete ONLY if direct		Candidate/Offi	iceholder name	Of	ffice sou	ght			Office he	ld
	expenditure to benefit C/OH	Н									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services		Wages	s/Contract Labor		OTHER (enter a	category not listed above)
Credit Card Fayment		The Instruction Guid	le explains how to co	omple	ete this form.			
Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 8/11 Rpt: 12/16	Hagerman,	David C. (The Ho	norable)				00069291	
Date	5 Payee name							
06/28/2023		rking Houston						
Amount (\$)	7 Pavee addres	ss City	State: Zin Co	ode				
` ,		-	Otato,p	000				
40.00		•						
		77002 6224						
		e Categories listed at the	top of this schedule)	(b)				
EXPENDITURE	parking				=			
					—			
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıaht			Office h	əld
		onolder name	011100 000	agiit			01110011	Sid
Data	Davis							
		rking Houston						
, ,		-	State; Zip Co	ode				
\$20.00								
	Ste T280							
	Houston, TX	77002-6224						
PURPOSE	(a) Category (Se	e Categories listed at the	top of this schedule)	(b)	Description			
	parking							
					ш			
								conference to be
Complete ONLY if direct	Candidata/Offic	achaldar nama	Office cou	ıabt			Office h	ald
		enoluei name	Office Soc	agni			Office II	eiu
	Payee name							
01/19/2023	Schwab Cha	aritable Foundatio	ons					
Amount (\$)			State; Zip Co	ode				
\$200.00	P.O. Box 62	8298						
Ψ200.00	1 .0. Box 02							
Ψ200.00	1.0. 50% 02							
4200.00		32862-0000						
PURPOSE	Orlando, FL		top of this schedule)	(b)	Description			
PURPOSE OF	Orlando, FL	32862-0000 e Categories listed at the Memorials Exper		(b)	Check if travel of			plete Schedule T.
PURPOSE	Orlando, FL	e Categories listed at the		(b)	Check if travel of Check if Austin,	, TX	officeholder living	g expense
PURPOSE OF	Orlando, FL	e Categories listed at the		(b)	Check if travel of	, TX	officeholder living	g expense
PURPOSE OF EXPENDITURE	Orlando, FL (a) Category (Se Gift/Awards/	e Categories listed at the Memorials Exper	nse		Check if travel of Check if Austin,	, TX	officeholder living nemorial ful	g expense nd
PURPOSE OF EXPENDITURE Complete ONLY if direct	Orlando, FL (a) Category (Se Gift/Awards/	e Categories listed at the Memorials Exper			Check if travel of Check if Austin,	, TX	officeholder living	g expense nd
PURPOSE OF EXPENDITURE	Orlando, FL (a) Category (Se Gift/Awards/	e Categories listed at the Memorials Exper	nse		Check if travel of Check if Austin,	, TX	officeholder living nemorial ful	g expense nd
PURPOSE OF EXPENDITURE Complete ONLY if direct	Orlando, FL (a) Category (Se Gift/Awards/	e Categories listed at the Memorials Exper	nse		Check if travel of Check if Austin,	, TX	officeholder living nemorial ful	g expense nd
	Sch: 8/11 Rpt: 12/16 Date 06/28/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 06/27/2023 Amount (\$) \$20.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 01/19/2023 Amount (\$)	Total pages Schedule F1: Sch: 8/11 Rpt: 12/16 Date 06/28/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE Candidate/Office Payee name Platinum Pa Candidate/Office Candidate/Office Payee name Platinum Pa Candidate/Office Payee name Platinum Pa Candidate/Office Candidate/Office Payee name Platinum Pa Candidate/Office	Total pages Schedule F1: Sch: 8/11 Rpt: 12/16 Date Date 06/28/2023 Amount (\$) PURPOSE OF EXPENDITURE Date 06/27/2023 Amount (\$) Date Of-28/2023 PURPOSE OF EXPENDITURE Candidate/Officeholder name Platinum Parking Houston Candidate/Officeholder name Platinum Parking Houston Candidate/Officeholder name Candidate/Officeholder name Payee name Platinum Parking Houston Payee address; City; 930 Main St. Ste T280 Houston, TX 77002-6224 Payee address; City; 930 Main St. Ste T280 Houston, TX 77002-6224 Purpose OF EXPENDITURE (a) Category (see Categories listed at the parking Payee address; City; 930 Main St. Ste T280 Houston, TX 77002-6224 Purpose OF EXPENDITURE (a) Category (see Categories listed at the parking Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Schwab Charitable Foundation Payee name Schwab Charitable Foundation Schwab Charitable Foundation Payee address; City;	Total pages Schedule F1: Sch: 8/11 Rpt: 12/16 Date Date D6/28/2023 Amount (\$) False Platinum Parking Houston 7 Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Platinum Parking Houston 7 Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Platinum Parking Houston Candidate/Officeholder name Office solution Payee name Platinum Parking Houston Amount (\$) Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Platinum Parking Houston Amount (\$) Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Payee name Platinum Parking Houston Amount (\$) Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Platinum Parking Houston State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Schwab Charitable Foundations Amount (\$) Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH Payee name Schwab Charitable Foundations Amount (\$) Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH	Total pages Schedule F1: Sch: 8/11 Rpt: 12/16	Sch: 8/11 Rpt: 12/16	Total pages Schedule F1: 2 FILER NAME	Total pages Schedule F1: Sch: 8/11 Rpt: 12/16

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment								NET OUT OF DISTRICT HER (enter a category not listed above)		
_	Tatal as as a Cabadala E4.	6 EU ED MANA		Apidins now to co	,,,,	101111.	_	Ell ID	(Fabine Commission Files)		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/11 Rpt: 13/16	Hagerman	David C. (The Hono	rabie)				00069291			
4	Date	5 Payee name)								
	05/30/2023	State Bar o	of Texas								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode						
	\$300.00	Texas Law	•								
		1414 Color	ado St								
			78701-0000								
8	PURPOSE OF	Ι ,	See Categories listed at the top	of this schedule)	(b)	Description					
	EXPENDITURE	Fees						de of Texas. Con officeholder livin	nplete Schedule T.		
						State bar due		Officeriolaer livin	y expense		
						Otato Sa. ado	,,				
_	Complete ONLY if direct	Condidate/Of	Finahaldar nama	Office cou	ıabt			Office b	ald		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	igni			Office h	leiu		
	·										
	Date	Payee name	?								
	02/03/2023	Texas Cen	ter for the Judiciary								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$75.00	1210 San <i>i</i>	Antonio St Ste 800								
		Austin, TX	78701-0000								
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schodulo)	(b)	Description					
	OF		inference fee	or tries scriedule)	\ <i>`</i>	_ `	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE					Check if Austin,	, TX,	officeholder livin	g expense		
							ere	nce payme	nt to be reimbursed on		
						sch. K					
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office h	eld		
	expenditure to benefit C/O	1									
	Date	Payee name	<u> </u>								
	06/01/2023	l í	ter for the Judiciary								
	Amount (\$)	Payee addre		State; Zip Co	nde						
	\$325.00	1 1	Antonio St Ste 800	State, Zip Ce	Juc						
	Ψ323.00	1210 San 7	Antonio St Ste 600								
		Austin, IX	78701-0000								
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description					
	EXPENDITURE	conference	registration			ш			nplete Schedule T.		
						State confere		officeholder livin			
						Julie Colliele	.1 IC	o regionano	711		
_	Complete ONU V If allow	Condition 100	Saabaldan as	04	ا داده			04:	ald		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ignt			Office h	eiu		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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: 10/11 Rpt: 14/16	Hagerman, David C. (The Honorable) 00069291
4	Date	5 Payee name
	05/17/2023	Texas Tech Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	Institutional Advancement
	1	Box 41081
		Lubbock, TX 79409-1000
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1	memorial requested by family of deceased
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/26/2023	Tiff's Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.99	8310 N. Capital
	1	Suite 110
	I	Austin, TX 78731-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	cookie bouquet sent to hospital for staff member
	I	relative
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/26/2023	US POST OFFICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$219.00	SOUTHLAKE STATION
	l	
		SOUTHLAKE, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I	PO box
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
┰	Total pages Schedule F1:	2	EII ER NAMI		-				3	Filer ID	(Ethics Commission Filers)	
ľ	Sch: 11/11 Rpt: 15/16	-		David C. (The Honor	able)				ľ	00069291	(24.100 00.11.110.0)	
┝	Date	5	Payee name						<u> </u>			
ľ	05/25/2023	ľ	Westin Irvir									
-	Amount (\$)	-										
ľ	\$342.00	ľ	7 Payee address; City; State; Zip Code 400 W Las Colinas Blvd.									
	70.2.00		.000.0									
			Irving , TX	75039-0000								
8	PURPOSE OF	(a)		See Categories listed at the top o	of this sch	edule)	(b)	Description				
	EXPENDITURE		regional co	nference				_		ide of Texas. Comp , officeholder living		
								_			mbursed on sch. K	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	iceholder name	C	Office sou	ght			Office he	ld	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hagerman, David C. (The Honorable) 00069291 5 Name of person from whom amount is received 8 Amount (\$) 06/07/2023 Region 8 \$75.00 6 Address of person from whom amount is received; City; State; Zip Code Ft. Worth, TX 76196-0000 Purpose for which amount is received Check if political contribution returned to filer conference fee reimbursement