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) 00080298 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Kristin NAME Date Received **ELECTRONICALLY FILED** 07/01/2024 NICKNAME LAST **SUFFIX** Bays 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** James R. NAME NICKNAME LAST **SUFFIX** Bays **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** (936) 760-7670 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 284 Montgomery

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 4

13 C / OH NAME	Bays, Kristin (Ms.)		14 Filer ID 00080298	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ut the candidate's or offic	committees to support the seholder's knowledge or otice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00		
	2. TOTAL POLIT (OTHER THAN	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 425.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 57,861.64				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required			
			Ms. Kristin Bays			
Signature of Candidate or Officeholder						
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	ribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 4			
18 FILER NAM Bays, Kris	(Ethics Commission Filers)					
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 425.00			
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	\$			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Unicenoider/Political Committee Legal Services Salaries/Wages/Contract Labor 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: 1/1 Rpt: 4/4		Bays, Kristin (Ms.)	00080298				
4	Date	5 Payee name						
	01/28/2024		North Shore Republican Women					
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode				
	\$125.00		803 N. Rivershire Dr.					
			Conroe, TX 77304					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	OF Fees		Check if travel outside of Texas. Complete Schedule T.				
					Check if Austin, TX, officeholder living expense Membership + donation			
					Wernbership - doriation			
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held			
9	expenditure to benefit C/O		Candidate/Officeriolder flame Office sof	agrit	Office field			
H		_						
	Date		Payee name					
	05/14/2024		North Shore Republican Women					
	Amount (\$)		Payee address; City; State; Zip Co	ode				
	\$300.00		803 N. Rivershire Dr.					
			Conroe, TX 77304					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
OF EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE		Check if Austin, TX, officeholder living expense					
					Golf Beverage sponsor			
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ıabt	Office held			
	expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıgnı	Office field			