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) 00081906 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Joshua T. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Burgess CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; 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** Mr. Ralph H NAME NICKNAME LAST **SUFFIX** Duggins **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** (303) 656-6869 **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 352 District Judge District 352

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Version V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Burgess, Joshua T.	(The Honorable)	14 Filer ID (00081906	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political commic candidate / officeholder. These expenditures may have been made without the candidate's or officeholder consent. Candidates and officeholders are required to report this information only if they receive notice of the consent.			eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 14,182.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,391.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 24,506.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	able Joshua T. Burge	ess
		Signature of	Candidate or Officehold	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER	3 of 17
18 FILER NAME Burgess, Joshua T. (The Honorable) 19 Filer ID 00081906					Commission Filers)
I		E SUBTOTALS SCHEDULE		SU	JBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	14,182.00
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 CONTRIBUTIONS	6	\$	2,892.93
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,498.53
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/17
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Burgess, Jos	shua T. (The Honorable)			L	00081906
4	Date 03/20/2024	5 Full name of contributor Aulsbrook Law Firm6 Contributor address; City;	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,007.00
		Arlington, TX 76011				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	03/20/2024	Barrow Law PLLC Contributor address; City;	<u> </u>		•	\$250.00
		Fort Worth, TX 76104				
Contributor's Principal Occupation Contributor's Jo			Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	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 (\$)
	03/20/2024	Baudhuin, James (Mr.) Contributor address; City;	State; Zip Code			\$500.00
		Coppell, TX 75019				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney Attorney					
Contributor's employer/law firm Law firm of contributor's s		ous	se (if any)			
Baudhuin Law Office, PLLC						
	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	v to complete this 1	form.	1	Total pages Schedule A(J)1 Sch: 2/6 Rpt: 5/17	:
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Burgess, Jos	shua T. (The Honorable)				00081906	
4	Date 03/20/2024	5 Full name of contributor Blumberg, Daniel6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Arlington, TX 76017					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
	Blumberg La	aw PLLC					
12	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 (\$)	
	03/20/2024	David L. Cook Campaign Contributor address; City; S			•		\$1,000.00
		Mansfield, TX 76063					
Contributor's Principal Occupation Contributor's Job Titl			Contributor's Job Title				
Contributor's employer/law firm Law			Law firm of contributor's sp	ous	se (if any)		
	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 (\$)	
	03/20/2024	Hart, David (Mr.)	_				\$3,000.00
		Contributor address; City; S Colleyville, TX 76034	tate; Zip Code		•		
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Attorney						
	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)		
Hart Law Firm, PLLC							
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/17
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Burgess, Jo	shua T. (The Honorable)		00081906
4	Date	5 Full name of contributor ut-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
	03/20/2024	Henry, Michael (Mr.)		\$500.00
		6 Contributor address; City; State; Zip Code		
		Fort Worth, TX 76107		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Michael J. H	lenry, Attorney At Law, PC		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	03/14/2024	Henry, Robert (Mr.)		\$250.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Fort Worth, TX 76107		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney Attorney			
	Contributor's employer/law firm Law firm of contributor's			spouse (if any)
	Self Employ	ed		
	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-of-state PAC (ID)#·)	Amount of Contribution (\$)
	03/20/2024	Laird, Steven (Mr.)	,	\$500.00
		Contributor address; City; State; Zip Code		
		Contributor address, Sity, State, Elp Code		
		Flower Mound, TX 75022		
	Contributor's		Contributor's Job Title	
Contributor's Principal Occupation Contributor's Job Title Attorney Attorney				
		snouse (if any)		
Contributor's employer/law firm Law firm of contributor's s Laird and McCloskey			podse (ii diiy)	
		s a child, law firm of parent(s) (if any)		
	ii continuator i	o a omia, ran inin or paroni(o) (ii ariy)		
_				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1 Total pages Schedule A(J)1 Sch: 4/6 Rpt: 7/17	L:
2	FILER NAME				3 Filer ID (Ethics Commissi	on Filers)
	Burgess, Jo	shua T. (The Honorable)			00081906	
4	Date 03/20/2024	Full name of contributor McClelland, David Contributor address; City;	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$200.00
		Watauga, TX 76148				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)	
	Self Employ	ed				
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	03/20/2024	Samples, Steve (Mr.)				\$5,000.00
		Contributor address; City;	State; Zip Code			
		Hurst, TX 76054				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Lawyer	- ппстрат Оссирацоп		Attorney		
			Law firm of contributor's s	enouse (if any)		
	Samples An			Law IIIII of Contributor 3 3	spouse (ii airy)	
		s a child, law firm of parent(s) (i	f any)			
	ii continutori	s a criliu, iaw ilim or pareni(s) (i	i airy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	03/24/2024	Smith, Thomas				\$25.00
		Contributor address; City;	State; Zip Code		••••	
		Meridian, TX 76665				
	Contributor's	Principal Occupation		Contributor's Job Title	- I	
	Attorney		Attorney			
Contributor's employer/law firm Law firm of contributor's s		spouse (if any)				
	T. Maxwell S	Smith, PLLC				
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		

	MONET	ARY POLITICAL CO	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/17	_
2	FILER NAME Burgess, Jos	shua T. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081906	
4	Date 04/04/2024	_	out-of-state PAC (ID#:_ Zip Code)	7 Amount of Contribution (\$) \$1,000.0	_ D
		Fort Worth, TX 76107				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (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 (\$)	=
	04/18/2024	Varghese Summersett PLLC Contributor address; City; State; Fort Worth, TX 76102			\$500.0)
	Contributor's F	Principal Occupation		Contributor's Job Title		_
	Contributor 3 i	тторы Оссиранот		Contributor 3 dob Title		
Contributor's employer/law firm				Law firm of contributor's sp	spouse (if any)	
	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 (\$)	=
	03/20/2024	Westbrook Law PLLC Contributor address; City; State;	Zip Code		\$100.0)
	Cambrilandada	Fort Worth, TX 76104		Contributorio 1ab Titlo		_
	Contributors	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm				Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				_
						_

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1	ı	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/17	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Burgess, Jos	shua T. (The Honorable)		(00081906	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 /	Amount of Contribution (\$)	
	03/05/2024	Zadeh, Jim (Mr.)			\$250	.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	•		
	Attorney		Attorney			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse	e (if any)	
	Law Office o	f Jim Zadeh, P.C.				
