#### 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) 00062521 30 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Joseph Patrick NAME Date Received **ELECTRONICALLY FILED** 07/16/2024 NICKNAME LAST **SUFFIX** Pat Gallagher 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. Terri H. NAME NICKNAME LAST **SUFFIX** Gallagher **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 808-2139 **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 Day Month Day Year 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 96 Tarrant **District Judge**

**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	Gallagher, Joseph Patrick (The Honorable)  14 Filer ID 00062521			(Ethics Com	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may	cepted or political expenditury have been made without the ded to report this information	he candidate's or off	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRES	SS			
	SPECIFIC					
		COMMITTEE CAMPAI	GN TREASURER NAME			
		COMMITTEE CAMPAI	GN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONT	RIBUTIONS(OTHER THAN	I PLEDGES, LOANS	 S.	
TOTALS	OR GUARANTE		NTRIBUTIONS MADE ELEC		\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$	27,613.29
EXPENDITURE TOTALS					\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURE	S		\$	8,007.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IAINTAINED AS OF THE LA	AST DAY OF THE	\$	65,528.26
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 er Title 15, Election Code.	of perjury, that the a	accompanying d to be reporte	report is ed by me
			The Honorable	e Joseph Patrick G	allagher	
			Signature of	Candidate or Office	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	Sworn to and subscribed before me, by the said, this the					day
	, 20, to c					
Signature of offi	cer administering oath	Printed name of of	ficer administering oath	Title of office	cer administer	ing oath

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

3 of 30

					3 01 30
18 FII	LER NAN		19 Filer ID	(Eth	ics Commission Filers)
Ga	allagher	, Joseph Patrick (The Honorable)	00062521		
		E SUBTOTALS			SUBTOTAL AMOUNT
N/	ME OF	SCHEDULE		↓_	0051017127111100111
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	26,982.77
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	630.52
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)				
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	8,007.96
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	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.03

	MONET	ARY POLITICAL (	SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/30	
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable	e)		3 Filer ID (Ethics Commission Filers) 00062521	
4	Date 02/19/2024  5 Full name of contributor out-of-state PAC (ID#:) Aulsbrook Law Firm  6 Contributor address; City; State; Zip Code  Arlington, TX 76011		7 Amount of Contribution (\$) \$1,007.77			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's s			pouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if a	any)			
Date  O2/28/2024  Barrow, Wade  Contributor address; City; State; Zip Code  Fort Worth, TX 76104		)	Amount of Contribution (\$) \$500.00			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	-ппсіраї Оссираціон		Attorney		
	Contributor's e	employer/law firm s a child, law firm of parent(s) (if a	any)	Law firm of contributor's sp	oouse (if any)	
	Date	Full name of contributor	out-of-state PAC (ID#:_	\	Amount of Contribution (\$)	
	01/16/2024	Bell Nunnally  Contributor address; City; S  Dallas, TX 75201	<u> </u>		\$500.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	,	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)	I		

	MONEI	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J) /11 Rpt: 5/30	L:
2	FILER NAME				3 Filer ID	(Ethics Commissi	on Filers)
	Gallagher, J	gher, Joseph Patrick (The Honorable)			00062	521	
4	Date 01/04/2024			<b>7</b> Amoun	t of Contribution (\$)	\$500.00	
		6 Contributor address; City; State; Zip Code					
		Fort Worth, TX 76107					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp			pouse (if any	<b>'</b> )		
12	If contributor is	s a child, law firm of parent(s) (i	f any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	: )	Amoun	t of Contribution (\$)	
		Butcher, Brian				(+)	\$1,000.00
	0_,_0,_0	Contributor address; City;	State: Zip Code				+=,000.00
		Mansfield, TX 76063					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any	′)	
	Noteboom						
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	:)	Amoun	t of Contribution (\$)	
	03/15/2024	Clanton, G. Lynn					\$250.00
		Contributor address; City;					
		Fort Worth, TX 76111		T			
		Principal Occupation		Contributor's Job Title			
	Attorney	and a conflored finance		Attorney	annua (if an	Δ	
		employer/law firm f G. Lynn Clanton		Law firm of contributor's s	pouse (ii ariy	')	
		s a child, law firm of parent(s) (i	f any)				
		, , , , , , , , , , , , , , , , , , , ,	,,				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/11 Rpt: 6/30
2	FILER NAME Gallagher, J	oseph Patrick (The Honorab	le)		1	Filer ID (Ethics Commission Filers) 00062521
4	Date 02/29/2024	<ul><li>5 Full name of contributor Cook, David</li><li>6 Contributor address; City;</li></ul>			7	Amount of Contribution (\$) \$1,000.00
		Mansfield, TX 76063-17	05 	1		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney Attorney					
10	10 Contributor's employer/law firm  Harris Cook			oous	e (if any)	
12		s a child, law firm of parent(s) (if	: any)			
12	in contributor is	s a crilia, law litti or pareria(s) (ii	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	02/29/2024	Cooper & Lyster PLLC				\$250.00
		Contributor address; City; Fort Worth, TX 76116	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/29/2024	Cummings, John M.				\$250.00
		Contributor address; City;  Fort Worth, TX 76107	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	-	
	Attorney			Attorney		
	Contributor's employer/law firm  Law firm of contributor's sp			oous	e (if any)	
	Anderson &	Cummings				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/30
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062521
4	Date 02/29/2024	Full name of contributor	7 Amount of Contribution (\$) \$125.00	
		Southlake, TX 76092		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Freden Law	Firm		
12	If contributor i	s a child, law firm of parent(s) (if any)	•	
H	Date	Full name of contributor  ut-of-state PAC	C (ID#: )	Amount of Contribution (\$)
	02/29/2024	Gonzalez, Xavier		\$250.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, Elp Code		
		Fort Worth, TX 76164		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney	- ппораг Оссираноп	Attorney	
_		employer/law firm	Law firm of contributor's s	enouse (if any)
		of Xavier A. Gonzalez	Law IIIII of Continuator 3 3	spouse (ii aiiy)
_		s a child, law firm of parent(s) (if any)		
	ii contributor i	s a criliu, law liffii of parefli(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC	C (ID#:)	Amount of Contribution (\$)
	02/29/2024	Graham, Matthew		\$100.00
		Contributor address; City; State; Zip Code		··· <b> </b>
		Fort Worth, TX 76164		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	J. Alexande	r Law Firm		
	If contributor i	s a child, law firm of parent(s) (if any)	•	
L				
l				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/11 Rpt: 8/30	
2	FILER NAME Gallagher, J	oseph Patrick (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00062521	
4	Date 02/29/2024	<ul><li>5 Full name of contributor Hart, David</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00	
		Colleyville, TX 76034		_			
8		Principal Occupation		9 Contributor's Job Title			
	Attorney Attorney						
10	10 Contributor's employer/law firm  Hart Law Firm  11 Law firm of contributor's spo			oous	se (if any)		
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	•			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/29/2024	Hoedebeck, Charles  Contributor address; City;	<u> </u>			\$250.00	
		Irving, TX 75062		T			
		Principal Occupation		Contributor's Job Title			
	attorney			attorney	and the second		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		oedebeck, P.C.					
	If contributor is	s a child, law firm of parent(s) (i	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/15/2024	Kastl, Krisi				\$500.00	
		Contributor address; City;  Dallas, TX 75204	State; Zip Code		•		
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's employer/law firm Law firm of contributor's s			Law firm of contributor's sp	oous	se (if any)	
	Kastl Law Po	C					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL CO	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 6/11 Rpt: 9/30	=
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062521	
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Keith Law Firm  6 Contributor address; City; State; Zip Code  Fort Worth, TX 76102		7 Amount of Contribution (\$) \$1,000.00	)		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's			11 Law firm of contributor's sp	spouse (if any)	_
12	If contributor i	s a child, law firm of parent(s) (if any)				_
Date  O4/30/2024  Full name of contributor out-of-state PAC (ID#:  Laird, Craig  Contributor address; City; State; Zip Code  North Richland Hills, TX 76182			Amount of Contribution (\$) \$350.00	=		
	Contributor's I	Principal Occupation	<u> </u>	Contributor's Job Title		_
	Attorney	opar occapation		Attorney		
	Contributor's e	employer/law firm aird Attorney At Law s a child, law firm of parent(s) (if any)		Law firm of contributor's sp	spouse (if any)	_
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	=
	02/15/2024	Law Offices of Randall D. Mo Contributor address; City; State Fort Worth, TX 76109	oore, PLLC		\$150.00	)
	Contributor's I	Principal Occupation		Contributor's Job Title	-	_
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/30
2	FILER NAME Gallagher, J	oseph Patrick (The Honorab	le)		1	Filer ID (Ethics Commission Filers) 00062521
4	Date 02/29/2024	<ul><li>5 Full name of contributor Mandel, Roger</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$100.00
		Fort Worth, TX 76116				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	<ul><li>10 Contributor's employer/law firm</li><li>Jeeves Mandel Law Group, P.C.</li><li>11 Law firm of contributor's sp</li></ul>			pouse	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T .	Amount of Contribution (\$)
01/18/2024 McQueeney, Kathryn  Contributor address; City; State; Zip Code				\$2,500.00		
		Fort Worth, TX 76109				
		Principal Occupation		Contributor's Job Title		
	Homemaker			n/a		
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse	e (if any)
		s a child, law firm of parent(s) (i	f any)	Ι/α		
	ii contributor i	s a clina, law iiiii oi paichi(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ι.	Amount of Contribution (\$)
	02/29/2024	Michael J. Henry P.C.				\$500.00
		Contributor address; City; Fort Worth, TX 76107	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	nous	a (if any)
	Contributors	ыпрюуетлам шті		Law IIIII of Contributor 3 Sp	pouse	s (ii arry)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.		s Schedule A(J)1: Rpt: 11/30			
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)			<b>3</b> Filer ID (	Ethics Commissio L	n Filers)		
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Miller, Rob  6 Contributor address; City; State; Zip Code  Dallas, TX 75201			7 Amount of	Contribution (\$)	\$500.00			
8	3 Contributor's Principal Occupation 9 Contributor's Job Title			·					
	Attorney			Attorney					
10	O Contributor's employer/law firm Miller Copeland LLP  11 Law firm of contributor's spo			oouse (if any)					
12	If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of	Contribution (\$)			
02/29/2024 Parsons, Ben  Contributor address; City; State; Zip Code  Grapevine, TX 76051				``	\$100.00				
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Attorney	-ппсіраї Оссираціон		Attorney					
		employer/law firm		Law firm of contributor's sp	pouse (if any)				
		s Law Firm PLLC			( ),				
	If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of	Contribution (\$)			
	02/29/2024	Patterson Law Group  Contributor address; City; State;	Zip Code				\$2,500.00		
		Fort Worth, TX 76110							
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)							

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/11 Rpt: 12/30	
2	FILER NAME Gallagher, J	oseph Patrick (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00062521	
4	Date 02/29/2024	Full name of contributor     Robert L. Henry Attorne     Contributor address; City;	- 	)	7	Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76107					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10 Contributor's employer/law firm 11 Law firm of contributor's s			oou	se (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	02/16/2024	Robinson, David  Contributor address; City;	State; Zip Code			\$100.00	
	0	Southlake, TX 76092		O and the stands of the Title			
	Attorney	Principal Occupation		Contributor's Job Title Attorney			
		employer/law firm		Law firm of contributor's sp	spouse (if any)		
	Robinson La			Law iiiii or contributor 5 5	Jou.	se (ii diiy)	
		s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	02/29/2024	Samples Ames		,		\$5,000.00	
		Contributor address; City;  Hurst, TX 76054	State; Zip Code				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	f any)	I.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/30
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)	)		3	Filer ID (Ethics Commission Filers) 00062521
4	Date 02/15/2024	<ul> <li>5 Full name of contributor</li> <li>Sisk, Christopher</li> <li>6 Contributor address; City; State</li> <li>Colleyville, TX 76034</li> </ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$500.00
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
°	Attorney	Tilicipal Occupation		Attorney		
10	10 Contributor's employer/law firm 11 Law firm of contributor's spo				co (if any)	
10	Noteboom   The contributor's spirit			Jou	se (II dily)	
12	! If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	02/29/2024	Taylor Law Firm  Contributor address; City; Sta			•	\$1,000.00
		Colleyville, TX 76034-6272	2	T		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	04/10/2024	Varghese Summerset, PL	LC			\$500.00
		Contributor address; City; Sta Fort Worth, TX 76102	ate; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)	I		

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULE A	(J)1
	The Instru	ction Guide explains how to co	nplete this fo	rm.		es Schedule A(J)1: 11 Rpt: 14/30	
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)			<b>3</b> Filer ID (	(Ethics Commission 1	n Filers)
	Date 02/29/2024	<ul> <li>5 Full name of contributor out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#:	)	7 Amount of	Contribution (\$)	\$200.00
_	O toile	Fort Worth, TX 76104	1,	N. Ossanila standa Jak Tida			
	Attorney	Principal Occupation	(	O Contributor's Job Title Attorney			
10	Contributor's	employer/law firm	1	11 Law firm of contributor's sp	oouse (if any)		
	Westbrook L						
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-c	f-state PAC (ID#:	)	Amount of	Contribution (\$)	
	02/29/2024	Zadeh, Jamshyd					\$250.00
		Contributor address; City; State; Zip of Fort Worth, TX 76109	Code				
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Law Office o	f Jim Zadeh PC					
	If contributor is	s a child, law firm of parent(s) (if any)					

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/30 3 Filer ID (Ethics Commission Filers) FILER NAME Gallagher, Joseph Patrick (The Honorable) 00062521 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 02/29/2024 Ames, James \$315.26 i 7 Contributor address; City; State; Zip Code Hurst, TX 76054 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Samples Ames 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/29/2024 Hart, Daniel \$315.261 Contributor address; City; State; Zip Code Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Attorney Attorney Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Hart Law Firm If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

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			Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (ente	er a category not lis	sted above)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 1/14 Rpt: 16/30	(	Gallagher, J	oseph Patrick	(The Honora	able)				0006252	1	
4	Date	5 F	Payee name									
	03/15/2024			r Association								
6	Amount (\$)	7 F	Payee addres	s; City;	State	; Zip Co	de					
	\$200.00		101 East Pa	rk Row								
			Arlington, T〉	¢ 76010								
Ļ	DUDDOOF	├					(1-)					
8	PURPOSE OF			e Categories listed at		nedule)	(b)	Description	outoi	do of Toyon C	omplete Schedule	<b>T</b>
	EXPENDITURE			s/Donations M Officeholder/Po		nittee		Check if Austin,				1.
		`	Janala alci C	meenolaem o	indical Collin	iittee		Kick-off Even				
9	Complete ONLY if direct	Cá	andidate/Offic	eholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	05/05/2024	l	Charleston's	:								
_		_			Ctoto	· Zin Co	do					
	Amount (\$)	l	Payee addres	•	State	; Zip Co	ue					
	\$199.39	`	3020 South	nuieri								
		F	Fort Worth,	TX 76109								
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	F	=ood/Bevera	age Expense				<b>=</b>			omplete Schedule	Т.
								Check if Austin, Staff Lunched				nte)
								Stail Editorice	) 11	oo year a	wara recipie	1113)
_	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	aht			Office	held	
	expenditure to benefit C/OI		andidate/Offic	cholaci flame	`	31110C 30U	giit			Omice	Ticia	
_	Data	Π.										
	Date	ı	Payee name									
	01/16/2024		GoDaddy									
	Amount (\$)	l	Payee addres	•	State	; Zip Co	de					
	\$115.00		14455 N. Ha	lyden Road								
			Scottsdale, A	AZ 85260								
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	/	Advertising E	Expense				ш			omplete Schedule	Т.
								Check if Austin, Domains	, IX,	officenolder IIV	ring expense	
								Domains				
$\vdash$	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	aht			Office	held	
	expenditure to benefit C/OI		andidate/Offic	CHOIGEI HAIHE	(	Jillog 200	grit			Onice	neiu	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 2/14 Rpt: 17/30	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	04/22/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.09	14455 N. Hayden Road
		Scottsdale, AZ 85260
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
		Domains
		Somano
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/02/2024	Google GSuite Account Service
_	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheater Parkway
	Ψ12.13	1000 / imprimitation in arkway
		Mountain View, CA 94043
	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
		email account
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/02/2024	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheater Parkway
		in the second se
		Mountain View, CA 94043
	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  email account
		ornali account
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

ing Expense Event Expense Loan Repayment/Reimbu

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services		g Exper	es/Contract Labor		OTHER (enter	a category not listed ab	ove)
	Credit Card Payment			The Instruction Gui	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 3/14 Rpt: 18/30		Gallagher, J	loseph Patrick (T	The Honorable)				00062521		
4	Date	5	Payee name								
	03/04/2024			uite Account Serv	vice						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$14.02		1600 Amphi	itheater Parkway	′						
			Mountain Vi	ew, CA 94043							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b	<b>)</b> Description				
	OF EXPENDITURE			head/Rental Exp						mplete Schedule T.	
							ш.		, officeholder livir	ng expense	
							email accoun	IL			
_	2	L									
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office s	ough	Į.		Office h	neld	
	·	_									
	Date		Payee name								
	04/02/2024		Google GSu	uite Account Serv	vice						
	Amount (\$)		Payee address	ss; City;	State; Zip	Code					
	\$15.35		1600 Amphi	itheater Parkway	′						
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b	<b>)</b> Description				
	OF EXPENDITURE		Office Overl	head/Rental Exp	ense		<b>=</b>			mplete Schedule T.	
							email accoun		, officeholder livir	ng expense	
							eman accoun	ıı			
_	Complete ONLY if direct	<u> </u>		ceholder name	Office s	onapi	<u> </u>		Office h	neld	
	expenditure to benefit C/O		Janaiaate/Oni	ceriolaer riame	Office	ougin	•		Office i	icia	
-	Data	_	D								
	Date 05/02/2024		Payee name	uite Account Serv	vice						
	Amount (\$)		Payee addres	•	State; Zip	Code					
	\$15.35		1600 Ampni	itheater Parkway	•						
			Mountain Vi	ew, CA 94043							
	PURPOSE OF	(a)		ee Categories listed at the		(b)	) Description				
	EXPENDITURE		Office Overl	head/Rental Exp	ense		ш		ide of Texas. Coi , officeholder livir	mplete Schedule T.	
							email accoun		, omcendaer nyn	ig experise	
								-			
$\vdash$	Complete ONLY if direct	Щ	 Candidate/Offi	ceholder name	Office s	ought	t		Office h	neld	
	expenditure to benefit C/OI				- /-	J					
l											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/A Committee Legal	Beverage Expense wards/Memorials Expense Services Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of Di: OTHER (enter a	
1	Total pages Schedule F1:		nh Datrial (The Life			3 Filer ID	(Ethics Commission Filers)
Ļ	Sch: 4/14 Rpt: 19/30		ph Patrick (The Honora	aoie)		00062521	
4	Date 06/03/2024	5 Payee name Google GSuite /	Account Service				
6	Amount (\$)	<b>7</b> Payee address;	City; State;	; Zip Coo	de		
	\$15.35	1600 Amphithea	•	'			
		Mountain View,	CA 94043				
8	PURPOSE OF	(a) Category (See Cat	egories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE	Office Overhead	I/Rental Expense		<b>=</b>	outside of Texas. Com , TX, officeholder living	
					email accoun		, <del></del>
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	lder name C	Office souç	yht	Office he	eld
	Date	Payee name					
	02/26/2024	Integris LLC (for	merly Blue Jean Netwo	orks)			
	Amount (\$)	Payee address;	City; State;	; Zip Cod	de		
	\$27.06	4055 Internation	ıal Plaze				
		Suite 600					
		Fort Worth, TX	76109				
	PURPOSE	(a) Category (See Cate	egories listed at the top of this sch	iedule)	(b) Description		
	OF EXPENDITURE	Office Overhead	I/Rental Expense		<u> </u>	outside of Texas. Com , TX, officeholder living	
					comp. serv. a		, o.po
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	lder name C	Office soug	ght	Office he	eld
	Date	Payee name					
	02/26/2024	Integris LLC (for	merly Blue Jean Netwo	orks)			
	Amount (\$)	Payee address;	City; State;	; Zip Cod	de		
	\$33.12	4055 Internation	al Plaze				
		Suite 600					
		Fort Worth, TX	76109				
	PURPOSE		egories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE	Office Overhead	I/Rental Expense		ш	outside of Texas. Com , TX, officeholder living	
					comp. serv. a		, <del>-</del>
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	lder name C	Office souç	ght	Office he	eld

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma 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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
			The Instruction Guide e	explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/14 Rpt: 20/30		Joseph Patrick (The	Honorable)				00062521		
4	Date	5 Payee nam								
	02/26/2024	Integris LL	.C (formerly Blue Jear	n Networks)						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$27.07	4055 Inter	national Plaze							
		Suite 600								
		Fort Worth	n, TX 76109							
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expens	е		=			nplete Schedule T.	
						comp. serv. a		officeholder living	g expense	
						comp. corv. a		intorriot		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	l ıaht			Office h	eld	
	expenditure to benefit C/OI	Н			J					
	Date	Payee nam	<u></u>							
	02/26/2024	-	.C (formerly Blue Jear	n Networks)						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$33.12	4055 Inter	national Plaze							
		Suite 600								
		Fort Worth	n, TX 76109							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		erhead/Rental Expens				outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE					_		officeholder living	g expense	
						comp. serv. a	เทต	internet		
	Complete ONLY if direct	Candidato/O	fficeholder name	Office sou	ıaht			Office h	old	
	expenditure to benefit C/OI		incendider name	Office Suc	igiit			Office II	ciu	
	Data	D								
	Date 02/26/2024	Payee nam	e .C (formerly Blue Jear	n Networks)						
	Amount (\$)	Payee addr		State; Zip Co	ndo					
	\$27.07	,	national Plaze	State, Zip Ct	Jue					
	Ψ21.01	Suite 600	national riaze							
			ı, TX 76109							
	DUDDOCE				(b)	Description				
	PURPOSE OF		See Categories listed at the top erhead/Rental Expens		(D)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	Office Ove	пеаи/Кептат шхрепз	C		<u></u>		officeholder living		
						comp. serv. a	ınd	internet		
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office h	eld	
	experialitate to beliefit C/OI	•								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/14 Rpt: 21/30	
4 Date 02/26/2024	5 Payee name Integris LLC (formerly Blue Jean Networks)
6 Amount (\$) \$33.12	7 Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense comp. serv. and internet
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/26/2024	Payee name Integris LLC (formerly Blue Jean Networks)
Amount (\$) \$33.12	Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  comp. serv. and internet
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/16/2024	Payee name Integris LLC (formerly Blue Jean Networks)
Amount (\$) \$27.07	Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  comp. serv. & internet
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Printing Ex Salaries/W		se s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed ab	ove)
	Credit Card Payment		The Instruction Guide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 7/14 Rpt: 22/30		Gallagher, Joseph Patrick (The Honorab	ole)				00062521		
4	Date	5	Payee name							
	04/26/2024		Integris LLC (formerly Blue Jean Networ	rks)						
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					
	\$33.12		4055 International Plaze							
			Suite 600							
			Fort Worth, TX 76109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			<b>=</b>		de of Texas. Com		
	EXI ENDITORE					<b>—</b>		officeholder living	expense	
						comp. serv. &	۱۱۱ ک	terriet		
9	Complete ONLY if direct		Candidate/Officeholder name Off	fice soug	aht			Office he	uld.	
9	expenditure to benefit C/OI		andidate/Oniceriolder name On	nce sout	ym			Office fie	au	
	Date		Payee name							
	04/15/2024		Integris LLC (formerly Blue Jean Networ	rks)						
	Amount (\$)		Payee address; City; State;	Zip Cod	de					
	\$27.07		4055 International Plaze							
			Suite 600							
			Fort Worth, TX 76109							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			<b>=</b>		de of Texas. Com		
						_		officeholder living	expense	
						comp. serv. &	۱۱۱ ک	terriet		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Off	fice soud	aht			Office he	ald.	
	expenditure to benefit C/OI				9			0000		
	Date		Payee name							
	06/14/2024		Integris LLC (formerly Blue Jean Networ	rks)						
	Amount (\$)		Payee address; City; State;	Zip Cod	de					
	\$33.12		4055 International Plaze							
			Suite 600							
			Fort Worth, TX 76109							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Com		
	EXI ENDITORE					_		officeholder living	expense	
						comp. serv. &	۱۱۱ ک	terriet		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Off	fice soug	abt			Office he	7  <b>4</b>	
	expenditure to benefit C/OI		andidate/Officeriolder name Off	แดย อบน์(	yııı			Office He	au	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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:	
	Sch: 8/14 Rpt: 23/30	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date 06/17/2024	5 Payee name Integris LLC (formerly Blue Jean Networks)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.07	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
Ļ	DUDDOCE	· · · · · · · · · · · · · · · · · · ·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		comp. serv. & internet
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	01/29/2024	Kincaids
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.92	4901 Camp Bowie Blvd
		Fort Worth, TX 76107
	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
		Tarrant County Republican Assembly - Candidate
		Forum Voluntéer's Lunch
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/22/2024	Lili's Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	1310 West Magnolia
		Fort Worth, TX 76104
	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
		Job interview with staffer
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/14 Rpt: 24/30	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	05/24/2024	McFarling, Bruce (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	One Courthouse Drive
		Denton, TX 76208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Judicial Conference
Ļ	Computate ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/26/2024	PCS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	6836 Brants Lane
		Fort Worth, TX 76116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consultant
		Campaign Concutant
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/30/2024	Raise the Money
_		
	Amount (\$) \$643.10	Payee address; City; State; Zip Code P. O. Box 26466
	\$043.10	P. O. Bux 20400
		L'III. D. I. AD 70004
		Little Rock , AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction Fee: 01/01/2024-06/30/2024
		11a13a3a311
	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

Event 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/Politica Credit Card Payment	al Cor	The Instruction Guid			kpense /ages/C	Contract Labor e this form.	Tra	vel Out of Dis HER (enter a	strict category not liste	d above)
1	Total pages Schedule F1:	2	FILER NAME					3 File	er ID	(Ethics Comn	nission Filers)
	Sch: 10/14 Rpt: 25/30		Gallagher, Joseph Patrick (Th	ne Honora	ıble)			00	062521		
4	Date	5	Payee name								
	04/30/2024		Ruiz, Tony								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$260.00		3233 South Jennings								
			Fort Worth , TX 76110								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) [	Description				
	OF EXPENDITURE		Food/Beverage Expense			Ī	=			plete Schedule T.	
						Ļ	Check if Austin,  Judge's Lunc		eholder living	g expense	
							Judge 5 Lunc	Heom			
_	Complete ONLY if direct	<u> </u>	andidata/Officeholder name		Affice cour	aht			Office he	ald	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	O	office sou	yııı			Office he	eiu	
dash		_									
	Date		Payee name								
	05/24/2024		Russell Photographers								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$1,077.09		1516 South RR 620								
			Suit 120								
			Lakeway, TX 78734								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) [	Description				
	OF EXPENDITURE		Advertising Expense		,	<u>[</u>				plete Schedule T.	
	EXI ENDITORE					Ĺ	Check if Austin,				
						ŀ	Photography	- Juai	ciai Portr	aits	
	Operation ONLY if alice at	<u> </u>			ve:				Office In	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	O	office sou	grit			Office he	eiu	
	Date	Г	Payee name								
	01/04/2024		Securlock Fort Worth								
	Amount (\$)	$\vdash$	Payee address; City;	State:	Zip Co	de					
	\$144.00		3500 Riverbend Blvd	Siale,	∠ıµ 00	uc					
	Ф144.00		SOOO MIVEIDENU DIVU								
			Fort Worth, TX 76116								
_	PURPOSE	(2)			1	(h) -	Description				
	OF	<sup>(a)</sup>	Category (See Categories listed at the Office Overhead/Rental Expe		edule)	(2) [		outside of	Texas. Com	plete Schedule T.	
	EXPENDITURE		Onice Overnead/Nemai Expe	1130		Ī	Check if Austin,				
						5	<u> </u>				
	Complete ONLY if direct		andidate/Officeholder name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н									
Eor	rms provided by Tayas F	thic	Commission Manage	w othics s	toto ty u					Varaian VA	1 0 d278aha0

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event 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/Politica Credit Card Payment	/ - al Committ	tee Legal Sei			Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
				truction Guide expla	ains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FIL	ER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 11/14 Rpt: 26/30			Patrick (The Ho	norable)				00062521	
4	Date	1	yee name							
L	02/05/2024	L Se	curlock Fort Wo	rth						
6	Amount (\$)	<b>7</b> Pa	yee address;	City; S	tate; Zip Co	ode				
	\$144.00	35	00 Riverbend B	vd						
		Fo	rt Worth, TX 76	116						
8	PURPOSE	<b>(a)</b> Ca	tegory (See Catenn	ies listed at the top of thi	s schedule)	(b)	Description			
	OF EVDENDITUDE		fice Overhead/F		<del></del> /			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			•			_	ı, TX,	officeholder living	g expense
							storage			
L		L				L				
9	Complete ONLY if direct		didate/Officeholde	r name	Office sou	ıght			Office h	eld
	expenditure to benefit C/OI	H								
	Date	Pa	yee name							
	03/04/2024	Se	curlock Fort Wo	rth						
	Amount (\$)	Pa	yee address;	City; S	tate; Zip Co	ode				
	\$144.00	l '	00 Riverbend B	•	•					
	<b>411130</b>		. , ,	=1						
			ut \ \	110						
		F0	rt Worth, TX 76	TT0						
	PURPOSE OF			ies listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE	Of	fice Overhead/F	ental Expense			<b>=</b>			plete Schedule T.
	-						_	ı, IX,	officeholder living	g expense
							storage			
L						<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeholde	r name	Office sou	ıght			Office h	eld
L	Superiord to benefit 0/01									
	Date	Pa	yee name							
	04/03/2024	Se	curlock Fort Wo	rth						
	Amount (\$)	Pa	yee address;	City; S	tate; Zip Co	ode				
	\$144.00	35	00 Riverbend B		•					
		   Fo	rt Worth, TX 76	L16						
	PURPOSE					(h)	Description			
	OF			ies listed at the top of thi	s schedule)	(")		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		fice Overhead/R	ентат Ехрепѕе			<u> </u>		officeholder living	
							storage		·	
							-			
	Complete ONLY if direct	L Can	didate/Officeholde	r name	Office sou	l laht			Office he	eld
	expenditure to benefit C/OI		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		200 000	g			200 11	
_										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 27/30	Gallagher, Joseph Patrick (The Honorable)	00062521
4	Date	5 Payee name	
	05/02/2024	Securlock Fort Worth	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$144.00	3500 Riverbend Blvd	
		Fort Worth, TX 76116	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Office Overhead/Rental Expense	f travel outside of Texas. Complete Schedule T.
		Storage	f Austin, TX, officeholder living expense
		distage	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/03/2024	Securlock Fort Worth	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$144.00	3500 Riverbend Blvd	
		Fort Worth, TX 76116	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Office Overfielda/Nerital Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		storage	,,g orkondo
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
H	Date	Payee name	
	06/20/2024	State Bar of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$520.00		
		1414 Colorado Street	
		Fort Worth, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		State Ba	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
1			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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 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: 13/14 Rpt: 28/30	Gallagher, Joseph Patrick (The Honorable) 00062521							
4	Date	5 Payee name							
	03/07/2024	Tarrant County Republican Party							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$350.00	7524 Mosier View Ct #230							
		Fort Worth, TX 76118							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Senate Dist. 9 Convention							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiulture to beliefit G/OFI								
	Date	Payee name							
	01/29/2024	Texas Center For the Judiciary							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$75.00	1210 San Antonio Street							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	LAI LINDITORE	Check if Austin, TX, officeholder living expense							
		Judicial Conference Fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
_									
	Date	Payee name							
	06/05/2024	Texas Center For the Judiciary							
	Amount (\$)	Payee address; City; State; Zip Code							
\$350.00   1210 San Antonio Street									
Austin, TX 78701									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Judicial Conference							
		Fee Fee							
_	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Legal Ser	ds/Memorials vices	s Expense	Printi Salai		e se s/Contract Labor ete this form.		Travel in Distric Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAM	 E						3	Filer ID	(Ethics Commission Fil	lers)
	Sch: 14/14 Rpt: 29/30		Gallagher,		Patrick	(The Hon	orable)				00062521		
4	Date	5	Payee name										
l	04/25/2024		The Flower	Marke	t on 7tj								
6	Amount (\$)	7	Payee addre	ess;	City;	Sta	ate; Zip	Code					
l	\$262.59		2733 W 7th	Street									
l													
			Fort Worth	TX 76:	107								
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at	the top of this	schedule)	(b)	Description	ı			
l	OF EXPENDITURE				/Memorials Expense			_			plete Schedule T.		
l	LAFLINDITORL								_	Austin, TX, officeholder living expense			
l									Administra	ative A	ssistant Pro	fessionals Day flow	ers/
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholde	er name		Office	sought			Office h	eld	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 30/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gallagher, Joseph Patrick (The Honorable) 00062521 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2024 \$0.03 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76102 Purpose for which amount is received Check if political contribution returned to filer Interest on bank account