

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080315	2 Total pages filed: 23				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST David M.	MI	OFFICE USE ONLY			
	NICKNAME Mike	LAST Wallach	SUFFIX		Date Received ELECTRONICALLY FILED 01/13/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3951 Spring Garden Dr. Colleyville, TX 76034		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Donald W.	MI				
	NICKNAME Bill	LAST Delong	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3100 Glen Dale Colleyville, TX 76034						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	905-7723					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		12	31	2024
10 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	Court Of Appeals, Justice Place 6 District 2			Court Of Appeals, Justice			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 23

13 C / OH NAME Wallach, David M. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00080315

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,459.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,347.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	32,602.05

17 AFFIDAVIT

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

The Honorable David M. Wallach

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

18 FILER NAME Wallach, David M. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00080315
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,980.10
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,142.54
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 3,337.34
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 4.68

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 4/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 09/12/2024	5 Payee name Donut Palace	
6 Amount (\$) \$54.88	7 Payee address; City; State; Zip Code 101 West Glade Rd. Eules, TX 76039	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Fort Worth Republican Women's Club	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 306 West 7th Street Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Fort Worth Republican Women's Club	
Amount (\$) \$31.00	Payee address; City; State; Zip Code 306 West 7th Street Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 5/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 08/06/2024	5 Payee name Fort Worth eMedia	
6 Amount (\$) \$847.42	7 Payee address; City; State; Zip Code P.O. Box 40543 Fort Worth, TX 76140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Frost Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 9001 Airport Freeway N. Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Hailey, Barbara (Mrs.)	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3934 Spring Garden Lane Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political sign disposal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/9 Rpt: 6/23	2	FILER NAME Wallach, David M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080315	
4	Date 07/26/2024	5	Payee name Istanbul Grill			
6	Amount (\$) \$46.86	7	Payee address; City; State; Zip Code 401 Throckmorton Street Fort Worth, TX 76102			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Birthday lunch			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 10/08/2024		Payee name Moslah Shriners			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 1100 Henderson St. Fort Worth, TX 76102-4583			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 11/01/2024		Payee name Tarrant County Bar Foundation			
	Amount (\$) \$120.00		Payee address; City; State; Zip Code 1315 Calhoun Street Fort Worth, TX 76102			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contribution			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 8/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
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4 Date 11/25/2024	5 Payee name Wallach J.D., D. Michael (Judge)
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6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenditure made from personal funds on 9/13/24
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2024	Payee name Wallach J.D., D. Michael (Judge)
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made from personal funds on 10/11/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name Wallach J.D., D. Michael (Judge)
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Amount (\$) \$29.33	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 10/10/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 9/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
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4 Date 11/05/2024	5 Payee name Wallach J.D., D. Michael (Judge)
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6 Amount (\$) \$40.19	7 Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 10/20/24
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Wallach J.D., D. Michael (Judge)
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Amount (\$) \$1,040.00	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 8/23/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name Wallach J.D., D. Michael (Judge)
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Amount (\$) \$71.50	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 10/16/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/9 Rpt: 10/23	2	FILER NAME Wallach, David M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080315
4	Date 11/05/2024	5	Payee name Wallach J.D., D. Michael (Judge)		
6	Amount (\$) \$13.50	7	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 10/20/24		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2024		Payee name Wallach J.D., D. Michael (Judge)		
	Amount (\$) \$28.96		Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 10/23/24		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2024		Payee name Wallach J.D., D. Michael (Judge)		
	Amount (\$) \$254.98		Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 8/23/24		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/9 Rpt: 11/23	2	FILER NAME Wallach, David M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080315
4	Date 11/16/2024	5	Payee name Wallach J.D., D. Michael (Judge)		
6	Amount (\$) \$40.28	7	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 11/14/24		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/31/2024		Payee name Wallach J.D., D. Michael (Judge)		
	Amount (\$) \$1,593.60		Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Officeholder expense made from personal funds on 11/22/24		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/16/2024		Payee name Wallach J.D., D. Michael (Judge)		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial loan reimbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 12/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
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4 Date 12/16/2024	5 Payee name Wallach J.D., D. Michael (Judge)
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial Loan Reimbursement
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/24/2024	Payee name Wallach J.D., D. Michael (Judge)
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 3951 Spring Garden Dr. Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial Loan Reimbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 1/3 Rpt: 13/23	2	FILER NAME Wallach, David M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080315
4	CREDIT CARD ISSUER	Name of financial institution American 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 Paid 07/23/2024 07/23/2024	
7	PAYEE	(a) Payee name Additional Self Storage		(b) Payee address; City, State, Zip Code 1801 Industrial Blvd. Colleyville, TX 76034-5794	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political sign storage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issuer Paid 08/13/2024 07/23/2024 10/11/2024 09/13/2024		
PAYEE	(a) Payee name Additional Self Storage		(b) Payee address; City, State, Zip Code 1801 Industrial Blvd. Colleyville, TX 76034-5794		
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political sign storage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer Paid 10/11/2024		
PAYEE	(a) Payee name Additional Self Storage		(b) Payee address; City, State, Zip Code 1801 Industrial Blvd. Colleyville, TX 76034-5794		
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political sign storage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office 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 -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 2/3 Rpt: 14/23	2	FILER NAME Wallach, David M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080315
4	CREDIT CARD ISSUER	Name of financial institution Citibank		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$254.98	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024	
7	PAYEE	(a) Payee name Allianz Global Assistance		(b) Payee address; City, State, Zip Code P.O. Box 71533 Richmond, VA 23255	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Officeholder travel insurance	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$28.96	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid 10/23/2024		
PAYEE	(a) Payee name Donut Palace		(b) Payee address; City, State, Zip Code 101 West Glade Rd. Eules, TX 76039		
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Court Staff Breakfast	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$1,593.60	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 4333 Amon Carter Blvd. Fort Worth, TX 76155		
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel to IMLA Seminar	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office 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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 3/3 Rpt: 15/23	2 FILER NAME Wallach, David M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080315
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,040.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
7 PAYEE	(a) Payee name International Municipal Lawyers	(b) Payee address; City, State, Zip Code P.O. Box 200016 Pittsburg, PA 15251-0016	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Seminar fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 16/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 09/23/2024	5 Payee name American Express	
6 Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for July 2024 political sign storage
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/13/2024	Payee name American Express	
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for August 2024 political sign storage
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/11/2024	Payee name American Express	
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for September 2024 political sign storage
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 17/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 08/07/2024	5 Payee name Citi (Mastercard)	
6 Amount (\$) \$1,040.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for Officeholder seminar fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/23/2024	Payee name Citi (Mastercard)	
Amount (\$) \$28.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for Court Staff Breakfast
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/23/2024	Payee name Citi (Mastercard)	
Amount (\$) \$254.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for travel insurance
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 18/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 11/22/2024	5 Payee name Citi (Mastercard)	
6 Amount (\$) \$1,593.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for travel to seminar
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Donut Palace	
Amount (\$) \$40.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 101 West Glade Rd. Eules, TX 76039	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name ItaliaRail	
Amount (\$) \$71.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 681 Washington St., Ste. 17 Norwood, ME 02062	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to attend seminar
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/4 Rpt: 19/23	2 FILER NAME Wallach, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
4 Date 10/20/2024	5 Payee name ItaliaRail	
6 Amount (\$) \$13.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 681 Washington St., Ste. 17 Norwood, ME 02062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to attend seminar
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Lyft	
Amount (\$) \$29.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 545 Market St. San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to attend Officeholder seminar
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Lyft	
Amount (\$) \$40.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 545 Market St. San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to attend Officeholder seminar
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 20/23
2 FILER NAME Wallach, David M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080315
4 Date 07/11/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$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 Interest on bank account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/12/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.06
	Address of person from whom amount is received; City; State; Zip Code N. Richland Hills, TX 76180	
	Purpose for which amount is received Interest on bank account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/12/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$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 Interest on bank account <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/10/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.59
	Address of person from whom amount is received; City; State; Zip Code N. Richland Hills, TX 76180	
	Purpose for which amount is received Interest on bank account <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/13/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.54
	Address of person from whom amount is received; City; State; Zip Code N. Richland Hills, TX 76180	
	Purpose for which amount is received Interest on bank account <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 21/23
2 FILER NAME Wallach, David M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080315
4 Date 12/11/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.35
	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 Interest on bank account	<input type="checkbox"/> Check if political contribution returned to filer

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 22/23
2 FILER NAME Wallach, David M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080315
LENDER INFORMATION	4 Name of lender Wallach J.D., David (The Honorable)	
	5 Lender address; City; State; Zip Code Colleyville, TX 76034	
GUARANTOR INFORMATION	6 Name of guarantor	
	<input checked="" type="checkbox"/> not applicable 7 Guarantor address; City; State; Zip Code	

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 23/23
2 FILER NAME Wallach, David M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080315
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 10/10/2024 10/11/2024	7 Name of person(s) traveling Wallach J.D., D. Michael (The Honorable)	
	8 Departure city or name of departure location Dallas/Fort Worth	
	9 Destination city or name of destination location Rome	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Travel to IMLA Seminar	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Citi (Mastercard)		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 10/10/2024 11/11/2024	Name of person(s) traveling Wallach J.D., D. Michael (The Honorable)	
	Departure city or name of departure location Dallas/Fort Worth	
	Destination city or name of destination location Rome	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) IMLA Seminar	