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) 00066130 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable F. Alfonso NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Charles CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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** Ms. Clair NAME NICKNAME LAST **SUFFIX Balliet 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** (903) 918-4605 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 124 Gregg District Judge District 124

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Charles, F. Alfonso (The Honorable)	14 Filer ID 00066130	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad d officeholders are required to report this i	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
Additional Lages	GENERAL			
	LI GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUREF	RNAME	
		COMMITTEE CAMPAIGN TREASUREF	R ADDRESS	
 16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(OT)	HER THAN PLEDGES, LOANS,	
TOTALS	OR GUARANTE	\$ 0.00		
	2. TOTAL POLIT (OTHER THAN	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLIT	\$ 1,216.48		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (ERIOD	OF THE LAST DAY OF THE	\$ 50,607.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPORTHE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOSTING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			der penalty of perjury, that the ac includes all information required t	
		under Title 15, Election		
		Tł	ne Honorable F. Alfonso Char	les
		Si	gnature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of		
Signature of offi	cer administering oath	Printed name of officer administerin	ig vatn – Litle of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 9
Cha		F. Alfonso (The Honorable)	19 Filer ID 00066130	(Ethics Commission Filers)
	HEDULE ME OF S	SUBTOTAL AMOUNT		
1.		\$		
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 CONTRIBUTION:	S	\$ 1,216.48
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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 (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: 1/6 Rpt: 4/9	Charles, F. Alfonso (The Honorable) 00066130
4	Date	5 Payee name
	05/30/2024	Because I Care
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P. O. Box 6525
		Longview, TX 75608
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Golf Tournament Sponsorship
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2024	Casa Flora
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.71	314 Magnolia Lane
		Longview, TX 75605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gifts for staff for Administrative professionals day
		Gills for stail for Authinistrative professionals day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Daniel and a second a second and a second an
	Date 04/25/2024	Payee name Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.35	4108 Judson Road
		Longview, TX 75605
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services		inting Exp alaries/Wa		e 'Contract Labor		OTHER (enter	a category not listed abo	ove)
	Credit Card F dyment			The Instruction Gu	ide explains how	v to com	ple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/6 Rpt: 5/9	(Charles, F. A	Alfonso (The Ho	norable)					00066130		
4	Date	5	Payee name									
	03/22/2024	[Dollar Gener	ral								
6	Amount (\$)	7 [Payee addres	s; City;	State; Z	ip Cod	le					
	\$24.26	4	4108 Judsor	n Road								
			Longview, T	X 75605								
8	PURPOSE	├		e Categories listed at th	no top of this schodule	<u>, (</u>	(b)	Description				
	OF			age Expense	ie top of this schedul	(,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			.gp				Check if Austin,	TX,	officeholder livir	ng expense	
								Food and sna	ack	s for office		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	experiditure to beriefit C/Oi											
	Date	F	Payee name									
	01/19/2024	[Dollar Gener	ral								
	Amount (\$)	F	Payee addres	s; City;	State; Z	ip Cod	le					
	\$20.79	4	4108 Judsor	n Road								
		ı	Longview, T	X 75605								
	PURPOSE	(a) (Category (See	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE			age Expense	·			Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE							—		officeholder livir		•
								Drinks, cups,	pa	per plates,	and cutlery for o	office.
	Opening the ONITY if allowed			-11-1	Off:		l- 4			O#: 1	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Опіс	e soug	nt			Office h	ieia	
	Date	ı	Payee name									
	02/14/2024		High Street [Donuts								
	Amount (\$)	l	Payee addres	•	State; Z	ip Cod	le					
	\$26.45	2	210 South H	igh Street								
		l	Longview, T	X 75601								
	PURPOSE	(a) (Category (See	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				—			nplete Schedule T.	
								Donuts for Ju		officeholder livin		
								Donats for 3a	пус	and Count p	σαιτισιραπισ	
_	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	expenditure to benefit C/OI		andidate/Offic	onoider name	Onic	,c soug				Jilice I	1014	
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 3/6 Rpt: 6/9	Charles, F. Alfonso (The Honorable) 00066130
4	Date	5 Payee name
	05/01/2024	Longview Greggton Charities Inc.
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 1166
	Ψ230.00	1 . O. BOX 1100
		Longview, TX 75606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rodeo Program Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	05/01/2024	Longview Greggton Charities Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	P. O. Box 1166
		Longview, TX 75606
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rodeo Concession Stand Sponsorship
		Rodeo Concession Stand Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/22/2024	Longview Greggton Charities Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	P. O. Box 1166
		Longview, TX 75606
	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 Rodeo Sponsorship
		πούσου Ομοτιούτοτημ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	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: 4/6 Rpt: 7/9	Charles, F. Alfonso (The Honorable) 00066130
4	Date	5 Payee name
	01/02/2024	Refreshing Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.00	343 Johnny Clark Road
		Longview, TX 75603
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Coffee service for office and jurors
		Conce service for office and jurois
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	02/15/2024	Refreshing Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	343 Johnny Clark Road
		Longview, TX 75603
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coffee Service for office and jurors
		Collee Service for office and jurious
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 02/15/2024	Payee name
		Sam's Wholesale Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.56	3310 North 4th Street
		Longview, TX 75605
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and snacks for office
		1 ood and onders for office
\vdash	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 -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)

Great Gara Laymont	The Instruction Guide explains how to c	omplete this fo	orm.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)			
Sch: 5/6 Rpt: 8/9	Charles, F. Alfonso (The Honorable)		0006613	0			
4 Date	5 Payee name		·				
05/07/2024	The Butcher Shop						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$29.90	102 Lehigh Street						
	Longview, TX 75601						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion				
OF EXPENDITURE	Food/Beverage Expense	I — :	k if travel outside of Texas. C	Complete Schedule T.			
EXPENDITURE		. —	k if Austin, TX, officeholder li				
		Cookie	s for Drug Court te	am and participants.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office	held			
Date	Payee name						
01/03/2024	The Butcher Shop						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$26.00	102 Lehigh Street						
	Longview, TX 75601						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion				
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense						
		. –	es for Drug Court Pa				
		Cookie	S for Brag Court 1	artioiparito			
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> uaht	Office	held			
expenditure to benefit C/O		-9					
Date	Payee name						
02/07/2024	Walgreens						
Amount (\$)	Payee address; City; State; Zip C	nda					
\$19.46	511 East Marshall Ave	oue					
Ψ13.40	off East Marshall 7.ve						
	Longview, TX 75601						
DUDDOGE		(a) = .					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion < if travel outside of Texas. C	Complete Schedule T.			
EXPENDITURE	Food/Beverage Expense		k if Austin, TX, officeholder li				
		Snacks	s and drinks for offic	ce			
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office	held			
expenditure to benefit C/O	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/Politica Credit Card Payment	/ - al Cor	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/9		Charles, F.	. Alfonso (The Ho	norable)				00066130	
4	Date	5	Payee name	e						
	03/05/2024		Walmart							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$160.00		515 East L							
L		⊢	Longview,			Las				
8	PURPOSE OF			See Categories listed at the		edule) (b	Description	al autori	ide of Toyon Com	alata Cahadula T
	EXPENDITURE		Gift/Award	s/Memorials Expe	ense				ide of Texas. Comp , officeholder living	
							_		rug Court Pa	
										•
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Of	ficeholder name	C	Office sought	·		Office he	ld