

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |                                                                                                                                                                                                                  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00066084 | <b>2</b> Total pages filed:<br><br>5                                                                                                                                                             |                                                                                          |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR<br>The Honorable                                                                                                                                                                                   | FIRST<br>Angela M.                                          | MI                                                                                                                                                                                               | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/16/2023 |  |
|                                                                                                     | NICKNAME                                                                                                                                                                                                         | LAST<br>Tucker                                              | SUFFIX                                                                                                                                                                                           |                                                                                          |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>2100 Bloomdale Rd., Ste. 10030<br><br>McKinney, TX 75071-8318                                                                                                 |                                                             | Date Hand-delivered or Date Postmarked                                                                                                                                                           |                                                                                          |  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             | Receipt #                                                                                                                                                                                        | Amount                                                                                   |  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             | Date Processed                                                                                                                                                                                   |                                                                                          |  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             | Date Imaged                                                                                                                                                                                      |                                                                                          |  |
| <b>5</b> CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR<br>Mr.                                                                                                                                                                                             | FIRST<br>Carroll                                            | MI                                                                                                                                                                                               |                                                                                          |  |
|                                                                                                     | NICKNAME                                                                                                                                                                                                         | LAST<br>Maxwell                                             | SUFFIX                                                                                                                                                                                           |                                                                                          |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>5600 Hillview Ct.<br><br>McKinney, TX 75070                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>7</b> CAMPAIGN TREASURER PHONE                                                                   | AREA CODE<br>(972)                                                                                                                                                                                               | PHONE NUMBER<br>529-6121                                    | EXTENSION                                                                                                                                                                                        |                                                                                          |  |
| <b>8</b> REPORT TYPE                                                                                | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
|                                                                                                     | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>9</b> PERIOD COVERED                                                                             | Month    Day    Year<br>01/01/2023                                                                                                                                                                               |                                                             | THROUGH                                                                                                                                                                                          | Month    Day    Year<br>06/30/2023                                                       |  |
| <b>10</b> ELECTION                                                                                  | ELECTION DATE<br>Month    Day    Year                                                                                                                                                                            |                                                             | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                          |  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>11</b> OFFICE                                                                                    | OFFICE HELD (if any)<br>District Judge District 199 Collin                                                                                                                                                       |                                                             | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 199th                                                                                                                              |                                                                                          |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 5

**13** C / OH NAME Tucker, Angela M. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00066084

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

|                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|                                                                                                 | COMMITTEE ADDRESS                    |
|                                                                                                 | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                                                                                 | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |                                                                                                                                      |    |          |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 500.00   |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ | 300.00   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 2,854.64 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ | 0.00     |

**17** AFFIDAVIT

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.

The Honorable Angela M. Tucker  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

|                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Tucker, Angela M. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00066084 |
|-----------------------------------------------------------|-----------------------------------------------------------|

| <b>20 SCHEDULE SUBTOTALS</b> |                                                                                                             | SUBTOTAL AMOUNT |
|------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------|
| NAME OF SCHEDULE             |                                                                                                             |                 |
| 1.                           | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$              |
| 2.                           | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 500.00       |
| 3.                           | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$              |
| 4.                           | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                                    | \$              |
| 5.                           | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$              |
| 6.                           | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$              |
| 7.                           | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.                           | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.                           | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 300.00       |
| 10.                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.                          | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|                                                                             |                                                                                                     |                                                                                 |                                                               |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |                                                                                                     | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 4/5                                 |                                                               |
| 2 FILER NAME<br>Tucker, Angela M. (The Honorable)                           |                                                                                                     | 3 Filer ID (Ethics Commission Filers)<br>00066084                               |                                                               |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |                                                                                                     | \$                                                                              |                                                               |
| 5 Date<br>02/18/2023                                                        | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Neil Wysocki | 8 Amount of contribution (\$)<br>\$500.00                                       | 9 In-kind contribution description<br>Lincoln Day Tickets (2) |
|                                                                             | 7 Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                               |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |                                                                                                     | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |                                                               |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |                                                                                                     | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |                                                               |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |                                                                                                     | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                               |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                                                                     |                                                                                 |                                                               |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

|                                                       |                                                          |                                                          |
|-------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 5/5 | <b>2</b> FILER NAME<br>Tucker, Angela M. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00066084 |
|-------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|

|                             |                                                         |
|-----------------------------|---------------------------------------------------------|
| <b>4</b> Date<br>06/29/2023 | <b>5</b> Payee name<br>Golden Corridor Republican Women |
|-----------------------------|---------------------------------------------------------|

|                                                                                                                      |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$200.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>3100 Independence<br>Suite 311, #248<br>Plano, TX 75075 |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                |                                                                                                                                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ruby Patron Sponsorship |
|---------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     |                             |               |             |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>06/30/2023 | Payee name<br>Plano Republican Women |
|--------------------|--------------------------------------|

|                                                                                                             |                                                                                |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>P.O. Box 490461<br><br>Plano, TX 75094 |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                               |                                                                                     |                                                                                                                                                                                         |
|-------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship |
|-------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

|  |
|--|
|  |
|--|