#### 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) 00085916 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Tonya NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** McLaughlin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1545 Heights Boulevard MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77008 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Reid NAME NICKNAME LAST **SUFFIX** McLaughlin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1545 Heights Boulevard **ADDRESS** (Residence or Business) Houston, TX 77008 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 529-8500 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 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 Court Of Appeals, Justice Place 4 District 14

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 15

| 13 C / OH NAME                                 | McLaughlin, Tonya (             | Mrs.)  | <b>14</b> Filer ID (00085916 | (Ethics Commissi   | ion Filers) |
|--|---------------------------------|--|------------------------------|--------------------|-------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder        | political contributions accepted or political expenditu<br>These expenditures may have been made without to<br>d officeholders are required to report this information | the candidate's or office    | eholder's knowled  | dge or      |
| Additional Pages                               | COMMITTEE TYPE                  | COMMITTEE NAME   |                              |                    |             |
|  | GENERAL                         |  |                              |                    |             |
|  |                                 |  |                              |                    |             |
|  |                                 |  |                              |                    |             |
|  |                                 |  |                              |                    |             |
|  |                                 |  |                              |                    |             |
|  |                                 |  |                              |                    |             |
| 16 CONTRIBUTION<br>TOTALS                      |                                 | IIZED POLITICAL CONTRIBUTIONS(OTHER THAN<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELEC  |                              | \$                 | 0.00        |
|  |                                 | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS  | S)                           | <b>\$</b> 1        | 13,966.66   |
| EXPENDITURE<br>TOTALS                          |                                 | \$   | 0.00                         |                    |             |
|  | 4. TOTAL POLIT                  | ICAL EXPENDITURES  |                              | <b>\$</b> 1        | 11,664.40   |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITION REPORTING PL  | AL CONTRIBUTIONS MAINTAINED AS OF THE LA   | AST DAY OF THE               | \$                 | 2,248.00    |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCI<br>OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>ITING PERIOD   | OF THE LAST DAY              | \$                 | 0.00        |
| 17 AFFIDAVIT                                   |                                 |  |                              |                    |             |
|  |                                 | I swear, or affirm, under penalty<br>true and correct and includes al<br>under Title 15, Election Code.  |                              |                    |             |
|  |                                 | Mrs. 7   | Гопуа McLaughlin             |                    |             |
|  |                                 | Signature of   | Candidate or Officehol       | der                |             |
| AFFIX NOT                                      | ΓARY STAMP / SEAL AE            | OVE  |                              |                    |             |
| Sworn to and subsc                             | cribed before me, by the        | aid  | , this the                   | da                 | ay          |
| of   | , 20, to c                      | ertify which, witness my hand and seal of office.  |                              |                    |             |
|  |                                 |  |                              |                    |             |
| Signature of office                            | eer administering oath          | Printed name of officer administering oath   | Title of officer             | r administering oa | ath         |

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

|                    |                   |  |                             | J V LI ( | 3 of 15            |
|--------------------|-------------------|--|-----------------------------|----------|--------------------|
|                    | ER NAN<br>Laughl  | ME<br>in, Tonya (Mrs.)   | <b>19</b> Filer ID 00085916 | (Ethics  | Commission Filers) |
| <b>20</b> SC<br>NA | HEDULI<br>ME OF : | SI   | JBTOTAL AMOUNT              |          |                    |
| 1.                 | X                 | \$   | 13,966.66                   |          |                    |
| 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                           | \$       | 11,284.40          |
| 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                       |                             | \$       | 380.00             |
| 10.                |                   | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS               | \$                          |          |                    |
