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) 00085325 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Debra E. NAME Date Received **ELECTRONICALLY FILED** 12/31/2024 NICKNAME LAST **SUFFIX** Debby Gunter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 7429 MAILING Receipt # Amount **ADDRESS** Change of Address Tyler, TX 75711 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Dawn NAME NICKNAME LAST **SUFFIX** Franks **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 3300 S. Broadway **ADDRESS** Ste. 200 (Residence or Business) Tyler, TX 75701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 617-6331 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 241

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Gunter, Debra E. (Th	e Honorable)	14 Filer ID 00085325	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
40 CONTRIBUTION	4 TOTAL INITEM	ZED DOUGLOAL CONTRIBUTIONS OF LEED THAN	N. D. EDOEG JOANG						
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	JS)	\$ 0.00					
EXPENDITURE TOTALS									
		\$ 756.50							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 14,017.52					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 7,500.00					
17 AFFIDAVIT									
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.							
		The Hon	orable Debra E. Gunt	er					
		Signature o	f Candidate or Officeho	lder					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath					
- J		and the second s		J					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 8
18 FILER NA Gunter, D	19 Filer ID 00085325	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
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	S	\$ 756.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAM	ИΕ				3	Filer ID	(Ethics Commission	n Filers)
L	Sch: 1/5 Rpt: 4/8	Gunter, D	ebra E. (The Honora	ble)				00085325		
4	Date	5 Payee nam	ne							
	08/08/2024	Cardwell	& Wansley							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode					
	\$266.50	314 South	n Broadway							
		Tyler, TX	75702							
8	PURPOSE OF	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	g Expense			=		ide of Texas. Com , officeholder living		
						Ethics Manag			g expense	
						Zunoo manag	,	10110		
9	Complete ONLY if direct	Candidate/C	officeholder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI				-9					
	Date	Payee nam	ne							
	07/08/2024	Digital Sk	yrocket							
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode					
	\$39.00	121 S Bro	adway Ave.							
		#776								
		Tyler, TX	75702							
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description				
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						_		, officeholder living	J expense	
						Website Man	ayı	emeni		
\vdash	Complete ONLY if direct	Candidate/C	officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee nam	ne							
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	Amount (\$)	Payee add	ress; City;	State; Zip C	ode					
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		Tyler, TX	75702							
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	expenditure to benefit C/OI		moonoidei flame	Office 300	agrit			Office He		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	mmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
_			The instruction Guide explain	is now to co	ilibie	te this form.	_					
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commiss	on Filers)		
	Sch: 2/5 Rpt: 5/8	Gunter, Debi	a E. (The Honorable)					00085325				
4	Date	5 Payee name										
	09/09/2024	Digital Skyro	cket									
6	Amount (\$)	7 Payee address	s; City; Stat	te; Zip Co	de							
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	Ψ00.00		way / wc.									
		#776										
		Tyler, TX 75	702									
8	PURPOSE	(a) Category (See	Categories listed at the top of this s	chedule)	(b)	Description						
	OF EXPENDITURE	Advertising E	Expense			_		ide of Texas. Comp				
						_		, officeholder living	expense			
						Website Man	age	ement				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght			Office he	eld			
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	Date	Payee name										
	10/08/2024	Digital Skyro	cket									
	Amount (\$)	Payee address	s; City; Stat	te; Zip Co	de							
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		Tyler, TX 75	702									
	PURPOSE OF	(a) Category (See	e Categories listed at the top of this s	chedule)	(b)	Description						
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	enolder name	Office sou	gnt			Office he	eia			
	Date	Payee name										
	11/08/2024	Digital Skyro	cket									
	Amount (\$)	Payee address	s; City; Stat	te; Zip Co	de							
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		Tyler, TX 75	702									
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	expenditure to benefit C/OI		enoluel name	Onice Sou	yııl			Onice ne	au			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 6/8	Gunter, Debra E. (The Honorable) 00085325
4	Date	5 Payee name
	12/09/2024	Digital Skyrocket
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.00	121 S Broadway Ave.
		#776
		Tyler, TX 75702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Website Management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/10/2024	Smith County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 8175
	Ψ200.00	1 .O. BOX 0170
		Tyler, TX 75711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Club Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	SouthSide Bank Service Charge
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	P.O. Box 1079
		Tyler, TX 75710-1079
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Bankree
	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 Commi

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

	Candidate/Officenoider/Politica 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: 4/5 Rpt: 7/8	Gunter, Debra E. (The Honorable) 00085325
4	Date	5 Payee name
	08/01/2024	SouthSide Bank Service Charge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	P.O. Box 1079
		Tyler, TX 75710-1079
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
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	Date	Payee name
	08/31/2024	SouthSide Bank Service Charge
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	P.O. Box 1079
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		Tyler, TX 75710-1079
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
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	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	P.O. Box 1079
		Tyles TV 75710 1070
		Tyler, TX 75710-1079
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Political Committee Credit Card Payment				Legal Service	es .			ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/8		Gunter, Deb		e Honora	able)					00085325	
4	Date	5	Payee name									
	11/01/2024		SouthSide E	Bank Serv	ice Char	ge						
6	Amount (\$) \$1.00		Payee addres P.O. Box 10 Tyler, TX 75	79		State;	Zip Coo	de				
8	PURPOSE	(a)	Category (Se	e Categories	listed at the to	op of this sched	dule)	(b)	Description			
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