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) 00057332 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable DeLinda L. NAME Date Received **ELECTRONICALLY FILED** 07/12/2024 NICKNAME LAST **SUFFIX** Gibbs-Walker CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; 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** Mr. Toby NAME NICKNAME LAST **SUFFIX** Spurlock **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** (409) 283-2491 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) District 1A Jasper, District Judge (Multi-county) District 1A Newton, Tyler

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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| 13 C / OH NAME | Gibbs-Walker, DeLin | da L. (The Honora | able) | 14 Filer ID 00057332 | (Ethics Comm | nission Filers) |
|--|------------------------------------|-----------------------|---|-----------------------------|-----------------|-----------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expenditus of may have been made without t equired to report this information | the candidate's or offic | eholder's knov | vledge or |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | |
| _ | GENERAL | | | | | |
| | | COMMITTEE ADD | RESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAM | IPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAM | IPAIGN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | OR GUARANTE | | ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC | | \$ | 0.00 |
| | | ICAL CONTRIBU | TIONS , OR GUARANTEES OF LOANS | 5) | \$ | 0.00 |
| EXPENDITURE TOTALS | ` | IZED POLITICAL EX | | 5) | \$ | 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDIT | URES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE LA | AST DAY OF THE | \$ | 2,144.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | LL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | | |
| | | | The Honorable | e DeLinda L. Gibbs- | ·Walker | |
| | Signature of Candidate or Officeho | | | | older | |
| AFFIX NOT | TARY 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 office | er administering oath | Printed name | of officer administering oath | Title of office | er administerin | g oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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| | | | | 3 01 5 | |
|---|---|----------|----|-----------------|--|
| 18 FILER NAM Gibbs-Wal | (Ethics Commission Filers) | | | | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | SUBTOTAL AMOUNT | |
| 1. X | . X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | | 0.00 | |
| 2. X | 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | 0.00 | |
| 3. X | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | 0.00 | |
| 4. X | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | 0.00 | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 0.00 | |
| 6. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 7. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | 0.00 | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 | |
| 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 | \$ | | |
| | | | • | | |

| PLEDGED CONTRIBUTIONS (JUDIC | IAL) | | SCHE | DULE B(J) | |
|--|---|-------------------------|-----------------|------------------------------|--|
| The Instruction Guide explains how to compl | 1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/5 | | | | |
| 2 FILER NAME Gibbs-Walker, DeLinda L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057332 | | | | |
| TOTAL OF UNITEMIZED PLEDGES | | | \$ | 0.00 | |
| 6 Full name of pledgor out-of-state PAC (ID#: | | 8 Amount of pledge (\$) | | d description applicable) | |
| | | Check if travel | utside of Texas | s. Complete Schedule T. | |
| 10 Pledgor's principal occupation | 11 Pledgor's job title | | | | |
| 12 Pledgor's employer/law firm | 13 Law firm of pledgor's | s spouse (if any) | | | |
| 14 If pledgor is a child, law firm of parent(s) (if any) | | | | | |
| | | | | | |

| | LOANS (J | IUDICIAL) | | | | | SCHEE | OULE E | (J) |
|----------------------------------|---|----------------------------------|--------------------------------------|-------------------------------|---|-------------|-------------------------------|------------|--------|
| | The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/5 | | | | |
| 2 | P. FILER NAME Gibbs-Walker, DeLinda L. (The Honorable) | | | | 3 | | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | • | | \$ | | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Am | ount (\$) | |
| 6 | Is lender a financial institution? | 8 Lender address; | City; State; | Zip Code | | | 10 Interest F | Rate | |
| | | | | | | | 11 Maturity | Date | |
| 12 | Lender's Principal | Occupation | | 13 Lender's Job Title | | | | | |
| 14 | Lender's Employe | r/Law Firm | | 15 Law Firm of lender's spou | se (if | any) | | | |
| 16 | if lender is child, la | aw firm of parent(s) (if any) | | | | | | | |
| 17 | Description of Coll | lateral | | 18 Check if personal funds w | ere d | eposited | l into political (See Inst | | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | | | | | 22 Amount | Guaranteed | d (\$) |
| 23 | not applicable Guarantor's Princi | | City; State; | Zip Code Zip Code | | | | | |
| 25 Guarantor's Employer/Law Firm | | | 26 Law Firm of guarantor's sp | 20110 | (if any) | | | | |
| | · | | | 20 Law Firm of guarantor's Sp | Jouse | e (ii ariy) | | | |
| 27 | ' If guarantor is chile | d, law firm of parent(s) (if any |) | | | | | | |
| | | | | | | | | | |