| 11.                |                   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | DNS                         | \$       |                    |
| 12.                |                   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED                    | \$       |                    |
|                    |                   |  |                             |          |                    |

|   | 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:<br>Sch: 1/6 Rpt: 4/15 |
| 2   | FILER NAME  | Tonyo (Mro.)                                 |                        |                                 | 3    | Filer ID (Ethics Commission Filers)               |
| 4   | Date  | Tonya (Mrs.)  5 Full name of contributor     | out-of-state PAC (ID#: | )                               | 7    | 00085916 Amount of Contribution (\$)              |
|   | 08/19/2024  | Cannan, Cassie  6 Contributor address; City; | State; Zip Code        |                                 |      | \$50.00   |
|   |   | Highlands, TX 77562                          |                        |                                 |      |   |
| 8   |   | Principal Occupation                         |                        | 9 Contributor's Job Title n/a   |      |   |
| L   | n/a   |  |                        |                                 |      |   |
| 10  | n/a   | employer/law firm                            |                        | 11 Law firm of contributor's sp | oous | se (If any)                                       |
| 12  |   | s a child, law firm of parent(s) (i          | f any)                 |                                 |      |   |
| F   | Date  | Full name of contributor                     | out-of-state PAC (ID#: | )                               | Τ    | Amount of Contribution (\$)                       |
|   | 09/19/2024 Cowell, Ronnye  Contributor address; City; State; Zip Code |  |                        |                                 |      | \$250.00  |
|   |   | Houston, TX 77024                            |                        |                                 |      |   |
|   |   | Principal Occupation                         |                        | Contributor's Job Title         |      |   |
|   | retired   | employer/law firm                            |                        | retired                         |      | on (if any )                                      |
|   | nn/a  | етрюуетлам шті                               |                        | Law firm of contributor's sp    | Jous | se (II dily)                                      |
|   |   | s a child, law firm of parent(s) (i          | f any)                 |                                 |      |   |
|   | Date  | Full name of contributor                     | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                       |
|   | 08/15/2024  | Cravey, Celia                                | _                      |                                 |      | \$33.33   |
| Contributor address; City; State; Zip Code  Baytown, TX 77521 |   |  |                        |                                 |      |   |
| ┢   | Contributor's I   | I Principal Occupation                       |                        | Contributor's Job Title         |      |   |
|   | Vice Preside  | ent  |                        | Vice President                  |      |   |
|   | Contributor's employer/law firm  Law firm of contributor's s          |  |                        |                                 |      | se (if any)                                       |
|   | Iris Inspection   | on Services                                  |                        |                                 |      |   |
|   | If contributor is   | 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:<br>Sch: 2/6 Rpt: 5/15 |
| 2  | FILER NAME   | Tonya (Mrs.)                        |                        |                                   | 3    | Filer ID (Ethics Commission Filers) 00085916      |
| 4  | O8/15/2024 Goloby, Mark  6 Contributor address; City; State; Zip Code  |                                     |                        |                                   | 7    | Amount of Contribution (\$) \$50.00               |
|    |  | Houston, TX 77084                   |                        |                                   |      |   |
| 8  |  | Principal Occupation                |                        | 9 Contributor's Job Title         |      |   |
| _  | employer   |                                     |                        | owner                             |      |   |
| 10 | TC Technolo  | employer/law firm<br>ogies          |                        | 11 Law firm of contributor's sp   | 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#: | )                                 | Ī    | Amount of Contribution (\$)                       |
|    | 08/15/2024 Griffith, Bruce  Contributor address; City; State; Zip Code |                                     |                        |                                   |      | \$333.33  |
|    |  | Highlands, TX 77562                 |                        | 1                                 |      |   |
|    |  | Principal Occupation                |                        | Contributor's Job Title           |      |   |
| L  | n/a<br>Contributorio   | employer/law firm                   |                        | n/a  Law firm of contributor's sp | 2011 | co (if any)                                       |
|    | n/a  | етпрюуетлам шті                     |                        | Law IIIII of Contributor's Sp     | Jous | se (II ally)                                      |
