CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			0551051	105 011 1/
-	00062271	ics commission r licrs,	9				JSE ONLY
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	Date Received	
5	OFFICEHOLDER	The Honorable	James E.		IVII	ELECTRONICA 02/26/2024	ALLY FILED
	NAME	NICKNAME	LAST		SUFFIX	02/26/2024	
		NICKNAIVIE	Lagomarsino		SUFFIX		
4	ORIGINAL	January 15	Runoff	Other ((specify)	Date Hand-delivered or	Date Postmarked
•	REPORT TYPE	July 15	Exceeded modified	ш .	эрсопу	Receipt #	Amount
			15th day after camp			- Receipt #	Amount
		30th day before election	appointment (office	holder only)		Date Processed	
		X 8th day before election	Final Report (Attacl	n C/OH-FR)			
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
		01/26/2024	THROUGH	02/24/2024			
6	EXPLANATION OF C						
	I looked at my current	t balance of \$5,133.84 and	not the available balar	nce of \$6,233.84.			
7	AFFIDAVIT		Lsw	ear, or affirm, under p	nenalty of periur	v that this corrected	report is true
				correct.	sorially of porjary	y, that this corrected	Toport is true
			Che	ck the box next to any	y and all applica	ble statements:	
			_				
				Semiannual report was made in good f			
				misrepresent the inf			10110
			_				
			X	Other reports: I report not later than			
				that the report as or	riginally filed is ir	naccurate or incomp	lete. I
				swear, or affirm, tha filed was made in go		nission in the report	as originally
					- 20 (000)		
				The Hor	norable James	E. Lagomarsino	
				Signat	ure of Candidate	e or Officeholder	<u> </u>
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the said	d	hand and seed of the	, this t	ne	day
	of	, 20, to cert	ily wnich, withess my	nand and seal of offic	æ.		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	ath	Title of officer admir	istering oath
	<u> </u>	<u> </u>					<u> </u>

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00062271 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable James E. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Lagomarsino CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Marge NAME NICKNAME LAST **SUFFIX** Hensley **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) 654-1718 **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) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 13th Navarro District Judge District 13th

GO TO PAGE 2
www.ethics.state.tx.us

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 9

13 C / OH NAME	Lagomarsino, James	E. (The Honorable)		14 Filer ID 00062271	(Ethics Comm	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder.	ceholder's kno	wledge or					
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME							
		COMMITTEE ADDRES	S					
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIG	GN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS			RIBUTIONS(OTHER THAN ITRIBUTIONS MADE ELEC		\$	0.00		
	2. TOTAL POLIT (OTHER THAN	\$	7,300.00					
EXPENDITURE TOTALS	`	IZED POLITICAL EXPEN	\$	0.00				
1017120	4. TOTAL POLIT	TOTAL POLITICAL EXPENDITURES						
					\$	3,579.24		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		AINTAINED AS OF THE LA	AST DAY OF THE	\$	6,233.84		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		UTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT								
		true	ear, or affirm, under penalty and correct and includes al or Title 15, Election Code.					
			The Honorab	le James E. Lagom	arsino			
				Candidate or Officeho				
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE						
				, this the		_ day		
of	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name of off	ficer administering oath	Title of office	er administerir	ng oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				4 of 9					
Lagom	Lagomarsino, James E. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00062271								
	DULE SUBTOTALS OF SCHEDULE	SUBTOTAL AMC	UNT						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 7	7,300.00						
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	IS	\$ 3	3,579.24					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	IONS	\$						
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 CONTRIBUTI	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	1		ges Schedule A(J)2 2 Rpt: 5/9	L:		
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Lagomarsin	o, James E. (The Honorable)	1			000622	271	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount	of Contribution (\$)	
	02/23/2024	Brown III, Clifford (Busto	er) L. (Mr.)					\$250.00
		6 Contributor address; City;	State; Zip Code					
		Corsicana, TX 75110						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Owner of oil	& gas company		Owner				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any))	
	N.A.			N.A.				
12	2 If contributor i	s a child, law firm of parent(s) (if	any)]				
	N.A.		,	N.A.				
_	Date	Full name of contributor	out-of-state PAC (ID#:	\	T	Amount	of Contribution (\$)	
	02/15/2024	Butler, Melissa (Ms.)	Under our state if AC (ID#.			7 arround	οι σοιπισαποιί (φ)	\$100.00
	02/10/2021	Contributor address; City;	 State: 7in Code					Ψ100.00
		Corsicana, TX 75110						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Paralegal / A	Administrative assistant		Court coordinator				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any))	
	N.A.			N.A.				
	If contributor i	s a child, law firm of parent(s) (if	any)					
	N.A.			N.A.				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount	of Contribution (\$)	
	02/06/2024	Campbell, C. Dan (Mr.)	_					\$6,000.00
		Contributor address; City;	State; Zip Code		"			
		Wichita Falls, TX 76308						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Principal ow	ner of law firm		Attorney				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any))	
	Law Office of	of C. Dan Campbell, P.C.		N.A.				
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>				
	N.A.			N.A.				

	MONET	ARY POLITICAL CONTRIBUTION)NS	SCHEDULE A(J)1				
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 6/9				
2	FILER NAME Lagomarsino	o, James E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062271				
4	Date 02/22/2024	 5 Full name of contributor out-of-state PAC (ID#:_Donica, Kerri (Ms.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$750.00				
_		Corsicana, TX 75110						
8		Principal Occupation	9 Contributor's Job Title					
Ļ	Attorney		Attorney					
10		employer/law firm of Kerri Anderson Donica, PLLC	11 Law firm of contributor's sp N.A.	oouse (if any)				
12	2 If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>					
_	N.A.		N.A.					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)				
	02/02/2024	Nyquist, David A. (Mr.) Contributor address; City; State; Zip Code Corsicana, TX 75110		\$100.00				
\vdash	Contributor's I	Principal Occupation	Contributor's Job Title					
	Financial pla		Financial planner / cons	sultant				
┢	•	employer/law firm	Law firm of contributor's sp					
	N.A.	, ,	N.A.					
	If contributor is	is a child, law firm of parent(s) (if any)	<u>l</u>					
 	N.A.		N.A.					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)				
	02/02/2024	Nyquist, David B. (Mr.) Contributor address; City; State; Zip Code Corsicana, TX 75110		\$100.00				
		Principal Occupation	Contributor's Job Title					
	Financial pla		Financial planner / cons	onsultant				
		employer/law firm	Law firm of contributor's sp	pouse (if any)				
L	N.A.		N.A.					
	If contributor is N.A.	is a child, law firm of parent(s) (if any)	N.A.					

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee	Gift/Awards/Memorial Legal Services The Instruction G			ages.	/Contract Labor		Travel Out of OTHER (ente	District er a category not liste	d above)
_	Total manage College 1 1 51	١.			CAPIGIIIS				_	Ella- ID	(F45: 0 ·	ningion Files
	Total pages Schedule F1:	ı				1-1			3		(Ethics Comn	iission Filers)
	Sch: 1/3 Rpt: 7/9	<u> </u>	Lagomarsin	o, James E. (T	ne Honorab	ne)				0006227	L	
4	Date	5	Payee name					<u> </u>		· · · · · ·		
	01/31/2024	/	Action Signs	s & Banner								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$980.69	ı	•	Street Suite #2		•						
	+555.00											
		Ι.	Caraiaana :	TV 75110								
L		-	Corsicana, ⁻									
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	'	Advertising	Expense				=			omplete Schedule T.	
								Check if Austin	, IX,	onicenolaer IIV	viriy expense	
								signs				
Ļ												
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	(Office sou	ght			Office	held	
L												
	Date		Payee name									
	02/08/2024	,	Action Sign:	s & Banner								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$900.78	l	•	Street Suite #2	2	-						
	+000110											
			Corologia -	TV 75110								
		├	Corsicana, ⁻									
	PURPOSE OF			ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	'	Advertising	Expense				=			omplete Schedule T.	
								Check if Austin	, IX,	onicendider IIV	my expense	
								signs				
<u> </u>	Complete ONU V if allow	<u> </u>	andidat- /orr			Office	o. lo +			Ott:	hald	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	(Office sou	ynt			Office	neia	
	Date		Payee name									
	02/16/2024	'	Action Sign:	s & Banner								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$900.77	(617 N Main	Street Suite #2								
		١,	Corsicana, ⁻	TY 75110								
		-										
	PURPOSE OF			ee Categories listed at	the top of this sch	nedule)	(b)	Description	a	do of Towns O	amplete Calcadale T	
	EXPENDITURE	'	Advertising	Expense				Check if travel			omplete Schedule T.	
								signs	, , , ,	Sinceriolael III	mig expense	
								o.g. io				
_	Complete ONLY if direct	<u> </u>	andidata/Off:	achaldar nama		Office com	aht			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OI		ai iuiuale/Offi	ceholder name	(Office sou	ynt			Office	neiu	
	p = 1 = 1 2 = 20 3/01											

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total names Oct 11 51		_
1	Total pages Schedule F1:		
	Sch: 2/3 Rpt: 8/9	Lagomarsino, James E. (The Honorable) 00062271	
4	Date	5 Payee name	
	02/16/2024	Atwood's Ranch & Home	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.22	3500 West 7th Avenue	
		Corsicana, TX 75110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		grommet kit	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/16/2024	Custom T's	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$460.58	1712 West 2nd Avenue	
		Corsicana, TX 75110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		t-shirts	
_	0 1. 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	02/20/2024	Gilfillan's Paint & Hardware	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.11	1440 West 7th Avenue	
		Corsicana, TX 75110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Grommet kit with grommets	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to benefit C/OI	п	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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		mmittee	Legal Services	Salar		es/Contract Labor		OTHER (enter a	a category not listed above)
		_		The Instruction Gu	ide explains now to	Comp	nete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 9/9		Lagomarsin	o, James E. (Th	e Honorable)				00062271	
4	Date	5	Payee name							
	02/20/2024		Harbor Freig	ght Tools						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code)			
	\$4.09		1911 West 7	7th Avenue						
			Corsicana, 1	TX 75110						
8	PURPOSE	(2)				(h	N December			
ľ	OF	(a)		e Categories listed at th	e top of this schedule)	100	Description	outei	de of Teyes Con	mplete Schedule T.
	EXPENDITURE		Advertising I	Expense					officeholder livin	
							zip ties for sig			3 - 1
							,	J -		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	<u> </u>	t		Office h	eld
	expenditure to benefit C/OI					9	-			
\vdash	Date		Payee name							
	02/08/2024		The Navco (^hronicle						
					State; Zip	Codo				
	Amount (\$)		Payee addres			Code	;			
	\$300.00		TIT West 3r	d Avenue, Suite	יט					
			Corsicana, 7	ΓX 75110						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) Description			
	OF EXPENDITURE		Advertising I				<u> </u>			mplete Schedule T.
	LA LIBITORE						ш		officeholder livin	g expense
							newspaper a	d		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	t		Office h	ield