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) 00081919 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Bridgett N. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Whitmore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Raymond NAME NICKNAME LAST **SUFFIX** Ferrell **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 800-6857 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 193 Dallas

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Whitmore, Bridgett N	(The Honorable)		14 Filer ID 00081919	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions acce These expenditures may I I officeholders are required	have been made without t	he candidate's or off	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGI	N TREASURER NAME			
		COMMITTEE CAMPAIGI	N TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRI ES OF LOANS, OR CONT			s \$	0.00
		ICAL CONTRIBUTION PLEDGES, LOANS, OR G		2)	\$	0.00
EXPENDITURE	+ ` ` ` ` `	ZED POLITICAL EXPENI		>)	-	4 206 40
TOTALS					\$	4,286.40
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	9,103.45
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA RIOD	INTAINED AS OF THE LA	AST DAY OF THE	\$	69,365.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU' TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				•	
		true ai	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.			
			The Honoral	ole Bridgett N. Wh	itmore	
			Signature of	Candidate or Office	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
	, 20, to co					
Signature of office	cer administering oath	Printed name of office	cer administering oath	Title of office	cer administer	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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			3 of	16		
	18 FILER NAME Whitmore, Bridgett N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081919					
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUN	JT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00		
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 9,10	03.45		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X	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	DNS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

PLEDGED CONTRIBUTIONS (JUDI	CIAL)		SCHED	ULE B(J)
The Instruction Guide explains how to com	plete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Whitmore, Bridgett N. (The Honorable)		3 Filer ID (Ethics Commissio	n Filers)
4 TOTAL OF UNITEMIZED PLEDGES		•	\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (7 Pledgor Address; City; State;		_) 8 Amount of pledge (\$)	9 In-kind of the second of the	description olicable)
		Check if travel	i outside of Texas. (Complete Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	or's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)	I			

	LOANS (J	UDICIAL)				SCHEDULE	E(J)
	The Instructio	n Guide explains how to co	orm.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/16			
2	FILER NAME Whitmore, Bridge	ett N. (The Honorable)			3 Filer ID 000819	(Ethics Commission	Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Lender's Principal	Occupation		13 Lender's Job Title			
14	Lender's Employer	/Law Firm		15 Law Firm of lender's spou	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)					
17	17 Description of Collateral None			18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guarante	eed (\$)
	not applicable	21 Guarantor address; City;	State;	Zip Code			
23	23 Guarantor's Principal Occupation 24 Guarantor's Job Title						
25 Guarantor's Employer/Law Firm				26 Law Firm of guarantor's s	pouse (if any)		
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 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 Payment		The Instruction Guid	le explains how to co	mple	ete this form.
1 Total pages Scheo Sch: 1/11 Rpt:		2 FILER NAME Whitmore, Bridgett N. (The H	lonorable)		3 Filer ID (Ethics Commission Filers) 00081919
4 Date 08/21/2023		5 Payee name Adobe			
6 Amount (\$)	\$21.64	7 Payee address; City; 345 Park Ave.	State; Zip Co	ode	
8 PURPOSE OF EXPENDITURE		San Jose, CA 95110 (a) Category (See Categories listed at the Advertising Expense	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Subscription
Complete ONLY if expenditure to ber		Candidate/Officeholder name	Office sou	ght	Office held
Date 12/19/2023		Payee name Adobe			
Amount (\$)	\$21.79	Payee address; City; 345 Park Ave. San Jose, CA 95110	State; Zip Co	ode	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the Advertising Expense	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Subscription
Complete <u>ONLY</u> if expenditure to ber		Candidate/Officeholder name	Office sou	ght	Office held
Date 10/19/2023		Payee name Adobe			
Amount (\$)	\$21.64	Payee address; City; 345 Park Ave.	State; Zip Co	ode	
		San Jose, CA 95110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the Advertising Expense	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Subscription
Complete <u>ONLY</u> if expenditure to ber		Candidate/Officeholder name	Office sou	ght	Office held

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 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 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: 2/11 Rpt: 7/16	Whitmore, Bridgett N. (The Honorable) 00081919
4	Date	5 Payee name
	11/20/2023	Adobe
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave.
	DUDDOCE	San Jose, CA 95110
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/21/2023	Payee name Adobe
	Amount (\$) \$14.06	Payee address; City; State; Zip Code 345 Park Ave.
		San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/19/2023	Payee name Adobe
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave.
		San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	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: 3/11 Rpt: 8/16	Whitmore, Bridgett N. (The Honorable) 00081919
4	Date	5 Payee name
	07/05/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$470.88	410 Terry Ave. N
		Seattle, WA 98109
8	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
		Equipment for Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experioritire to beriefit C/O	
	Date	Payee name
	07/06/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$369.12	410 Terry Ave. N
		Seattle, WA 98109
	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
		Office Equipment
		Silloo Equipmont
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Data	
	Date	Payee name
	07/17/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.48	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Snacks Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Snacks for Jury Room
<u> </u>	Computate ONU V Station	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
<u> </u>		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Great Gara Faymont	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/11 Rpt: 9/16	Whitmore, Bridgett N. (The Honorable)		00081919	
4 Date	5 Payee name		•	
12/04/2023	Amazon.com			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$256.71	410 Terry Ave. N			
	Seattle, WA 98109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ı <u>—</u>	el outside of Texas. Con	
		Office equip	tin, TX, officeholder livin oment	y expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office h	eld
expenditure to benefit C/OI				
Date	Payee name			
09/06/2023	American Bar Association			
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$175.00	321 North Clark St.			
	Chicago, IL 60654			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Dues		el outside of Texas. Con	nplete Schedule T.
EXPENDITORE			tin, TX, officeholder livin	g expense
		Annual Due	es.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office h	old
expenditure to benefit C/OI		agrit	Office II	eiu
Data				
Date 10/10/2023	Payee name American Inns of Court			
		- 4 -		
Amount (\$) \$255.00	Payee address; City; State; Zip Co 225 Reinekers Lane	ode		
φ255.00	Suite 770			
	Alexandria, VA 22314	la.		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if trave	el outside of Texas. Con	nnlete Schedule T
EXPENDITURE	Dues	l —	tin, TX, officeholder livin	
		Annual Due	es.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office h	eld
expenditure to benefit C/OI	п 			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)
•	Sch: 5/11 Rpt: 10/16	Whitmore, Bridgett N. (The Honorable) 00081919
4	Date	5 Payee name
	09/14/2023	American Judges Association
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 300 Newport Ave.
		Williamsburg, VA 23185
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/20/2023	Dallas Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2101 Ross Ave.
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/27/2023	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.10	1954 Commerce Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Monthly Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	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: 6/11 Rpt: 11/16	Whitmore, Bridgett N. (The Honorable) 00081919
4	Date	5 Payee name
	10/16/2023	Delta Sigma Theta Sorority, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	2525 MLK Blvd.
		Dallas, TX 75215
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Dues
		7 unidat 5 d d
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/16/2023	Delta Sigma Theta Sorority, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	2525 MLK Blvd.
		Dallas, TX 75215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Annual Dues
		7 tillidat Baca
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/17/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.62	2155 GoDaddy Way
		Tempe, AZ 85284
	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 Domain maintenance
		Domain maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/11 Rpt: 12/16	Whitmore, Bridgett N. (The Honorable) 00081919
4	Date	5 Payee name
	07/17/2023	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.34	2155 GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Domain Maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2023	Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Ampitheatre Way
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/05/2023	Google, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Ampitheatre Way
		Mountain View, CA 94043
	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 Email Monthly subscription
		Linai Monany Sabsonpaon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total massas Calcadida F1.	2 Files ID MAME
1 Total pages Schedule F1: Sch: 8/11 Rpt: 13/16	2 FILER NAME Whitmore, Bridgett N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081919
4 Date	5 Payee name
07/03/2023	Google, Inc.
6 Amount (\$) \$12.79	7 Payee address; City; State; Zip Code 1600 Ampitheatre Way Mountain View, CA 94043
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Plan
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2023	Google, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$12.79	1600 Ampitheatre Way
	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Monthly email subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/10/2023	J.L.Turner Legal Association
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	2101 Ross Ave.
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contributions/ Donations Made By - Gift/Award
Candidate/Officeholder/Political Committee Legal Ser

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services 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 Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 14/16	Whitmore, Bridgett N. (The Honorable)		00081919
4	Date	5 Payee name		<u> </u>
	09/11/2023	Marriot Marquis		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$854.63	1777 Walker Street		
		Houston, TX 77010		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Judicial Conference
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sort	ught	Office held
	Date	Payee name		
	10/03/2023	National Association of Women Judges		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$255.00	P.O. Box 3363		
		Warrenton, VA 20188		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Dues		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Annual Dues
				Allitudi Dues
	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/OI		ugiit	Office field
	Data	Device were		
	Date 12/01/2023	Payee name PublicData.com		
	Amount (\$)	Payee address; City; State; Zip C	oae	
	\$42.76	7750 N. MacArthur Blvd.		
		Suite 120-320		
		Irving, TX 75063		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Subscription		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fees
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		- 9'''	SSS Hold

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter a	a category not listed above	e)
				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 10/11 Rpt: 15/16		Whitmore, B	Bridgett N. (Th	ne Honorable	!)				00081919		
4	Date	5	Payee name									
	10/27/2023		The Links, In	nc.								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$50.00		1200 Massa	chusetts Ave.	NW							
			Washington	, DC 20005								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the ton of this sch	nedule)	(b)	Description				
	OF	``				icuaic)		_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	PENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						g expense				
								Donation				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	10/16/2023		USPS									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$97.00		8624 Fergus	son Rd.								
			Dallas, TX 7	5228								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)		e Categories listed a nead/Rental E		iedule)	(5)	_ ·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Rentai E	xpense			=		officeholder livin		
								P.O. Box rene	ewa	al		
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/31/2023		Wix.com									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$207.84		500 Terry A	. Francois Blv	d.							
			6th Floor									
				co, CA 94158								
	PURPOSE	(0)					(h)	Description				
	OF	رم) 	,	e Categories listed a	t the top of this sch	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Advertising I	Expense						officeholder livin		
								Website serve	er			
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expense Printing Expense	ad/Rental Expense se ase as/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Fayment			The Instruction Guid	le explains h	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 16/16		Whitmore, E	Bridgett N. (The F	lonorable))			00081919	
4	Date	5	Payee name					_		
l	10/05/2023		Yale Club o							
Ļ		ļ_			Ctoto	Zia Cada				
ľ٩	Amount (\$)	'	Payee addres		State;	Zip Code				
l	\$50.00		2001 Ross	Ave.						
l			Suite 2300							
			Dallas, TX 7	75201						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ton of this scho	odulo) (b)	Description			
l	OF	l`	Dues	ce categories listed at the	top of this scrie	duic)		outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		Duoo				Check if Austin	ı, TX	, officeholder living	expense
l							Annual Dues	;		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	0	ffice sought			Office he	eld
	expenditure to benefit C/O	Н								
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