|    | If contributor is  | s a child, law firm of parent(s) (i | f any)                 | 1                                 |      |   |
|    | Date   | Full name of contributor            | out-of-state PAC (ID#: | )                                 |      | Amount of Contribution (\$)                       |
|    | 08/15/2024   | Hinojosa, Ricky                     | _                      |                                   |      | \$100.00  |
|    | Contributor address; City; State; Zip Code  Highlands, TX 77562        |                                     |                        |                                   |      |   |
| ┢  | Contributor's F  | Principal Occupation                |                        | Contributor's Job Title           |      |   |
|    | coordinator maintenance coordinat                                      |                                     |                        |                                   |      |   |
|    |  | employer/law firm                   |                        | Law firm of contributor's sp      | oous | se (if any)                                       |
|    | Lyondell Bas   |                                     |                        |                                   |      |   |
|    | If contributor is  | s a child, law firm of parent(s) (i | f any)                 |                                   |      |   |
|    |  |                                     |                        |                                   |      |   |

|    | MONET   | ARY POLITICAL   | CONTRIBUTIO            | ONS                             |          | SCHEDULE A(J)1                                    |
|----|---|---|------------------------|---------------------------------|----------|---|
|    | The Instru  | ction Guide explains ho   | w to complete this     | form.                           | 1        | Total pages Schedule A(J)1:<br>Sch: 3/6 Rpt: 6/15 |
| 2  | FILER NAME  | Tonya (Mrs.)  |                        |                                 | 3        | Filer ID (Ethics Commission Filers) 00085916      |
| 4  | Date 08/15/2024   | 08/15/2024 Holmsley, Mary  6 Contributor address; City; State; Zip Code |                        |                                 |          | Amount of Contribution (\$) \$16.67               |
|    |   | Baytown, TX 77520   |                        |                                 |          |   |
| 8  |   | Principal Occupation  |                        | 9 Contributor's Job Title       |          |   |
|    | retired   |   | retired                |                                 |          |   |
| 10 | ) Contributor's e<br>n/a  | employer/law firm   |                        | 11 Law firm of contributor's sp | oous     | se (if any)                                       |
| 12 |   | s a child, law firm of parent(s) (if                                    | anv)                   |                                 |          |   |
|    |   | o a oa, iaw o. pa.o(o) (  | ۵.,,,                  |                                 |          |   |
| F  | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                               | Τ        | Amount of Contribution (\$)                       |
|    | 09/05/2024 Jay, Zeidman  Contributor address; City; State; Zip Code |   |                        |                                 |          | \$100.00  |
|    |   | Houston, TX 77027   |                        |                                 |          |   |
|    |   | Principal Occupation  |                        | Contributor's Job Title         |          |   |
|    | managing di   | rector  |                        | managing director               |          |   |
|    |   | employer/law firm   |                        | Law firm of contributor's sp    | oous     | se (if any)                                       |
|    | Houston Firs  |   |                        |                                 |          |   |
|    | If contributor is   | s a child, law firm of parent(s) (if                                    | any)                   |                                 |          |   |
| F  | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                               | Π        | Amount of Contribution (\$)                       |
|    | 09/19/2024  | Kindt, Sandra   | _                      |                                 |          | \$250.00  |
|    | Contributor address; City; State; Zip Code                          |   |                        |                                 | •        |   |
|    | Contributor's I   | Brenham, TX 77833 Principal Occupation                                  |                        | Contributor's Job Title         | <u> </u> |   |
|    | retired   | incipal occupation  |                        | retired                         |          |   |
|    | Contributor's employer/law firm  Law firm of contributor's s        |   |                        |                                 |          | se (if any)                                       |
|    | retired   | •   |                        |                                 |          | ` ',  |
|    | If contributor is   | s a child, law firm of parent(s) (if                                    | any)                   | 1                               |          |   |
|    |   |   |                        |                                 |          |   |

|                       | 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:<br>Sch: 4/6 Rpt: 7/15 |
| 2                     | FILER NAME   | Tonyo (Mro.)                                 |                        |                              | 3    | Filer ID (Ethics Commission Filers)               |
