

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00068036	<b>2</b> Total pages filed:  6	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Piper S.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024
	NICKNAME	LAST McCraw	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR The Honorable	FIRST Piper	MI	
	NICKNAME	LAST McCraw	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	REDACTED PER 254.0313, GOV'T CODE		STATE;	ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(469) 450-3284			
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15			
	<input checked="" type="checkbox"/> July 15			
				<input type="checkbox"/> 30th day before election
				<input type="checkbox"/> 8th day before election
				<input type="checkbox"/> Runoff
				<input type="checkbox"/> Exceeded modified reporting limit
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
				<input type="checkbox"/> Final Report (Attach C/OH-FR)
<b>9</b> PERIOD COVERED	Month	Day	Year	Month
	01/01/2024			THROUGH
<b>10</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE
				<input type="checkbox"/> Primary
			<input checked="" type="checkbox"/> General	
			<input type="checkbox"/> Runoff	
			<input type="checkbox"/> Special	
			<input type="checkbox"/> Other	
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 469 Collin		<b>12</b> OFFICE SOUGHT (if known) 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      McCraw, Piper S. (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00068036

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	252.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	47,189.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 The Honorable Piper S. McCraw  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

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<b>18 FILER NAME</b> McCraw, Piper S. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00068036
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 85.73
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 167.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 4/6	<b>2</b> FILER NAME McCraw, Piper S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068036			
<b>4</b> Date 01/02/2024	<b>5</b> Payee name Google LLC				
<b>6</b> Amount (\$) \$12.79	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 02/01/2024	Payee name Google LLC				
Amount (\$) \$12.79	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 03/04/2024	Payee name Google LLC				
Amount (\$) \$14.10	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

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**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 5/6	<b>2</b> FILER NAME McCraw, Piper S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068036
<b>4</b> Date 04/02/2024	<b>5</b> Payee name Google LLC	
<b>6</b> Amount (\$) \$15.35	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/02/2024	Payee name Google LLC	
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/03/2024	Payee name Google LLC	
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Account Recurring Payment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 6/6	<b>2</b> FILER NAME McCraw, Piper S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068036
<b>4</b> Date 04/19/2024	<b>5</b> Payee name Golden Corridor Republican Women's Club	
<b>6</b> Amount (\$) \$167.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6505 West Park Blvd, Ste 306 #269  Plano, TX 75093	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Sponsorship
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought                      Office held