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) 00062521 21 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Joseph Patrick NAME Date Received **ELECTRONICALLY FILED** 01/04/2025 NICKNAME LAST **SUFFIX** Pat Gallagher CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3600 Ridglea Country Club Dr. MAILING Amount Receipt # **ADDRESS** Change of Address Fort Worth, TX 76116 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Terri H. NAME NICKNAME LAST **SUFFIX** Gallagher **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 3600 Ridglea Country Club Dr. **ADDRESS** (Residence or Business) Fort Worth, TX 76116 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 808-2139 **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** Day Month Year Primary Runoff Other 11/05/2024

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

District Judge District 96 Tarrant

χ General

Special

12 OFFICE SOUGHT (if known)

District Judge

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Gallagher, Joseph Pa	atrick (The Honorab	le)	(Ethics Com	nmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates an	ficeholder's kn	owledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDR	ESS					
	SPECIFIC							
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS				
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CON	 NTRIBUTIONS(OTHER THAN	 N PLEDGES, LOANS	 S. T			
TOTALS	OR GUARANTE		ONTRIBUTIONS MADE ELE		\$	0.00		
		ICAL CONTRIBUTI PLEDGES, LOANS, C	\$	3,750.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXP	PENDITURES		\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITUR	RES		\$	7,949.05		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	61,646.11		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT								
		tru	swear, or affirm, under penalty ue and correct and includes a nder Title 15, Election Code.	y of perjury, that the a	accompanying d to be reporte	report is ed by me		
		_	The Honorable	e Joseph Patrick G	Sallagher			
			Signature of	Candidate or Officel	holder			
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	cribed before me, by the s	aid		, this the		day		
	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	cer administering oath	Printed name of	officer administering oath	Title of office	cer administer	ing oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER S	3 of 21
	R NAN	(Ethics Co	mmission Filers)		
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	7,949.05
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	350.02

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/21		
2	FILER NAME Gallagher, J	oseph Patrick (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00062521
4	Date 10/14/2024	5 Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$1,500.00
		Broomfield, CO 80021				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		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#:)	Τ	Amount of Contribution (\$)
	10/24/2024 Queenan, Kevin Contributor address; City; State; Zip Code					\$250.00
		Arlington, TX 76015		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Queenan La					
	If contributor is	s a child, law firm of parent(s) (i	tany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/30/2024	Sturm, Charles				\$2,000.00
		Contributor address; City; Houston, TX 77002		•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Sturm Law F	PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/16 Rpt: 5/21	2 FILER NAME Gallagher, Joseph Patrick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062521
┝		
4		5 Payee name
	12/11/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$625.55	PO Box 81226

		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Christmas gifts for judge collegues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	12/18/2024	Better Signs and Awards
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.37	100 E Bedford Euless Road
		11 - 1 TV 700F0
L		Hurst, TX 76053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Plaque for retiring court reporter
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
F	Date	Payee name
	11/25/2024	Buffalo Brothers
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.39	415 Throckmorton Street
		Fort Worth, TX 76102
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pizza for jurors
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	Complete ONLY if direct expenditure to benefit C/O	
L		