| Ļ                     |  | Tonya (Mrs.)  5 Full name of contributor     | out-of-state PAC (ID#: |                              | Ļ    | 00085916  |
| 4                     | Date<br>07/18/2024   | 6 Contributor address; City; State; Zip Code |                        |                              |      | Amount of Contribution (\$) \$100.00              |
|                       |  | Katy, TX 77493                               |                        |                              |      |   |
| 8                     |  | Principal Occupation                         |                        | 9 Contributor's Job Title    |      |   |
|                       | Attorney Attorney  |  |                        |                              |      |   |
| 10                    | Contributor's 6  | employer/law firm                            | oous                   | se (if any)                  |      |   |
| 12                    |  | s a child, law firm of parent(s) (i          | f anv)                 |                              |      |   |
|                       |  |  | ,,                     |                              |      |   |
|                       | Date   | Full name of contributor                     | out-of-state PAC (ID#: | )                            | Ι    | Amount of Contribution (\$)                       |
| 08/12/2024 Lanz, Skip |  |  |                        |                              |      | \$250.00  |
|                       | Contributor address; City; State; Zip Code                 |  |                        |                              |      |   |
|                       |  | Humble, TX 77396                             |                        |                              |      |   |
|                       | Contributor's Principal Occupation Contributor's Job Title |  |                        |                              |      |   |
|                       | attorney   |  |                        | attorney                     |      |   |
|                       | Contributor's e  | employer/law firm                            |                        | Law firm of contributor's sp | oous | se (if any)                                       |
|                       |  | 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 (\$)                       |
|                       | 09/25/2024   | Martin, Scott                                |                        |                              |      | \$1,000.00  |
|                       |  | Contributor address; City;                   | State; Zip Code        |                              |      |   |
|                       |  | Houston , TX 77057                           |                        |                              |      |   |
|                       | Contributor's I  | Principal Occupation                         |                        | Contributor's Job Title      |      |   |
|                       | retired retired  |  |                        |                              |      |   |
|                       |  | employer/law firm                            |                        | Law firm of contributor's sp | oous | se (if any)                                       |
|                       | n/a  |  |                        |                              |      |   |
|                       | If contributor is  | s a child, law firm of parent(s) (i          | f any)                 |                              |      |   |
| $\vdash$              |  |  |                        |                              |      |   |
|                       |  |  |                        |                              |      |   |
|                       |  |  |                        |                              |      |   |
|                       |  |  |                        |                              |      |   |
|                       |  |  |                        |                              |      |   |

|   | 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:<br>Sch: 5/6 Rpt: 8/15 |
| 2   | FILER NAME   | Tonya (Mrs.)  |                        |                                 | 3        | Filer ID (Ethics Commission Filers) 00085916      |
| 4   | Date 09/12/2024  | <ul> <li>5 Full name of contributor<br/>Middleton, Mayes</li> <li>6 Contributor address; City;</li> </ul> | out-of-state PAC (ID#: |                                 | 7        | Amount of Contribution (\$) \$1,000.00            |
|   |  | Galveston, TX 77550   |                        |                                 |          |   |
| 8   |  | Principal Occupation  |                        | 9 Contributor's Job Title       |          |   |
|   | oil and gas oil and gas  |   |                        |                                 |          |   |
| 10  | O Contributor's of Middleton O   | employer/law firm<br>il Company   | oous                   | se (if any)                     |          |   |
| 12  | If contributor is  | s a child, law firm of parent(s) (if  | any)                   | I                               |          |   |
| _   | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               |          | Amount of Contribution (\$)                       |
|   | 08/15/2024 Sutton, Francis  Contributor address; City; State; Zip Code |   |                        |                                 |          | \$333.33  |
|   |  | Baytown, TX 77521   |                        | T                               |          |   |
|   | retired  | Principal Occupation  |                        | Contributor's Job Title retired |          |   |
|   |  | employer/law firm   |                        | Law firm of contributor's sp    | 2011     | co (if any)                                       |
|   | n/a  | employemaw mm   |                        | Law IIIII of Continution 3 Sp   | Jou      | se (II dily)                                      |
|   | If contributor is  | s a child, law firm of parent(s) (if  | any)                   | I                               |          |   |
|   | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               |          | Amount of Contribution (\$)                       |
|   | 08/09/2024   | Tama, Lundquist   |                        |                                 |          | \$2,000.00  |
| Contributor address; City; State; Zip Code  Houston, TX 77019 |  |   |                        |                                 |          |   |
|   | Contributor's I  | Principal Occupation  |                        | Contributor's Job Title         | <u> </u> |   |
|   | retired retired  |   |                        |                                 |          |   |
|   | Contributor's  | employer/law firm   |                        | Law firm of contributor's sp    | oous     | se (if any)                                       |
|   | n/a  |   |                        |                                 |          |   |
|   | 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 1   | form.                        | 1    | Total pages Schedule A(J)1:<br>Sch: 6/6 Rpt: 9/15 |
| 2  | FILER NAME<br>McLaughlin,  | Tonya (Mrs.)                         |                        |                              | 3    | Filer ID (Ethics Commission Filers) 00085916      |
| 4  | Date  5 Full name of contributor out-of-state PAC (ID#:)  Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code  Houston, TX 77019 |                                      |                        |                              | 7    | Amount of Contribution (\$) \$5,000.00            |
|  |  | Houston, TX 77019                    |                        |                              |      |   |
| 8  | Contributor's I  | Principal Occupation                 |                        | 9 Contributor's Job Title    |      |   |
| 10   | Contributor's e  | employer/law firm                    | oous                   | se (if any)                  |      |   |
| 12   | 2 If contributor is  | s a child, law firm of parent(s) (if | any)                   |                              |      |   |
| F  | Date   | Full name of contributor             | out-of-state PAC (ID#: | )                            | T    | Amount of Contribution (\$)                       |
|  | 09/16/2024 Tom Ramsey Campaign  Contributor address; City; State; Zip Code   |                                      |                        |                              |      | \$3,000.00  |
|  |  | Houston, TX 77255                    |                        |                              |      |   |
|  | Contributor's I  | Principal Occupation                 |                        | 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) (if | any)                   | L                            |      |   |
|  | Date   | Full name of contributor             | out-of-state PAC (ID#: | )                            |      | Amount of Contribution (\$)                       |
|  | 08/21/2024   | Wozniak, Joseph                      | _                      |                              | l    | \$100.00  |
| Contributor address; City; State; Zip Code  Richmond, TX 77406 |  |                                      |                        |                              | •    |   |
| -  | Contributor's I  | IPrincipal Occupation                |                        | Contributor's Job Title      |      |   |
|  | n/a  | molpai Godapation                    |                        | n/a                          |      |   |
|  | Contributor's  | employer/law firm                    |                        | Law firm of contributor's sp | oous | se (if any)                                       |
|  | n/a  |                                      |                        |                              |      |   |
|  | If contributor is  | s a child, law firm of parent(s) (if | any)                   |                              |      |   |
|  |  |                                      |                        |                              |      |   |

#### SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foot Contributions/ Donations Made By - Gift/

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

|   | Candidate/Officeholder/Politica<br>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: 1/5 Rpt: 10/15                                    | McLaughlin, Tonya (Mrs.) 00085916   |
| 4 | Date   | 5 Payee name  |
|   | 07/01/2024   | Bank of America   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$16.00  | 3811 Washington Avenue  |
|   |  |   |
|   |  | Houston, TX 77007   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense banking fees   |
|   |  | bulling 1000  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ | expenditure to benefit C/O                             |   |
| - | Date   | Payee name  |
|   | 09/03/2024   | Bank of America   |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$16.00  | 3811 Washington Avenue  |
|   |  |   |
|   |  | Houston, TX 77007   |
|   | PURPOSE<br>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 banking fees   |
|   |  | bulling roos  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| - | Date   | Payee name  |
|   | 09/23/2024   | Payee name<br>Campaign Partners LLC   |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | P.O. Box 655  |
|   |  |   |
|   |  | Bellaire, TX 77402  |
|   | PURPOSE<br>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                                   |
|   |  | Consulting  |
|   |  | Consulting  |
| _ | 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
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 cor   | plete this form       | ı.  |               |
|--|---|-----------------------|---|---------------|
| , -  | 2 FILER NAME  |                       | 3 Filer ID (Ethics Commis   | ssion Filers) |
| Sch: 2/5 Rpt: 11/15  | McLaughlin, Tonya (Mrs.)  |                       | 00085916  |               |
| 4 Date   | 5 Payee name  |                       |   |               |
| 08/19/2024   | Fort Bend Republican Party  |                       |   |               |
| 6 Amount (\$)<br>\$5,000.00                                  | 7 Payee address; City; State; Zip Col<br>P.O. Box 461                                 | е                     |   |               |
| \$3,000.00   | P.O. BOX 401  |                       |   |               |
|  | Sugar Land, TX 77487  |                       |   |               |
| 8 PURPOSE  | <u> </u>  | b) Description        | <u> </u>  |               |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense |                       | ravel outside of Texas. Complete Schedule T.  |               |
| EXPENDITURE  | σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ   |                       | Austin, TX, officeholder living expense   |               |
|  |   | joint judic           | ial campaign  |               |
| 9 Complete ONLY if direct                                    | Candidate/Officeholder name Office sour   | ht                    | Office held   |               |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   | III                   | Office field  |               |
| Date   | Payee name  |                       |   |               |
| 09/23/2024   | Harris County Republican Party  |                       |   |               |
| Amount (\$)  | Payee address; City; State; Zip Coo   | е                     |   |               |
| \$5,000.00   | 8588 Katy FWY   | ·                     |   |               |
| 70,00000   | Suite 445   |                       |   |               |
|  | Houston, TX 77024   |                       |   |               |
| PURPOSE  |   | <b>b)</b> Description | n   |               |
| OF   | Advertising Expense   |                       | ravel outside of Texas. Complete Schedule T.  |               |
| EXPENDITURE  | ,   |                       | Austin, TX, officeholder living expense   |               |
|  |   | Advertisir            | ng  |               |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sou  | ht                    | Office held   |               |
| expenditure to benefit C/OI                                  |   |                       |   |               |
| Date   | Payee name  |                       |   |               |
| 07/18/2024   | Raise The Money   |                       |   |               |
| Amount (\$)  | Payee address; City; State; Zip Coo   | e                     |   |               |
| \$5.15   | P.O. Box 26466  |                       |   |               |
|  |   |                       |   |               |
|  | Little Rock, AR 72221   |                       |   |               |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule)                      | b) Description        |   |               |
| OF<br>EXPENDITURE  | Fees  |                       | ravel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense |               |
|  |   | ш                     | nation fee  |               |
|  |   |                       |   |               |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sou  | ht                    | Office held   |               |
| expenditure to benefit C/OI                                  | 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 complete this                               | form.  |
|---|-----------------------------|---|--|
| 1 | . •                         | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 3/5 Rpt: 12/15         | McLaughlin, Tonya (Mrs.)  | 00085916   |
| 4 | Date                        | 5 Payee name  |  |
|   | 08/09/2024                  | Raise The Money   |  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  |  |
|   | \$98.25                     | P.O. Box 26466  |  |
|   |                             |   |  |
|   |                             | Little Rock, AR 72221   |  |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Descri       | iption   |
|   | OF<br>EXPENDITURE           | Fees  | eck if travel outside of Texas. Complete Schedule T.   |
|   | -                           |   | eck if Austin, TX, officeholder living expense<br>e donation fee                                       |
|   |                             | Offiliti  | e donation ree   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/OI |   | Office field   |
| H | Data                        |   |  |
|   | Date<br>08/12/2024          | Payee name  |  |
|   |                             | Raise The Money   |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |  |
|   | \$12.50                     | P.O. Box 26466  |  |
|   |                             |   |  |
|   |                             | Little Rock, AR 72221   |  |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule) (b) Descr        | ·  |
|   | EXPENDITURE                 | 1 003   | eck if travel outside of Texas. Complete Schedule T.<br>eck if Austin, TX, officeholder living expense |
|   |                             |   | e donation fee   |
|   |                             |   |  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/OI |   |  |
| Н | Date                        | Payee name  |  |
|   | 08/19/2024                  | Raise The Money   |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |  |
|   | \$2.70                      | P.O. Box 26466  |  |
|   | <b>42</b>                   | . 10. 20. 20 100  |  |
|   |                             | Little Rock, AR 72221   |  |
|   | DUDDOCE                     |   |  |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Descr | IPTION eck if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE                 | 1 003   | eck if Austin, TX, officeholder living expense   |
|   |                             | online  | e donation fee   |
|   |                             |   |  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/OI | 1   |  |
|   |                             |   |  |
|   |                             |   |  |
| 1 |                             |   |  |

#### 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 Travel in District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | mittee L        | Gift/Awards/Memorials<br>Legal Services<br>The Instruction Gu | •                   |              | ages     | /Contract Labor |        | Travel Out of Dis<br>OTHER (enter a     | strict<br>category not listed abo | ve)         |
|---|--|----------|-----------------|---|---------------------|--------------|----------|-----------------|--------|---|-----------------------------------|-------------|
| 1 | Total pages Schedule F1:   | 2 '      |                 |   | <u> </u>            |              | _        | -               | 3      | Filer ID                                | (Ethics Commission                | n Filers\   |
| - | Sch: 4/5 Rpt: 13/15  | l        |                 | Tonya (Mrs.)  |                     |              |          |                 | 3      | 00085916                                | (Lunes Commission                 | on i liers) |
| 4 | Date   | 5        | Payee name      |   |                     |              |          |                 |        |   |                                   |             |
|   | 08/21/2024   |          | Raise The M     | oney  |                     |              |          |                 |        |   |                                   |             |
| 6 | Amount (\$)  | 7        | Payee addres    | s; City;  | State;              | Zip Cod      | de       |                 |        |   |                                   |             |
|   | \$5.15   |          | P.O. Box 264    | 166   |                     |              |          |                 |        |   |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   |  |          | Little Rock, A  | AR 72221  |                     |              |          |                 |        |   |                                   |             |
| 8 | PURPOSE  | (a) (    | Category (See   | Categories listed at t  | ne top of this sche | edule)       | (b)      | Description     |        |   |                                   |             |
|   | OF<br>EXPENDITURE  |          | Fees            |   |                     |              |          | <b>=</b>        |        |   | plete Schedule T.                 |             |
|   | ZA ZADITORZ  |          |                 |   |                     |              |          | <b>—</b>        |        | officeholder living                     | g expense                         |             |
|   |  |          |                 |   |                     |              |          | online donation | ו וזכ  | ee                                      |                                   |             |
| _ | Complete ONLY if alice -t  | <u> </u> | andidata/Off: - | oboldor /a a ra   |                     | office assis | <u>.</u> |                 |        | Office                                  | ald.                              |             |
| 9 | Complete ONLY if direct expenditure to benefit C/O   |          | andidate/Offic  | enolaer name  | 0                   | office soug  | ınt      |                 |        | Office he                               | eid                               |             |
| _ | ·<br>  | <u> </u> |                 |   |                     |              |          |                 |        |   |                                   |             |
|   | Date   | l        | Payee name      |   |                     |              |          |                 |        |   |                                   |             |
|   | 09/05/2024   |          | Raise The M     | oney  |                     |              |          |                 |        |   |                                   |             |
|   | Amount (\$)  |          | Payee addres    | s; City;  | State;              | Zip Coo      | de       |                 |        |   |                                   |             |
|   | \$5.15   |          | P.O. Box 264    | 166   |                     |              |          |                 |        |   |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   |  | l        | Little Rock, A  | AR 72221  |                     |              |          |                 |        |   |                                   |             |
|   | PURPOSE<br>OF  | (a) (    | Category (See   | Categories listed at t  | ne top of this sche | edule)       | (b)      | Description     |        |   |                                   |             |
|   | EXPENDITURE  |          | Fees            |   |                     |              |          | <b>=</b>        |        | de of Texas. Com<br>officeholder living | plete Schedule T.                 |             |
|   |  |          |                 |   |                     |              |          | online donation |        |   | у ехрепзе                         |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   | Complete ONLY if direct  | C        | andidate/Offic  | eholder name  | 0                   | office soug  | ght      |                 |        | Office he                               | eld                               |             |
|   | expenditure to benefit C/OI  | Н        |                 |   |                     |              |          |                 |        |   |                                   |             |
|   | Date   |          | Payee name      |   |                     |              |          |                 |        |   |                                   |             |
|   | 09/12/2024   |          | Raise The M     | oney  |                     |              |          |                 |        |   |                                   |             |
|   | Amount (\$)  |          | Payee addres    | s; City;  | State;              | Zip Cod      | de       |                 |        |   |                                   |             |
|   | \$49.25  |          | P.O. Box 264    | 466   |                     |              |          |                 |        |   |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   |  | ı        | Little Rock, A  | AR 72221  |                     |              |          |                 |        |   |                                   |             |
|   | PURPOSE<br>OF  | l        |                 | Categories listed at t  | ne top of this sche | edule)       | (b)      | Description     |        |   |                                   |             |
|   | EXPENDITURE  |          | Fees            |   |                     |              |          | ш               |        | de of Texas. Com<br>officeholder living | plete Schedule T.                 |             |
|   |  |          |                 |   |                     |              |          | online donation |        | _                                       | j expense                         |             |
|   |  |          |                 |   |                     |              |          | ormic donalic   | J. 1 1 |   |                                   |             |
|   | Complete ONLY if direct  | C:       | andidate/Offic  | eholder name  | <u> </u>            | office soug  | aht      |                 |        | Office he                               | eld                               |             |
|   | expenditure to benefit C/O   |          |                 |   | Ü                   | 0008         | ,        |                 |        | 200 110                                 |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |
|   |  |          |                 |   |                     |              |          |                 |        |   |                                   |             |

#### 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 Lenal Services 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
OTHER (order a category pet listed above)

|   | Credit Card Payment  The Instruction Guide explains how to complete this form.                              |  |                                  |
|---|---|--|----------------------------------|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Fil   | er ID (Ethics Commission Filers) |
|   | Sch: 5/5 Rpt: 14/15   |  | 0085916                          |
| 4 | Date  | 5 Payee name   |                                  |
|   | 09/19/2024  | Raise The Money  |                                  |
| 6 | Amount (\$) \$25.00   | 7 Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221     |                                  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |                                  |
|   | OF<br>EXPENDITURE   | Fees  Check if travel outside o  Check if Austin, TX, offic  online donation fee |                                  |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |  |                                  |
| Γ | Date  | Payee name   |                                  |
|   | 09/25/2024  | Raise The Money  |                                  |
|   | Amount (\$) Payee address; City; State; Zip Code  \$49.25 P.O. Box 26466  Little Rock, AR 72221             |  |                                  |
|   | PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description                    |  |                                  |
|   | OF<br>EXPENDITURE   |  |                                  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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 NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 15/15 McLaughlin, Tonya (Mrs.) 00085916 Date Payee name 09/22/2024 Aronson, Jennifer 6 Amount (\$) Payee address; City; State; Zip Code \$260.00 9643 Pagewood Ln Reimbursement from political contributions Х intended Houston, TX 77063 **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 Advertising Expense **EXPENDITURE** Ad Prep Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/22/2024 Kana, Kelly Amount (\$) Payee address; City; State; Zip Code \$120.00 3901 Bellaire Blvd Reimbursement from political contributions Χ Houston, TX 77025 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 Advertising Expense **EXPENDITURE** Ad Prep Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH