JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to	complete this form.	1	Filer ID (Ethics Commission Filers) 00085325		2 Total pages fi	led: 9
3 CANDIDATE /	MS / MRS / MR	FIRST			MI	h	
OFFICEHOLDER	The Honorable	Debra E.					
NAME						Date Received	
						ELECTRONIC	ALLY FILED
	NICKNAME	LAST			SUFFIX	01/08/2024	
	Debby	Gunter					
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;		ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER							
MAILING ADDRESS	REDACTED PER	254.0313, GOV'T	CO	DE		Receipt #	Amount
Change of Address							
						Date Processed	
						D () ()	
						Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST				MI	
TREASURER	Ms.	Dawn					
NAME		Buill					
	NICKNAME	LAST				SUFFIX	
		Franks				30111X	
		Traints					
6 CAMPAIGN	STREET ADDRESS (N			APT / SUITE	#; CITY;	ST	ATE; ZIP CODE
TREASURER		or o box relate),		ALL SOIL	<i>π</i> , CΠ1,	51	
ADDRESS		0540040 000/77	001				
(Residence or Business)	REDACTED PER	254.0313, GOV'T	COI	DE			
7 CAMPAIGN	AREA CODE F	HONE NUMBER	EXT	ENSION			
TREASURER	(903) 617-6331						
PHONE	(,						
8 REPORT							
TYPE	X January 15	30th day befor	re ele	ction Runoff		15th day after ca	mpaign treasurer
	July 15	8th day before		tion 🔲 Exceeded	modified	Final Report (Att	
			elec	reporting l		Final Report (Au	acii C/OH-FR)
9 PERIOD	Month Day Y	ear		NAC	onth Day	Year	
COVERED	07/01/2023		HRC)UGH	12/31/202		
	01101/2023	·			12/31/202	.5	
10 ELECTION	ELECTION DAT	E		ELEC			
			Prima		noff	Other	
			Gene	ral Spe	ecial		
11 OFFICE	OFFICE HELD (if any)			12 OFF	ICE SOUGHT	(if known)	
	District Judge District	241 Smith					
	•			•			
		GO	то	PAGE 2			
Forme provided by Ta	was Ethics Commission					Vor	sion V3.5.1.f1b8c3f2
Forms provided by Te	exas Ethics Commission	· · · · · · · · · · · · · · · · · · ·	ullC	s.state.tx.us		vers	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 9

T

13 C / OH NAME	Gunter, Debra E. (Th	e Honorable)		14 Filer ID 00085325	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without equired to report this information	the candidate's or offic	ceholder's kr	nowledge or
Additional Pages		COMMITTEE NAM	E			
	GENERAL	COMMITTEE ADD	RESS			
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU			\$	0.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, IZED POLITICAL EX	OR GUARANTEES OF LOAN	S)		0.00
TOTALS					\$	0.00
	4. TOTAL POLIT		JRES		\$	3,605.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	15,839.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	7,500.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the a Il information required	ccompanyinı to be report	g report is ed by me
			The Hono	rable Debra E. Gur	iter	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offic	cer administering oath	Printed name	of officer administering oath	Title of office	er administe	ring oath
Forms provided by Te	xas Ethics Commissior	n www.	ethics.state.tx.us		Version	V3.5.1.f1b8c3f1

FORM JC/OH COVER SHEET PG 3

18 FILER NAME19 Filer IDGunter, Debra E. (The Honorable)000853.	(Ethics Commission Filers) 25
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	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	\$ 3,605.93
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SUBTOTALS - JC/OH

				EXPENDITU	JRE CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	bunting/Banking Fees Office Overhu sulting Expense Food/Beverage Expense Polling Exper tributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Exper andidate/Officeholder/Political Committee Legal Services Salaries/Wag					pense ages/Contract	xpense Labor		Travel in District Travel Out of Dis	quipment & Related	
1	Total pages Schedule F1:	2	FILER NAME	E					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/5 Rpt: 4/9		Gunter, De	bra E. (The Ho	onorable)					00085325		
4	Date	5	Payee name									
	07/14/2023		Cardwell &	Wansley								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$118.40		314 South	Broadway								
			Tyler, TX 7	5702								
8	PURPOSE OF	(a)		ee Categories listed a	at the top of this sch	nedule)	(b) Descrip					
	EXPENDITURE		Consulting	Expense						de of Texas. Com officeholder living		
										paign Mana	•	
							001130	anting/ O	ang	paign mana	ginent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholder name	C	Dffice sou	ght			Office he	eld	
	Date		Payee name	1								
	08/02/2023		Cardwell &	Wansley								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$106.40		314 South									
				,								
			Tyler, TX 7	5702								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b) Descrip	ption				
	OF EXPENDITURE		Consulting	Expense							plete Schedule T.	
	-									officeholder living paign Mana		
							Const	utung/Ca	am	paign Mana	yemeni	
	Complete ONLY if direct	Ľ	Condidate/Off	iceholder name		Office sou	ht.			Office he	Nd	
	expenditure to benefit C/Oł		Januluale/OII	icenoider name	(Jince sou	JIIL			Once ne	eiu	
		<u> </u>										
	Date		Payee name									
	08/16/2023		Cardwell &	-								
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$106.40		314 South	Broadway								
			Tyler, TX 7	5702								
-	PURPOSE	(a)	-	ee Categories listed a	at the ten of this ar-	odule)	(b) Descrip	ntion				
	OF		Consulting		at the top of this son	ieuuie)			outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Concuting	Expense			Cheo	ck if Austin	, TX,	officeholder living	expense	
							Consu	ulting/Ca	am	paign Mana	gement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office he	eld	
	Superioration to benefit 0/01	•										

				EXPENDIT	URE CATEGO	RIES FOR	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ing/Banking Fees Office Overh ng Expense Food/Beverage Expense Polling Expe tions/ Donations Made By- Gift/Awards/Memorials Expense Printing Exp idate/Officeholder/Political Committee Legal Services Salaries/War					pense /ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME	=				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/9		Gunter, De	bra E. (The H	onorable)				00085325	
4	Date	5	Payee name							
	08/16/2023		Cardwell &	Wansley						
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
	\$250.00		314 South	Broadway						
			Tyler, TX 7	5702						
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Consulting		·	,			side of Texas. Com	
									، officeholder livino npaign Mana	
							Consulary	/Can	ipaigit maria	gement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	09/18/2023		Cardwell &	Wansley						
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de			
	\$106.40		314 South	Broadway						
			Tyler, TX 7							
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Consulting		at the top of this sch	iedule)	Check if Au	istin, TX	side of Texas. Com K, officeholder living npaign Mana	g expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Dffice sou	ght		Office h	eld
	Date		Payee name							
	10/16/2023		Cardwell &							
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de			
	\$106.40		314 South	Broadway						
			Tyler, TX 7							
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Consulting		at the top of this sch	iedule)	Check if Au	istin, TX	side of Texas. Com <, officeholder living npaign Mana	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Dffice sou	ght		Office he	eld

			EXPENDITURE CATE	GORIES FO	R B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 3/5 Rpt: 6/9		Gunter, Debra E. (The Honorable)					00085325			
4	Date 12/07/2023	5	Payee name Cardwell & Wansley								
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode						
	\$106.93		314 South Broadway								
			Tyler, TX 75702								
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Consulting/C	am	paign Management			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	09/26/2023		Gunter, Debra (Debby) (Mrs.)								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$2,500.00		2516 Oak Aly								
			Tyler, TX 75703								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement					ide of Texas. Complete Schedule T.			
						Loan Repayr		, officeholder living expense			
						соан керауі	nei				
	Operation ONITY is diverged			0.45							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ugnt			Office held			
		_									
	Date		Payee name								
	08/07/2023		Lindale Chamber of Commerce								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$50.00		205 S Main St								
			Lindale, TX 75771								
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T.			
						Chamber Fe		, officeholder living expense			
							5				
		Ľ	Condidate (Office held or more	Office				Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ugnt			Office held			

			EXPENDITURE CATEGO	RIES FOR	R BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/5 Rpt: 7/9		Gunter, Debra E. (The Honorable)					00085325	
4	Date	5	Payee name						\neg
	09/25/2023		Smith County Bar Association						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				\neg
	\$150.00		100 N Broadway Ave	· •					
			-						
			Tyler, TX 75702						
8	PURPOSE	(a)			(h)	Description			\neg
ľ	OF	("	Category (See Categories listed at the top of this scl Fees	hedule)	(5)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX,	, officeholder living expense	
						Bar Fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	08/01/2023		SouthSide Bank Service Charge						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$1.00		P.O. Box 1079						
			Tyler, TX 75710-1079						
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description			┨
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.	
							, TX,	, officeholder living expense	
						Bank Fee			
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	abt			Office held	_
	expenditure to benefit C/OI		candidate/Oncendider hame	Onice Sou	igni			Once held	
_	Data	—							_
	Date 09/01/2023		Payee name SouthSide Bank Service Charge						
			_	7. 0	<u> </u>				
	Amount (\$) \$1.00		3	e; Zip Co	de				
	\$L.00		P.O. Box 1079						
			T I TV 75740 4070						
			Tyler, TX 75710-1079		1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description	outoi	ide of Toylog, Complete Schedule T	
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense	
						Bank Fee		5	
	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	ight			Office held	\neg
	expenditure to benefit C/OI	H			-				
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				EXPENDITURE	CATEGO	RIES FOR	BO	X 8(a)				
	Accounting/Banking Fees Office Overhead/Rental Expense Transportati Consulting Expense Food/Beverage Expense Polling Expense Travel in Dis Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel on Dis							Travel in District Travel Out of Dis	quipment & Related Expense	2		
				e Instruction Guid	le explains	how to cor	nplet	e this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission File	ers)
	Sch: 5/5 Rpt: 8/9		Gunter, Debra	E. (The Honor	able)					00085325		
4	Date	5	Payee name									
	09/29/2023		SouthSide Bar	nk Service Cha	rge							
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	de					
	\$1.00		P.O. Box 1079									
			Tyler, TX 7571	0-1079								
8	PURPOSE	(a)	Category (See C	ategories listed at the	ton of this sch	(elube	(b)	Description				
			Fees			ieduic)	[outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Ī		, TX,	officeholder living	expense	
								Bank Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	(Office sou	ght			Office he	ld	
	Date		Payee name									
	11/01/2023		SouthSide Bar	nk Service Cha	rge							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$1.00		P.O. Box 1079									
			Tyler, TX 7571	.0-1079								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	nedule)	(b)	Description				
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								Bank Fee				
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	Date		Payee name	L Q L								
	12/01/2023		SouthSide Bar	ik Service Cha	rge							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$1.00		P.O. Box 1079									
			Tyler, TX 7571	.0-1079								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees				Į			de of Texas. Com		
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							I	Bank Fee				
	Operation ON States					245	ula d			077	14	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	ioider name	C	Office sou	gnt			Office he	10	

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 9/9
FILER NAME Gunter, Debra F	E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085325
LENDER INFORMATION	 4 Name of lender Gunter, Debby (Debra) (Mrs.) 5 Lender address; City; State; Zip Code 	
GUARANTOR	Tyler, TX 75711 6 Name of guarantor	
INFORMATION		
X not applicable	7 Guarantor address; City; State; Zip Code	