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 2/16 Rpt: 6/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	08/05/2024	Buffalo Brothers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.91	415 Throckmorton Street
		Fort Worth, TX 76102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting/luncheon
		otali mootalig/tanonoon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Power name
	07/01/2024	Payee name Buffalo Brothers
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.18	415 Throckmorton Street
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense luncheon
		luncheon
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Chicken Salad Chick
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.44	2600 West 7th Street
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		staff lunch
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 7/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	10/28/2024	Chriss, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	1414 Colorado, 4th Floor
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Book
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Cowtown Republican Women
	Amount (\$)	
	` '	
	\$300.00	P. O. BOX 470152
		Fort Worth, TX 76147
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	10/28/2024	Fort Worth Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	P. O. BOX 101613
	Ψ2-40.00	1. O. BOX 101013
		Fort Worth, TX 76185-1613
	DUDDOCE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Dues and luncheon
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense FOOT/Awards/Memorials Expense FOOT/Awards/Memorials Expense FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOOT/Awards/FOO	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis			
		The Instruction Guide explains ho	w to compl	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)		
	Sch: 4/16 Rpt: 8/21	Gallagher, Joseph Patrick (The Honorab	ile)			00062521			
4	Date	5 Payee name							
	12/02/2024	Google GSuite Account Service							
6	Amount (\$)	7 Payee address; City; State;	Zip Code					_	
	\$15.35	1600 Amphitheater Parkway							
		Mountain View, CA 94043							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b)	Description				-	
	OF EXPENDITURE	Office Overhead/Rental Expense				de of Texas. Com			
	EXI ENDITORE			_		officeholder living	g expense		
				email accoun	ι				
9	Complete ONLY if direct	Candidate/Officeholder name Off	ice sought			Office he	7ld	_	
3	expenditure to benefit C/O		ice sought			Office file	siu		
	Date	Payee name						=	
	11/04/2024	Google GSuite Account Service							
	Amount (\$)	Payee address; City; State;	Zip Code					-	
	\$15.35	1600 Amphitheater Parkway							
	, , ,	,							
		Mountain View, CA 94043							
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b)	Description				-	
	OF EXPENDITURE	Office Overhead/Rental Expense	,	Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense					
				email accoun	τ				
	Complete ONLY if direct	Candidate/Officeholder name Off	ice sought			Office he	old.	-	
	expenditure to benefit C/O		ice sought			Office file	siu		
	Date	Payee name						=	
	10/02/2024	Google GSuite Account Service							
	Amount (\$)	Payee address; City; State;	Zip Code					-	
	\$15.35	1600 Amphitheater Parkway							
		•							
		Mountain View, CA 94043							
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b)	Description				_	
	OF EXPENDITURE	Office Overhead/Rental Expense					plete Schedule T.		
	LXFENDITORE			ш		officeholder living	g expense		
				email accoun	τ				
	Complete CNUV'' "	Condidate Office Indiana				Off. :	- I - I	_	
	Complete ONLY if direct expenditure to benefit C/OH		ice sought			Office he	eiu		
								_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 9/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	09/03/2024	Google GSuite Account Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheater Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		email account
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheater Parkway
	Ψ13.33	1000 / Imprilaticater Fairway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email account
		email account
	On and the ONE Wife disease	One fields to 100% as hald as a second to 100% as hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	07/02/2024	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheater Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		email account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 6/16 Rpt: 10/21	2 FILER NAME Gallagher, Joseph Patrick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062521
4	Date 12/13/2024	5 Payee name Integris LLC (formerly Blue Jean Networks)
6	Amount (\$) \$27.07	7 Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense computer services and internet
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Integris LLC (formerly Blue Jean Networks)
	Amount (\$) \$33.12	Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense computer services and internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/18/2024	Payee name Integris LLC (formerly Blue Jean Networks)
	Amount (\$) \$27.07	Payee address; City; State; Zip Code 4055 International Plaze Suite 600 Fort Worth, TX 76109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense computer services and internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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 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: 7/16 Rpt: 11/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	10/25/2024	Integris LLC (formerly Blue Jean Networks)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.12	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		computer services and internet
		Comparer corvices and internet
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitie to benefit C/OI	'
	Date	Payee name
	10/16/2024	Integris LLC (formerly Blue Jean Networks)
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.07	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense computer services and internet
		computer services and internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Integris LLC (formerly Blue Jean Networks)
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.12	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		computer services and internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	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: 8/16 Rpt: 12/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	09/16/2024	Integris LLC (formerly Blue Jean Networks)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.07	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		computer services and internet
		Sompator sorvices and internet
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u> </u>
	Date	Payee name
	08/30/2024	Integris LLC (formerly Blue Jean Networks)
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.12	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		computer services and internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/16/2024	Integris LLC (formerly Blue Jean Networks)
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.07	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		computer services and internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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/Politica 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		mmittee	Legal Services			/ages	/Contract Labor			ER (enter a	a category not	listed above)	
				The Instruction G	uide explains	how to co	mple	te this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	File	r ID	(Ethics Co	ommission Filers)	
	Sch: 9/16 Rpt: 13/21		Gallagher, 3	loseph Patrick	(The Honor	able)				000	62521			
4	Date	5	Payee name											
	07/26/2024		Integris LLC	(formerly Blue	e Jean Netw	orks)								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de							
	\$33.12		4055 Interna	ational Plaze										
			Suite 600											
			Fort Worth,	TX 76109										
8	PURPOSE	(a)		ee Categories listed at	the ten of this col	hodulo)	(b)	Description						_
	OF	(-,		nead/Rental Ex		neuule)	(- ,	Check if travel	outsi	ide of	Гехаs. Con	nplete Schedu	le T.	
	EXPENDITURE		000		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Check if Austin	ı, TX,	, office	holder livin	g expense		
								computer ser	vic	es a	nd inter	rnet		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght				Office h	eld		
	expenditure to benefit C/O	1												
	Date		Payee name											
	07/16/2024		Integris LLC	(formerly Blue	e Jean Netw	orks)								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de							
	\$27.07		4055 Intern	ational Plaze										
			Suite 600											
			Fort Worth,	TX 76109										
	PURPOSE	(a)	Category (se	ee Categories listed at	the ten of this sel	hodulo)	(b)	Description						
	OF	()		nead/Rental Ex		neuule)	(- ,	Check if travel	outsi	ide of	Гехаs. Con	nplete Schedu	le T.	
	EXPENDITURE		000		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Check if Austin	, TX,	, office	holder livin	g expense		
								computer ser	vic	es a	nd inter	rnet		
	Complete ONLY if direct		Candidate/Offi	ceholder name	•	Office sou	ght				Office h	eld		
	expenditure to benefit C/OI	'												
	Date		Payee name											
	07/05/2024		Integris LLC	(formerly Blue	Jean Netw	orks)								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de							
	\$33.12		4055 Interna	ational Plaze										
			Suite 600											
			Fort Worth,	TX 76109										
	PURPOSE	(a)	Category (s)	ee Categories listed at	the ten of this col	hodulo)	(b)	Description						
	OF	(-,	•	nead/Rental Ex		nedule)	(~)	Check if travel	outsi	ide of	Гехаs. Con	nplete Schedu	le T.	
	EXPENDITURE		011100 0 001	road/refract E/	фоноо			Check if Austin	ı, TX,	, office	holder livin	g expense		
								computer ser	vic	es a	nd inter	rnet		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght				Office h	eld		
	experiorale to belieff C/Of	•												

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mei

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expens
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	·	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/16 Rpt: 14/21	Gallagher, Joseph Patrick (The Honorable) 00062521			
4	Date	5 Payee name			
	12/19/2024	Lili's Bistro			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$445.58	1310 West Magnolia			
		Fort Worth, TX 76104			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense			
		Staff Christmas luncheon			
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	12/09/2024	Metroplex Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$90.00	3020 Everest Drive			
		Bedford, TX 76021			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense			
	LAI LINDITURE	Check if Austin, TX, officeholder living expense			
		Christmas luncheon			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Oracide to borionic O/O1				
	Date	Payee name			
	09/23/2024	Metroplex Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$395.00	3020 Everest Drive			
		Bedford, TX 76021			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	LAI LINDITURE	Candidate/Officeholder/Political Committee			
		sponsorship of event			
	0 1. 0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 15/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	09/23/2024	Metroplex Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	3020 Everest Drive
		Bedford, TX 76021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		participant
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2024	O'Hare, Tim
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	100 East Weatherford
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Holiday Event
		Holiday Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	07/01/2024	Pizza Hut
	Amount (\$)	
	\$70.08	Payee address; City; State; Zip Code 4640 Camp Bowie Blvd
	Ψ10.00	4040 Camp Bowle Blvd
		Fort Worth, TV 76107
		Fort Worth, TX 76107
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		pizza for jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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: 12/16 Rpt: 16/21	Gallagher, Joseph Patrick (The Honorable) 00062521			
4	Date	5 Payee name			
	11/20/2024	Prince Lebanese Grill			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$185.00	502 W Randol Mill Road			
		Arlington, TX 76011			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense			
		Friendsgiving for court staff			
Ļ					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experientere to benefit over				
	Date	Payee name			
	11/01/2024	Raise the Money			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$78.25	P. O. Box 26466			
		Little Rock , AR 72221			
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	`		
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		transaction fees			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH					
H	Date	Payee name	=		
	10/28/2024	Raise the Money			
<u> </u>		·	_		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	P. O. Box 26466	ſ		
			ĺ		
		Little Rock , AR 72221			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		transaction fees	ĺ		
			_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	ĺ		
	experience to benefit C/Of				

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens /Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	ı			<u></u>				3	Filer ID	(Ethics Commission Filers	s)
L	Sch: 13/16 Rpt: 17/21		Gallagher, J	loseph Patrick (The Honora	ıble)				00062521		
4	Date	5	Payee name									
	12/04/2024		Securlock F	ort Worth								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode					
	\$144.00		3500 Riverb	end Blvd								
L			Fort Worth,	TX 76116								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	oense			=		de of Texas. Com		
								storage	, IX,	officeholder living	expense	
								-10. ago				
9	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O						J					
T	Date		Payee name									
	11/04/2024		Securlock F	ort Worth								
	Amount (\$)	\vdash	Payee addres	ss; City;	State;	Zip C	ode					
	\$144.00	ı	3500 Riverbend Blvd									
			Fort Worth,	TX 76116								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp		,		-		de of Texas. Com		
LXI LINDITORE								ш	, TX,	officeholder living	expense	
								storage				
Complete ONLY if direct			andidate/Offi	ceholder name		Office so	l uaht			Office he	eld	
expenditure to benefit C/OF							9			200 110	· -	
-	Date		Payee name									
	10/02/2024		Securlock F	ort Worth								
	Amount (\$)	_	Payee addres		State:	Zip C	ode					
	\$144.00	ı	3500 Riverb		Jiaie,	_ip	540					
	Ψ1-1-1.00											
			Fort Worth,	TX 76116								
	PURPOSE			ee Categories listed at t	ho ton of this ast	odulo)	(b)	Description				
	OF			nead/Rental Exp		euuie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		22.311		· - -				, TX,	officeholder living	expense	
								storage				
	0 1 0 0 0 0 0 0	L			_		<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office so	ught			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a extension pat listed above)

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 14/16 Rpt: 18/21	Gallagher, Joseph Patrick (The Honorable) 00062521		
4	Date	5 Payee name		
	09/05/2024	Securlock Fort Worth		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$144.00	3500 Riverbend Blvd		
		Fort Worth, TX 76116		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Storage		
		Storage		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
5	expenditure to benefit C/O			
_	Date	Dayso nama		
	08/05/2024	Payee name Securlock Fort Worth		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$144.00	3500 Riverbend Blvd		
		Fort Worth, TX 76116		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		storage		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/02/2024	Securlock Fort Worth		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$144.00	3500 Riverbend Blvd		
		Fort Worth, TX 76116		
	PURPOSE			
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		storage		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	'		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list	ed above)			
ᆫ	· 	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)			
	Sch: 15/16 Rpt: 19/21	Gallagher, Joseph Patrick (The Honorable) 00062521				
4	Date	5 Payee name				
	12/18/2024	Target				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$696.00	751 Altamere				
		Fort Worth, TX 76116				
8	PURPOSE					
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule	Г.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Christmas gift cards for staff				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	OH .				
	Date	Payee name				
	11/20/2024	Tarrant County Bar Association				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$52.00	1315 Calhoun Street				
		Fort Worth, TX 76102				
H	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule) Fivent Expense (b) Description Check if travel outside of Texas. Complete Schedule	Г.			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule To Check if Austin, TX, officeholder living expense				
		Membership luncheon				
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	DH .				
F	Date	Payee name				
	11/01/2024	Tarrant County Bar Association				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.00					
		Fort Worth, TX 76102				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule	Г.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		annual dues				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	DH				
H						
1						

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHED Control of Cathery a cathery net listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
	Sch: 16/16 Rpt: 20/21	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	10/07/2024	Tarrant County Bar Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1315 Calhoun Street
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	10/11/2024	Tarrant County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00		201 N Rupert Street, Suite 117
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Texas Association of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.06	1700 Guadalupe Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Wembership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/21 2 FILER NAME Filer ID (Ethics Commission Filers) Gallagher, Joseph Patrick (The Honorable) 00062521 8 Amount (\$) 5 Name of person from whom amount is received 07/05/2024 Texas Center for the Judiciary \$350.00 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Refund Unused Conf. Fee Amount (\$) Name of person from whom amount is received Date 11/29/2024 Wells Fargo \$0.02 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76102 Purpose for which amount is received Check if political contribution returned to filer interest on bank account