12	If contributor is	s a child, law firm of parent(s) (if any)	•			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/5 Rpt: 10/17	Burgess, Joshua T. (The Honorable) 00081906
4	Date	5 Payee name
	03/05/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St., Ste. 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit c/of	<u> </u>
	Date	Payee name
	03/14/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St., Ste. 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
		Great Gard Werdhalt Lees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/20/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.80	1340 Poydras St., Ste. 1770
	Ψ373.00	1540 F Oyurds St., Ste. 1770
		Now Orloans, LA 70112
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/(Banking) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/17	Burgess, Joshua T. (The Honorable)	00081906
4 Date	5 Payee name	•
02/22/2024	Arlington Bar Association	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	PO Box 882	
	Arlington, TX 76004-0882	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Sponsorship
O Committee ONLY if allowed	Ossalidate/Office helden general	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	<u> </u>	
Date	Payee name	
01/23/2024	Burgess, Josh (The Honorable)	
Amount (\$)	Payee address; City; State; Zip Code	
\$394.00	PO Box 101931	
	Fort Worth, TX 76185	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Schedule G Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
01/23/2024	Burgess, Josh (The Honorable)	
Amount (\$)	Payee address; City; State; Zip Code	
\$231.65	PO Box 101931	
,		
	Fort Worth, TX 76185	
PURPOSE	1	Description
OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Loan Repayment Remindration	Check if Austin, TX, officeholder living expense
		Reimbursement for Schedule G Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought	Office held
experiorale to belieff C/C	11	

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 3/5 Rpt: 12/17	Burgess, Joshua T. (The Honorable)	00081906
4	Date	5 Payee name	'
	02/09/2024	Burgess, Josh (The Honorable)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$390.00	PO Box 101931	
l			
		Fort Worth, TX 76185	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Loan Repayment/Reimbursement	avel outside of Texas. Complete Schedule T.
		I —	ustin, TX, officeholder living expense ement for Schedule G Expenses
		Rembuise	ement for Schedule & Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
H	Date	Payee name	
l	02/23/2024	Burgess, Josh (The Honorable)	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$30.63	PO Box 101931	
	Ψ30.03	1 O BOX 101931	
		Fort Worth, TX 76185	
┡	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Louis Repayment Remindusement	ustin, TX, officeholder living expense
l		Reimburse	ement for Schedule G Expenses
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialiture to benefit C/Oi	11	
l	Date	Payee name	
	03/07/2024	Burgess, Josh (The Honorable)	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$67.13	PO Box 101931	
l			
l		Fort Worth, TX 76185	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Loan Repayment L	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
l			ement for Schedule G Expenses
		The initial section is a section of the section of	Emperior Company of Emperior
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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: 4/5 Rpt: 13/17	Burgess, Joshua T. (The Honorable) 00081906
4	Date	5 Payee name
	04/12/2024	Burgess, Josh (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.30	PO Box 101931
		Fort Worth, TX 76185
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Schedule G Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2024	Burgess, Josh (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.09	PO Box 101931
		Fort Worth, TX 76185
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Schedule G Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/06/2024	Burgess, Josh (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$207.73	PO Box 101931
		Fort Worth, TX 76185
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Schedule G Expenses
		Nonnear of Tollieur of Expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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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	, - I Cor	mmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		ense .ges/Contract L		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 5/5 Rpt: 14/17			shua T. (The	e Honorable)				00081906		
4	Date	5	Payee name								
	02/22/2024		Tarrant Cou	unty GOP							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Cod	е				
	\$800.00		7524 Mosie	er View Ct #23	30						
			Fort Worth,	TX 76118							
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule) (b) Descrip	tion			
	OF EXPENDITURE			ns/Donations					ide of Texas. Com		
	-		Candidate/	Officeholder/F	Political Comm	ittee			, officeholder living	expense	
							Spons	orsnip			
9	Complete ONLY if direct		Candidata/Offi	ceholder name		Office soug	ht		Office he	ald.	
9	expenditure to benefit C/O	۱ `	Zanuluate/On	cendidei name		Jilice Soug	i it		Office file	au	
l											
1											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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	r - Gift/Awards/Memorials Expense Pr			pense kpense /ages/Contract Labor mplete this form.		District ut of District (enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 1/3 Rpt: 15/17	Burgess, Josh	nua T. (The Honorable)			00081	.906			
4	Date	5 Payee name								
	04/15/2024	Del Frisco's G	rille							
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de					
	\$127.09	154 E 3rd St								
	Reimbursement from political contributions intended	Fort Worth, TX	X 76102							
8	PURPOSE	(a) Category (See (Categories listed at the top of this sche	edule)	(b) Description	Check if trav	vel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beverage Expense Check if Austin, TX, officeholder living expense								
			Luncheon							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehol	der name		Office sought		Office held			
	Date	Payee name								
	03/07/2024	Gloria's								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$67.13	2600 W 7th St #175								
	Reimbursement from political contributions intended	Fort Worth, TX	X 76107							
	PURPOSE OF	Category (See (Categories listed at the top of this sche	edule)	Description	=	vel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverag	je Expense		L	Check if Aus	stin, TX, officeholder living expense			
					Office Lunch					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	 Candidate/Officehol	der name		Office sought		Office held			
	Date	Payee name								
	04/12/2024	Jimmy Johns								
	Amount (\$)	Payee address;	City; State;	Zip Co	de					
	\$50.30	150 Throckmo	orton St Ste. 100							
	Reimbursement from political contributions intended	Fort Worth, T	X 76102							
	PURPOSE OF	Category (See 0	Categories listed at the top of this sche	edule)	Description	_	vel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverag	je Expense		Check if Austin, TX, officeholder living expense					
					Office Lunch					
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officehol	der name		Office sought		Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E Salaries/V		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
			The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics (Commission Filers)				
	Sch: 2/3 Rpt: 16/17		Burgess, Jo	shua T. (The Honorable)			(00081906				
4	Date	Date 5 Payee name										
	01/23/2024		Pappasitos	Cantina								
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode						
	\$231.65	2704 West Fwy										
	Reimbursement from political contributions intended	Fort Worth, TX 76105										
_		ļ.,	_			la. 5 · F	7		0 1.01.11.7			
8	PURPOSE OF	(a)		ee Categories listed at the top of this sch	edule)	(b) Description	=	eck if travel outside of Te eck if Austin, TX, officeho	xas. Complete Schedule T.			
	EXPENDITURE		F000/Bever	age Expense		L Judicial Lunch			nuor irring expenses			
						Judiciai Luffelf	udicial Lunch					
_	Complete ONLY if direct	Cal	ndidata/Offical	halder name		Office cought		Office h	ald			
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officer	loider name		Office sought		Office h	leiu			
	Date		Payee name									
	05/06/2024		Pappasitos	Cantina								
Amount (\$) Payee				ayee address; City; State; Zip Code								
	\$207.73		2704 West	2704 West Fwy								
Reimbursement from												
	X political contributions intended		Fort Worth,	TX 76105								
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	=		xas. Complete Schedule T.			
OF EXPENDITURE			Food/Bever	age Expense		L	older living expense					
						Luncheon						
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeh	holder name		Office sought		Office h	neld			
	C/OH											
	Data											
	Date		Payee name	Samulianas III C								
	02/09/2024	L		Compliance, LLC								
	Amount (\$)		Payee addres		Zip Co	ode						
	\$390.00		PO Box 341	1027								
	Reimbursement from											
	X political contributions intended		Austin, TX 7	78734								
	PURPOSE	Г	Category (Se	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Te	xas. Complete Schedule T.			
	OF EXPENDITURE		Consulting I	Expense			Che	eck if Austin, TX, officeho	older living expense			
	Compliance Consulting											
		Ca	ndidate/Officeh	holder name		Office sought		Office h	ield			
	expenditure to benefit											
	C/OH											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 3/3 Rpt: 17/17 Burgess, Joshua T. (The Honorable) 00081906 Date Payee name 02/23/2024 Salata 6 Amount (\$) Payee address; City; State; Zip Code 505 Commerce St. \$30.63 Reimbursement from political contributions intended Х Fort Worth, TX 76102 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Office Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/23/2024 **USPS** Amount (\$) Payee address; City; State; Zip Code \$394.00 3101 W 6th St. Reimbursement from political contributions Χ Fort Worth, TX 79107-2778 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** PO Box Rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH