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) 00082213 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Aiesha NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Redmond CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 1252 MAILING Receipt # Amount **ADDRESS** Change of Address DeSoto, TX 75123 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lee NAME NICKNAME LAST **SUFFIX** Lemons **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 2201 Main Street **ADDRESS** Suite 1008 (Residence or Business) Dallas, TX 75201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 301-2400 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 160 Dallas District Judge District 160th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Redmond, Aiesha (T	ne Honorable)		14 Filer ID 00082213	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	s accepted or political expenditus may have been made without required to report this informatio	the candidate's or off	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
ш .	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAI CONTRIBUTIONS MADE ELE		\$, \$	0.00
		ICAL CONTRIBU	JTIONS S, OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE	,	IIZED POLITICAL EXPENDITURES			\$	0.00
TOTALS 4. TOTAL POLITICAL EXPENDITURES						
	4. IOTAL POLIT	ICAL EXPENDIT	UKES		\$	20,814.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	83,065.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the a	accompanying d to be reporte	report is ed by me
			The Hono	rable Aiesha Redm	nond	
			Signature of	f Candidate or Office	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 20
	ER NAN dmond	ME , Aiesha (The Honorable)	19 Filer ID 00082213	(Ethics Commission Filers)
I		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.		\$		
5.	X	\$ 2,474.37		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 18,340.51
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 1/6 Rpt: 4/20	Redmond, Aiesha (The Honorable)	00082213
4	Date	5 Payee name	
	10/09/2024	American Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$145.00	321 North Clark	
		Chicago, IL 60654	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
		Check if Austii membership	n, TX, officeholder living expense
		The most strip	dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	07/22/2024	Costco Wholesale	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.69	250 W. Hwy 67	
		Duncanville, TX 75137	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		jury snacks	i, 1X, officeriolder living expense
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	12/16/2024	Costco Wholesale	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$179.76	250 W. Hwy 67	
		Duncanville, TX 75137	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		snacks for ju	
			.,,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

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 Co

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

tee Travel in District
Travel Out of District
Travel Out of District
OTHER (enter a cate)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/6 Rpt: 5/20	2 FILER NAME Redmond, Aiesha (The Honorable) 3 Filer ID (Ethics Commission Filer 00082213	s)
4	Date	5 Payee name	
	08/19/2024	Dallas Alumnae Chapter of Delta Sigma Theta Sorority, Inc.	
6	Amount (\$) \$310.00	7 Payee address; City; State; Zip Code P.O. Box 222051	
		Dallas, TX 75222	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Centennial ceremony/gala tickets sponsorship	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/17/2024	Dallas Lawyer Magazine	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 1910 Pacific Avenue Suite 14220 Dallas, TX 75201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense full page ad	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 08/26/2024	Payee name Democratic Monthly	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4100 Spring Valley Suite 475 Dallas, TX 75244	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense full page ad	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

The 23rd Senatorial District Tejano Democrats 7 Payee address; City; State; Zip Code \$20.00 P.O. Box 226534 Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee
4 Date 08/09/2024 5 Payee name The 23rd Senatorial District Tejano Democrats 6 Amount (\$) \$20.00 \$20.00 P.O. Box 226534 Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
The 23rd Senatorial District Tejano Democrats 7 Payee address; City; State; Zip Code P.O. Box 226534 Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
The 23rd Senatorial District Tejano Democrats 7 Payee address; City; State; Zip Code P.O. Box 226534 Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
\$20.00 P.O. Box 226534 Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Dallas, TX 75220 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE (a) Category Fees (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE (a) Category Fees (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership fee 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
·
Date Payee name
12/09/2024 The 23rd Senatorial District Tejano Democrats
Amount (\$) Payee address; City; State; Zip Code
\$100.00 P.O. Box 226534
Dallas, TX 75220
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Sponsor for Holiday party
Sponder for Hemaly party
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
08/08/2024 Wagner, Brooke
ŭ ,
Amount (\$) Payee address; City; State; Zip Code \$200.00 600 Commerce Street
\$200.00 Fayee address, City, State, Zip Code \$200.00 600 Commerce Street
\$200.00 600 Commerce Street
\$200.00 600 Commerce Street Dallas, TX 75202
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE OF Gift/Awards/Memorials Expense (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE OF CIFCH Control of this schedule of the schedule
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff appreciation gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff appreciation gift
\$200.00 600 Commerce Street Dallas, TX 75202 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff appreciation gift Complete ONLY if direct 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 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	Committee Le	gal Services he Instruction Guide explai		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 7/20		esha (The Honorable)					00082213	`	,
4	Date	5 Payee name								
	12/16/2024	Walgreens								
6	Amount (\$) \$130.92	7 Payee address 8120 Dalla, TX 752		ate; Zip Co	de					
8	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		lemorials Expense	·			, TX,	de of Texas. Composition officeholder living bliday cards	expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	ld	
	Date	Payee name								
	08/09/2024	Zaragoza, Nic	:holas							
	Amount (\$) \$300.00	Payee address		ate; Zip Co	de					
		Dallas, TX 75								
	PURPOSE OF EXPENDITURE		Categories listed at the top of this lemorials Expense	s schedule)	(b)		, TX,	de of Texas. Compofficeholder living		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	ld	
	Date	Payee name								
	07/12/2024	Zaragoza, Nic	holas							
	Amount (\$) \$59.00	Payee address		ate; Zip Co	de					
		Dallas, TX 75	202							
	PURPOSE OF EXPENDITURE	(a) Category (See I Food/Beveraç	Categories listed at the top of this ge Expense	s schedule)	(b)	_	, TX,	de of Texas. Composition of the	expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	ld	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/20	Redmond, Aiesha (The Honorable)	00082213
4	Date	5 Payee name	•
	10/01/2024	Zaragoza, Nicholas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.00	600 Commerce Street	
		Dallas, TX 75202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 odarbeverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			y room/court
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/28/2024	Zaragoza, Nicholas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.00	600 Commerce Street	
		Dallas, TX 75202	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loudride of Tours Convolute Cabodula T
	EXPENDITURE	1 00d/Develage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		monthly fee	for court/jury room water
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/25/2024	Zaragoza, Nicholas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	600 Commerce Street	
		D. II. TV 75000	
		Dallas, TX 75202	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Ood/Beverage Expense	in, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

monthly fee for jury room/court water

Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	EII ED NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/20	_		Aiesha (The Hono	rable)			ľ	00082213	(Luites Commission Filers)
4	Date	5	Payee name	e						
	12/27/2024		Zaragoza,							
6	Amount (\$)	7	Payee addr	ess; City;	State:	Zip Code				
	\$300.00			nerce Street	,					
	Ψ000.00		000 0011111	10100 011001						
			Dallas, TX	75202						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule) (b) Description			
	OF EXPENDITURE			s/Memorials Exper		´	Check if trav		ide of Texas. Com	
	EXPENDITORE						_		, officeholder living	expense
							Gift and sta	aff ap	preciation	
9	Complete ONLY if direct expenditure to benefit C/OI	Н	Candidate/Of	ficeholder name	C	Office sough	İ		Office he	eld

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 Inst	ruction Guide explains how	to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
	Sch: 1/11 Rpt: 10/20	Redmond, Aiesha ((The Honorable)			00082213		
4	CREDIT CARD ISSUER		ncial institution n Express	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 07/01/2024	(c) Date(s) Cr 07/01/2024	edit Card Issuer	Paid		
7	PAYEE	(a) Payee name African American M	Iuseum	(b) Payee add	Ave	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Dallas, TX 7 (b) Description Rodeo Spor	n			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$102.21	(b) Date of Charge 07/21/2024	(c) Date(s) Cr 07/21/2024	edit Card Issuer	· Paid		
	PAYEE	(a) Payee name GoDaddy	(b) Payee add	Daddy Way	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Tempe, AZ 85284 (b) Description Website domain subscription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$2,484.82	(b) Date of Charge 07/24/2024	(c) Date(s) Cr 07/24/2024	edit Card Issuer	Paid		
	PAYEE (a) Payee name Hyatt Regency Hill Country		(b) Payee address; City, State, Zip Code 9800 Hyatt Resort Dr. San Antonio, TX 78251				Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Hotel and Food exper		(b) Description Texas Bar C		ersonal Injury I	Hotel and	l Food
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 2/11 Rpt: 11/20	Redmond, Aiesha (The Honorable)		00082213							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuel 08/27/2024	r Paid							
7 PAYEE	(a) Payee name Mexican American	Bar	(b) Payee address; 400 S. Zang Blvd. Suite 103 Dallas, TX 75208 (b) Description	City,	State,	Zip Code					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	Membership dues								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$387.84	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issue 08/27/2024	r Paid							
PAYEE	PAYEE (a) Payee name Mexican American Bar			City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Gala tickets and sponsorship								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$433.00	(b) Date of Charge 09/02/2024	(c) Date(s) Credit Card Issuel 09/02/2024	r Paid							
PAYEE	(a) Payee name Canada, Kory		(b) Payee address; 3309 Elm Street Dallas, TX 75223	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Photography for website								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

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/Officeholder/Politica	_	ruction Guide explains how	to complete th		THER (enter a catego	ry not listed at	pove)			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 3/11 Rpt: 12/20	Redmond, Aiesha (The Honorable)			00082213					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged \$51.06	(b) Date of Charge 09/04/2024	(c) Date(s) (09/04/202	Credit Card Issuel 44	r Paid					
7 PAYEE	(a) Payee name Texas Association (of District	(b) Payee at 201 Caroli 10th Floor Houston,	TX 77019	City,	State,	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description membership dues							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged \$991.44	(b) Date of Charge 09/09/2024	(c) Date(s) (09/09/202	Credit Card Issuel 44	r Paid					
PAYEE	(a) Payee name JW Marriot San Ant	(b) Payee at 23808 Res	sort Pkwy	City,	State,	Zip Code				
					San Antonio, TX 78261					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top hotel stay	of this schedule)	(b) Description hotel cost for judicial conference							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin, TX,	officeholder living exp	oense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held					
expenditure to benefit C/OH			_							
PAYMENT	(a) Amount Charged \$155.00	(b) Date of Charge 09/01/2024	(c) Date(s) (09/01/202	Credit Card Issue 14	r Paid					
PAYEE	(a) Payee name Pure Spa		(b) Payee at 5555 E Mo Unit 300 Dallas, TX	ockingbird Ln	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Descripting gift for staff							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

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 Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 4/11 Rpt: 13/20	Redmond, Aiesha ((The Honorable)			00082213			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$32.51	(b) Date of Charge 09/05/2024	(c) Date(s 09/05/20) Credit Card Issue 124	r Paid			
7 PAYEE	(a) Payee name Dallas Morning Nev	ws		mmerce Street	City,	State,	Zip Code	
0 DUDDOOT 05	(a) Cataman		Dallas, T					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri subscrip					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$225.00	(b) Date of Charge 09/20/2024	(c) Date(s 09/20/20) Credit Card Issue)24	r Paid			
PAYEE	(a) Payee name Mac Taylor Inn of Court			(b) Payee address; City, State, Zip Code 225 Reinerkers Lane Suite 770 Alexandria, VA 22314				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri Mac Tay	ption lor membership f	ee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	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 \$350.00	(b) Date of Charge 08/10/2024	(c) Date(s 08/10/20) Credit Card Issue 024	r Paid			
PAYEE	(a) Payee name National Bar Assoc	ation	(b) Payee 1225 11t Washing		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri members	ption ship dues				
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			

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 Inst	ruction Guide explains how	to complete this for	n.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)
Sch: 5/11 Rpt: 14/20	Redmond, Aiesha ((The Honorable)			00082213		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$338.77	(b) Date of Charge 08/14/2024	(c) Date(s) Credit 08/14/2024	Card Issuer	Paid		
7 PAYEE	(a) Payee name Del Frisco's Double	e Eagle	(b) Payee addres 2323 Olive Stre Dallas, TX 7520	et	City, State, Zip		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Court Staff and intern lunch				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$328.95	(b) Date of Charge 08/14/2024	(c) Date(s) Credit Card Issuer Paid 08/14/2024				
PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip P.O. Box 619616 DFW Airport, TX 75261				Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Flight for Texas Center for the Judiciary Conference				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 09/17/2024	(c) Date(s) Credit 09/17/2024	Card Issuer	Paid		
PAYEE	(a) Payee name JL Turner Legal As	ssociation	(b) Payee addres 2101 Ross Ave Dallas, TX 7520	nue	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description JL turner gala t	ickets			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

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

Candidate/Officeholder/Politica			alaries/Wages/Co		OTHER (enter a cat		oove)
	The Inst	ruction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)
Sch: 6/11 Rpt: 15/20	Redmond, Aiesha ((The Honorable)			00082213		
4 CREDIT CARD	Name of fina	ncial institution		. OF UNITEMIZED	1.		
ISSUER	see previous			IDITURES GED TO A CREDI ^T	₋ \$		
			CARD	SED TO A CILEDI	'		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$109.94	09/21/2024	09/21/20)24			
	,						
7 PAYEE	(a) Payee name	l .	(b) Payee	address;	City,	State,	Zip Code
			3300 Oa	k Lawn Ave			
	Si Lom Restaurant		Suite 11	0			
			Dallas, 1	X 75219			
8 PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	court sta					
X Political	T Ood/Deverage Expe	nsc					
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 Offi	ce sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	er Paid		
	\$150.00	09/30/2024	09/30/20)24			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Alpha Merit Committee Group		3126 Al	Lipscomb Way			
	Aipha Ment Comini	ilee Group					
	() 0 :			X 75215			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
	Advertising Expense	,	full page	au			
X Political							
Non-Political	` ' =	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH	(-) A	(h) Data at Ohama	(-) D-+-(-) Out the Out to a	D-id		
PAYMENT	(a) Amount Charged	(b) Date of Charge	10/29/20) Credit Card Issue	er Palu		
	\$300.00	10/29/2024	-0/20/20				
PAYEE	(a) Davis a series		(h) D		O't-	04-4-	7:- OI-
PAILE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Dallas Bar Association		2101 Ross Avenue				
			Dallac T	X 75201			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top	of this schedule)	` '	ation dinner and	dance		
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin TV	(, officeholder living	evnense	
Complete ONLY if direct	Candidate/Officeholder		ce sought	LI Check ii Austin, 12	Office held	exherise	
expenditure to benefit C/OH	- Carraidato/Omocriolido		oo oodgiit		Cinoc nolu		
,							
l							

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 Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
	Sch: 7/11 Rpt: 16/20	Redmond, Aiesha (The Honorable)		00082213			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	\$ \$			
6	PAYMENT	(a) Amount Charged \$230.00	(b) Date of Charge 11/05/2024	(c) Date(s) Credit C 11/05/2024	ard Issuer Paid			
7	PAYEE	(a) Payee name Dallas Bar Associa	tion	(b) Payee address; 2101 Ross Avenu	City, ue	City, State, Zip C		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	Dallas, TX 75201 (b) Description membership dues				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	f Austin, TX, officeholder living e	xpense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
	PAYMENT	(a) Amount Charged \$3,135.99	(b) Date of Charge 12/09/2024	(c) Date(s) Credit C 12/09/2024	ard Issuer Paid			
	PAYEE	(a) Payee name The Links, Incorpor	rated	(b) Payee address; P.O. Box 191003 Dallas, TX 75219	City, -1003	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Links Scholarship Gala sponsorship				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check i	f Austin, TX, officeholder living e	xpense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 11/03/2024	(c) Date(s) Credit C 11/03/2024	ard Issuer Paid			
	PAYEE	(a) Payee name JL Turner Legal As	ssociation	(b) Payee address; 2101 Ross Avenu Dallas, TX 75201	City, ue	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political		ons Made By er/Political Committee	<u> </u>	Association donation		rship	
L	Non-Political	`	of Texas. Complete Schedule T.		f Austin, TX, officeholder living e	xpense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

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 Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 8/11 Rpt: 17/20	Redmond, Aiesha ((The Honorable)			00082213		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 11/13/2024	(c) Date(s) Ci 11/13/2024	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name African American M	1useum	(b) Payee add 3536 Grand Dallas, TX 7	l Ave	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description African American Museum 50th Anniversary gala tick				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$272.83	(b) