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) 00080315 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David M. NAME Date Received **ELECTRONICALLY FILED** 01/13/2025 NICKNAME LAST **SUFFIX** Mike Wallach CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3951 Spring Garden Dr. MAILING Receipt # Amount **ADDRESS** Change of Address Colleyville, TX 76034 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Donald W. NAME NICKNAME LAST **SUFFIX** Bill Delong **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 3100 Glen Dale **ADDRESS** (Residence or Business) Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 905-7723 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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

ELECTION DATE

Year

Court Of Appeals, Justice Place 6 District 2

Day

11/05/2024

OFFICE HELD (if any)

Month

10 ELECTION

11 OFFICE

Primary

χ General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice

Other

Runoff

Special

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Wallach, David M. (T	14 Filer ID (00080315	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00					
EXPENDITURE TOTALS	PENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES								
		\$ 17,459.98							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 8,347.17					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 32,602.05					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	companying report is to be reported by me					
		The Hono	rable David M. Walla	ch					
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid	, this the	day					
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 23								
18 FILER NAM		19 Filer ID	(Ethics Commission Filers)								
Wallach, D	David M. (The Honorable)	00080315									
	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE										
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	\$ 10,980.10								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,142.54								
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,337.34								
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 I TO FILER	RETURNED	\$ 4.68								

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 4/23	Wallach, David M. (The Honorable)	00080315
4 Date	5 Payee name	<u>'</u>
09/12/2024	Donut Palace	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$54.88	101 West Glade Rd.	
	Euless, TX 76039	
8 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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Court staff breakfast
O O O O O O O O O O O O O O O O O O O	Oscalidate (Office helder game)	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
09/24/2024	Fort Worth Republican Women's Club	
Amount (\$)	Payee address; City; State; Zip C	Code
\$100.00	306 West 7th Street	
	Fort Worth, TX 76102	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship Fee
		Special Conference of the Conf
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/O		
Date	Payee name	
09/24/2024	Fort Worth Republican Women's Club	
Amount (\$)	Payee address; City; State; Zip C	`nde
\$31.00	306 West 7th Street	
Ψ01.00	See West var Saest	
	Fort Worth, TX 76102	
DUDDOOF.		las -
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	Advertising Expense	Check if Austin, TX, officeholder living expense
		Political luncheon
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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: 2/9 Rpt: 5/23	Wallach, David M. (The Honorable) 00080315
4	Date	5 Payee name
l	08/06/2024	Fort Worth eMedia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$847.42	P.O. Box 40543
l		
l		Fort Worth, TX 76140
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		Web Marketing
Ļ	Commists ONII V if direct	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
l	Date	Payee name
┕	07/16/2024	Frost Bank
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$5.00	9001 Airport Freeway
l		
L		N. Richland Hills, TX 76180
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Bank fee
l		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
F	Date	Payee name
l	07/19/2024	Hailey, Barbara (Mrs.)
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$250.00	3934 Spring Garden Lane
l		
l		Colleyville, TX 76034
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political sign disposal
\vdash	Complete ONE V if dies -t	Candidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/Ol	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 Gift/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

l	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 3/9 Rpt: 6/23	Wallach, David M. (The Honorable)	00080315
4	Date	5 Payee name	
	07/26/2024	Istanbul Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$46.86	401 Throckmorton Street	
l			
		Fort Worth, TX 76102	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	nn
ľ	OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Staff Birt	hday lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
l	Date	Payee name	
	10/08/2024	Moslah Shriners	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1100 Henderson St.	
		Fort Worth, TX 76102-4583	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	7 Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Advertisi	
		,	9
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI		
F	Date	Payee name	
l	11/01/2024	Tarrant County Bar Foundation	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$120.00	1315 Calhoun Street	
		Fort Worth, TX 76102	
L	PURPOSE		on.
l	OF	, , , , , , , , , , , , , , , , , , ,	travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Austin, TX, officeholder living expense
l		Charitab	le Contribution
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to benefit C/OI		

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 7/23	Wallach, David M. (The Honorable)	00080315
1 Date	5 Payee name	<u> </u>
09/12/2024	U.S. Post Office	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$21.90	1501 Hall Johnson Rd.	
	Colleyville, TX 76034	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experianci to borioni 0/0	··	
Date	Payee name	
12/16/2024	U.S. Post Office	
Amount (\$)	Payee address; City; State; Zip C	Code
\$65.70	1501 Hall Johnson Rd.	
	Colleyville, TX 76034	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Postage
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		ought Office field
Date	Payee name	
11/05/2024	Wallach J.D., D. Michael (Judge)	
Amount (\$)	Payee address; City; State; Zip C	Code
\$75.00	3951 Spring Garden Dr.	
	Colleyville, TX 76034	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made fror
		personal funds on 7/23/24
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		ought Office field

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/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: 5/9 Rpt: 8/23	Wallach, David M. (The Honorable) 00080315
4	Date	5 Payee name
	11/25/2024	Wallach J.D., D. Michael (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	3951 Spring Garden Dr.
	l	
		Colleyville, TX 76034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	Reimbursement for political expenditure made from
	l	personal funds on 9/13/24
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 11/15/2024	Payee name Wallach J.D., D. Michael (Judge)
_		
	Amount (\$) \$75.00	Payee address; City; State; Zip Code
	φιο.υυ	3951 Spring Garden Dr.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	I	Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made from
	l	personal funds on 10/11/24
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	11/05/2024	Wallach J.D., D. Michael (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.33	3951 Spring Garden Dr.
	- 1	
		Colleyville, TX 76034
	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
	1	Reimbursement for Officeholder expense made from
	1	personal funds on 10/10/24
	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/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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 9/23	Wallach, David M. (The Honorable)	00080315
4	Date	5 Payee name	
	11/05/2024	Wallach J.D., D. Michael (Judge)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.19	3951 Spring Garden Dr.	
		Colleyville, TX 76034	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	OF EXPENDITURE	1 1 665	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		I — I —	ursement for Officeholder expense made from
			al funds on 10/20/24
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide Held
⊨	Date	Dougo nama	
	08/23/2024	Payee name Wallach 1 D. D. Michael (Judge)	
		Wallach J.D., D. Michael (Judge)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,040.00	3951 Spring Garden Dr.	
		Colleyville, TX 76034	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE	1 1 663	x if travel outside of Texas. Complete Schedule T.
			rif Austin, TX, officeholder living expense cursement for Officeholder expense made from
			al funds on 8/23/24
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
	Data	D	
	Date 11/05/2024	Payee name Wallach 1 D. D. Michael (Judge)	
		Wallach J.D., D. Michael (Judge)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.50	3951 Spring Garden Dr.	
		Colleyville, TX 76034	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE	1 1 663	x if travel outside of Texas. Complete Schedule T.
	-		of Austin, TX, officeholder living expense cursement for Officeholder expense made from
			al funds on 10/16/24
	Complete ONL V if direct	Candidate/Officeholder name Office country	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office field
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment		e Lega	al Services Instruction Gu			/ages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILEI	R NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/9 Rpt: 10/23	l	ach, David	M. (The Hor	norable)					00080315	
4	Date	5 Paye	e name								
	11/05/2024	Wall	ach J.D., E). Michael (Ju	ıdge)						
6	Amount (\$)	7 Paye	e address;	City;	State;	Zip Co	de				
	\$13.50	3951	1 Spring G	arden Dr.							
		Colle	eyville, TX	76034							
8	PURPOSE	(a) Cate	gory (See Ca	ategories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fees	S					=		de of Texas. Com	
								ш		officeholder living	older expense made fron
								personal fund			naci expense made non
_	Operation ONLY if allowed	0	-1-+-10#:1-	-1-1		Vec:	4	'			-1-1
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officeh	older name	O	Office sou	gnt			Office he	eid
	Date	l ´	e name								
	11/05/2024	Wall	ach J.D., E). Michael (Ju	ıdge)						
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de				
	\$28.96	3951	1 Spring G	arden Dr.							
		Colle	eyville, TX	76034							
	PURPOSE	(a) Cate	gory (See Ca	ategories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Food	d/Beverage	Expense				=		de of Texas. Com	
										officeholder living	
								personal fund			older expense made fron
_	Complete ONLY if direct	Candio	date/Officeh	older name		Office sou	aht			Office he	7l4
	expenditure to benefit C/OI		aate/Omeen	older ridirie	Ŭ	mee sou	giit			Omice no	Sid
_	Data										
	Date	1 1	e name	Michael (1)	ıdao)						
	11/05/2024). Michael (Ju							
	Amount (\$)	l ´	e address;	City;	State;	Zip Co	de				
	\$254.98	3951	1 Spring G	arden Dr.							
		Colle	eyville, TX	76034							
	PURPOSE	(a) Cate	gory (See Ca	ategories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fees	S					ш		de of Texas. Com	
								ш		officeholder living	g expense Ilder expense made fron
								personal fund			nder expense made non
\vdash	Complete ONLY if direct	Candid	date/Officeh	older namo		Office sou	aht			Office he	<u></u>
	expenditure to benefit C/OI		uale/OIIICEII	oluci IIdilic	O	vince sou	grit			Office He	Jiu

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

	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: 8/9 Rpt: 11/23	Wallach, David M. (The Honorable) 00080315
4	Date	5 Payee name
	11/16/2024	Wallach J.D., D. Michael (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.28	3951 Spring Garden Dr.
		Colleyville, TX 76034
8	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 Reimbursement for Officeholder expense made from
		personal funds on 11/14/24
Ļ	0 1: 0.11.7.7.1	<u>'</u>
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Wallach J.D., D. Michael (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,593.60	3951 Spring Garden Dr.
	+=,000.00	
		Collegaille, TV 76024
		Colleyville, TX 76034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Officeholder expense made from
		personal funds on 11/22/24
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/16/2024	Wallach J.D., D. Michael (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3951 Spring Garden Dr.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Partial loan reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 6/01	•

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/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter	a category not listed above)
	·			The Instruction G	uide explains	how to cor	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 12/23		Wallach, Da	vid M. (The Ho	norable)					00080315	
4	Date	5	Payee name								
	12/16/2024		Wallach J.D	., D. Michael (J	udge)						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$100.00		3951 Spring	Garden Dr.							
			Colleyville, 7	ΓX 76034							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ment/Reimburs		,		Check if travel of	outsio	de of Texas. Co	mplete Schedule T.
	EXPENDITORE							Check if Austin,			
								Partial Loan F	Reir	mburseme	nt
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld
	experiulture to beliefit C/O										
	Date		Payee name								
	12/24/2024		Wallach J.D	., D. Michael (J	udge)						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$500.00		3951 Spring	Garden Dr.							
			Colleyville, 7	TX 76034							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sch	nedule)	(b)	Description			
	OF			ment/Reimburs		loudio)		·	outsio	de of Texas. Co	mplete Schedule T.
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ng expense
								Partial Loan F	Reir	mburseme	nt
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/O	1									

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)				
Sch: 1/3 Rpt: 13/23	Wallach, David M. ((The Honorable)		00080315					
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issuer 07/23/2024 07/23/2024	r Paid					
7 PAYEE	(a) Payee name Additional Self Store	age	(b) Payee address; City, State, Zip Code 1801 Industrial Blvd.						
0 DUDDOCE OF	(a) Category		Colleyville, TX 76034-579 (b) Description	4					
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Political sign storage						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issuer 08/13/2024 07/23/2024 2		24				
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code				
	Additional Self Store	age	1801 Industrial Blvd.						
			Colleyville, TX 76034-579	4					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Political sign storage						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living evnence					
Complete ONLY if direct	Candidate/Officeholder	·	Check if Austin, TX, officeholder living expense Ce sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer 10/11/2024	r Paid					
PAYEE	(a) Payee name Additional Self Storage		(b) Payee address; 1801 Industrial Blvd. Colleyville, TX 76034-579	City, State	, Zip Code				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description Political sign storage						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	•	ruction Guide explains how	to complete thi		THER (enter a catego	ory not listed a	oove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/3 Rpt: 14/23	Wallach, David M. ((The Honorable)			00080315		,
4 CREDIT CARD ISSUER		ncial institution bank	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$254.98	(b) Date of Charge 07/07/2024	(c) Date(s) C 08/23/2024	redit Card Issue 1	r Paid		
7 PAYEE	(a) Payee name Allianz Global Assis	stance	(b) Payee ac P.O. Box 7	1533	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		Richmond, (b) Description				
EXPENDITURE X Political	(See Categories listed at the top		er travel insurar	nce			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$28.96	(b) Date of Charge 10/22/2024	(c) Date(s) C 10/23/2024	redit Card Issuel 1	Paid		
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Donut Palace		101 West 0	Glade Rd.			
			Euless, TX	76039			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Description Court Staff				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	•	Office held		
PAYMENT	(a) Amount Charged \$1,593.60	(b) Date of Charge 11/22/2024	(c) Date(s) C	redit Card Issuel	r Paid		
PAYEE	(a) Payee name American Airlines		(b) Payee ac 4333 Amor	Carter Blvd.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description				
Non-Political	(c) X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beve Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equip Travel in District Travel Out of District OTHER (enter a cate			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)	
Sch: 3/3 Rpt: 15/23	Wallach, David M. (The Honorable)		00080315			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$			
6 PAYMENT	(a) Amount Charged \$1,040.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Is 08/23/2024	ssuer Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	International Munici	pal Lawyers	P.O. Box 200016				
	() 0 :		Pittsburg, PA 15251-0	0016			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Seminar fee				
X Political	Fees		Seminar rec				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	<u> </u>		
expenditure to benefit C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/ Gift/A Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	T T T	ransportati ravel in Dis ravel Out c	
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filers)
_	Sch: 1/4 Rpt: 16/23		M. (The Honorable)			-	008031	`
4	Date	Payee name						
	09/23/2024	American Expre	SS					
6	Amount (\$)	Payee address;	City; State	e; Zip Co	ode			
	\$75.00	P.O. Box 65044	8					
	Reimbursement from political contributions intended	Dallas, TX 7526	5-0448					
8	PURPOSE	a) Category (See Cate	egories listed at the top of this so	hedule)	(b) Description	Chec	ck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Pay	ment			Chec	k if Austin,	, TX, officeholder living expense
	EXI ENDITORE				Payment of credi storage	it card	d bill foi	r July 2024 political sign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholde	r name		Office sought			Office held
	Date	Payee name						
	09/13/2024	American Expre	ss					
	Amount (\$)	Payee address;	City; State	e; Zip Co	ode			
	\$75.00	P.O. Box 65044	8					
	Reimbursement from political contributions intended	Dallas, TX 7526	5-0448					
	PURPOSE	Category (See Cate	egories listed at the top of this so	chedule)	Description	=		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Pay	ment		L	_		, TX, officeholder living expense
					Payment of credi storage	it card	d bill foi	r August 2024 political sign
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholde	r name		Office sought			Office held
	Date	Payee name						
	10/11/2024	American Expre	SS					
	Amount (\$)	Payee address;	City; State	e; Zip Co	ode			
	\$75.00	P.O. Box 65044	•	•				
	Reimbursement from political contributions intended	Dallas, TX 7526						
	PURPOSE	Category (See Cate	egories listed at the top of this so	chedule)	Description	Chec	ck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Pay	ment			_		, TX, officeholder living expense
					Payment of credi sign storage	it card	d bill foi	r September 2024 political
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholde	r name		Office sought			Office held

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor		Travel in Distr Travel Out of	
L			The Instruction Guide explains	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	<u> </u>			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/4 Rpt: 17/23	Wallach, D	avid M. (The Honorable)				00080315	5
4	Date	5 Payee name						
	08/07/2024	Citi (Master						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$1,040.00	P.O. Box 7	8045					
	Reimbursement from							
	X political contributions intended	Phoenix, A	Z 85062-8045					
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	nedule)	(b) Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			_		TX, officeholder living expense
					Payment of credi	it ca	rd bill for	Officeholder seminar fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
	Date	Payee name						
	10/23/2024	Citi (Master						
		·	-	· Zin C	ado			
	Amount (\$)	Payee addre		; Zip Co	Jue			
	\$28.96	P.O. Box 7	8045					
	Reimbursement from political contributions							
L	intended	Phoenix, A	Z 85062-8045					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel ou	utside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Che	eck if Austin, T	TX, officeholder living expense
					Payment of credi	it ca	rd bill for	Court Staff Breakfast
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
L								
	Date	Payee name						
	08/23/2024	Citi (Maste	rcard)					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$254.98	P.O. Box 7	•	•				
	Reimbursement from							
	X political contributions intended	Phoenix, A	Z 85062-8045					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel ou	utside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Che	eck if Austin, 1	TX, officeholder living expense
	LAFLINDITORE				Payment of credi	it ca	rd bill for	travel insurance
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				Č			
	C/OH							

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	pense Polling rials Expense Printing Salaries	Expense Expense S/Wages/Contract Labor	Travel in D Travel Out	
		The Instruction	n Guide explains how to	complete this form.		
1	Total pages Schedule G:	: FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 18/23	Wallach, David M. (The I	Honorable)		000803	15
4	Date	Payee name				
	11/22/2024	Citi (Mastercard)				
6	Amount (\$)	Payee address; City;	State; Zip (Code		
	\$1,593.60	P.O. Box 78045				
	Reimbursement from					
	X political contributions intended	Phoenix, AZ 85062-8045	5			
8	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b) Description X	Check if travel	outside of Texas. Complete Schedule T.
	OF	Credit Card Payment			Check if Austir	n, TX, officeholder living expense
	EXPENDITURE	·		Payment of credi	t card bill fo	or travel to seminar
9		andidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH					
H	Date	Payee name				
	11/14/2024	Donut Palace				
	Amount (\$)		State; Zip (Codo		
	• ,		State, Zip C	Loue		
	\$40.28	101 West Glade Rd.				
	Reimbursement from political contributions					
	intended	Euless, TX 76039				
	PURPOSE	Category (See Categories listed	at the top of this schedule)	Description	Check if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	!		Check if Austir	n, TX, officeholder living expense
				Court staff break	fast	
		andidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH					
	Date	Payee name				
	10/16/2024	ItaliaRail				
	Amount (\$)	Payee address; City;	State; Zip (Code		
	\$71.50	681 Washington St., Ste	. 17			
	Reimbursement from	•				
	x political contributions intended	Norwood, ME 02062				
	PURPOSE	Category (See Categories listed	at the top of this schedule)	Description	Check if travel	outside of Texas. Complete Schedule T.
	OF EVENDITUE	Fees			Check if Austir	n, TX, officeholder living expense
	EXPENDITURE			Transportation to	attend sen	ninar
	Complete ONLY if direct	andidate/Officeholder name		Office sought		Office held
	expenditure to benefit			o oodg. it		
L	C/OH					
l						

SCHEDULE G

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME	≣				3	Filer ID (Ethics Commission File	rs)
	Sch: 4/4 Rpt: 19/23		Wallach, Da	avid M. (The Hon	orable)				00080315	
4	Date	5	Payee name							
	10/20/2024		ItaliaRail							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$13.50		681 Washir	ngton St., Ste. 17	•					
	Reimbursement from political contributions intended		Norwood, N	ИЕ 02062						
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e top of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete Scheo	dule T.
	OF EXPENDITURE		Fees					Ch	neck if Austin, TX, officeholder living expense	
							Transportation to	o atte	end seminar	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	10/10/2024		Lyft							
	Amount (\$)	H	Payee addre	ss; City;	State;	Zip Co	ode			
	\$29.33		545 Market	St.						
	Reimbursement from									
	X political contributions intended		San Francis	sco, CA 94104						
	PURPOSE		Category (S	ee Categories listed at th	e top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Sched	dule T.
	OF EXPENDITURE		Fees					Ch	neck if Austin, TX, officeholder living expense	
	,,,,_,,						Transportation to	o att	end Officeholder seminar	
	expenditure to benefit	<u>l</u> Car	ndidate/Office	holder name			Office sought		Office held	
	C/OH									
	Date		Payee name							
	12/20/2024		Lyft							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$40.19		545 Market	St.						
	Reimbursement from political contributions intended		San Francis	sco, CA 94104						
	PURPOSE	Γ	Category (s	ee Categories listed at th	e top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Sched	dule T.
	OF EXPENDITURE		Fees					Ch	neck if Austin, TX, officeholder living expense	
	_,, _,,_,						Transportation to	o att	end Officeholder seminar	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

			_				
	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 20/23	
2	FILER NAME		3	File	er ID	(Ethics Commission Fi	ilers)
	Wallach, Da	vid M. (The Honorable)		000	0803	315	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	07/11/2024	Frost Bank					\$1.27
		6 Address of person from whom amount is received; City; State; Zip Code					
		N. Richland Hills, TX 76180					
		7 Purpose for which amount is received Check if p	olitio	cal c	contri	bution returned to filer	
		Interest on bank account					
	D-t-	News of a constant from the constant is a constant.				Δ (Φ)	
	Date	Name of person from whom amount is received				Amount (\$)	#1.00
	08/12/2024	Frost Bank					\$1.06
		Address of person from whom amount is received; City; State; Zip Code					
		N. B. H. A. H. W. TV 70400					
		N. Richland Hills, TX 76180					
			olitio	cal c	contri	bution returned to filer	
		Interest on bank account					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/12/2024	Frost Bank					\$0.87
		Address of person from whom amount is received; City; State; Zip Code					
		N. Richland Hills, TX 76180					
		Purpose for which amount is received Check if p	oliti	cal c	ontri	bution returned to filer	
		Interest on bank account					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/10/2024	Frost Bank					\$0.59
		Address of person from whom amount is received: City; State; Zip Code					,
		Address of person from whom amount is received, City, State, Zip Code					
		N. Richland Hills, TX 76180					
			olitid	cal c	ontri	bution returned to filer	
		Interest on bank account	Onti	carc	JOHUH	button returned to lifer	
	Date	Name of person from whom amount is received				Amount (\$)	40.54
	11/13/2024	Frost Bank					\$0.54
		Address of person from whom amount is received; City; State; Zip Code					
		N 5: 11 11: 11: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:					
		N. Richland Hills, TX 76180					
			olitio	cal c	contri	bution returned to filer	
		Interest on bank account					

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: 2/2 Rpt: 21/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wallach, David M. (The Honorable) 00080315 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 12/11/2024 \$0.35 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code N. Richland Hills, TX 76180 Purpose for which amount is received Check if political contribution returned to filer Interest on bank account

OUT	ISTAN	IDING LOANS	SCHEDULE L
The Ir	nstructio	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 22/23
FILER I		M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
LENDE	R MATION	4 Name of lender Wallach J.D., David (The Honorable)	
		5 Lender address; City; State; Zip Code	
		Colleyville, TX 76034	
GUARA INFORI	ANTOR MATION	6 Name of guarantor	
X not	applicable	7 Guarantor address; City; State; Zip Code	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 23/23
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Wallach, David N	Л. (The Honorable)	00080315
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee	
American Airline	S	
5 Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2	X Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
• Bales of Haver	Wallach J.D., D. Michael (The Honorable)	
	Departure city or name of departure location	
10/10/2024	Dallas/Fort Worth	
	9 Destination city or name of destination location	
10/11/2024	Rome	
10 Means of transport		other event)
Commercial Airp		
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee	
Citi (Mastercard)		
	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2		Schedule COH-UC
Dates of Travel	Name of person(s) traveling	
	Wallach J.D., D. Michael (The Honorable)	
10/10/0004	Departure city or name of departure location	
10/10/2024	Dallas/Fort Worth	
11/11/2024	Destination city or name of destination location	
11/11/2024	Rome	
Means of transport Commercial Airp	· · · · · · · · · · · · · · · · · · ·	otner event)
Commercial Amp	INILA Seminal	
i		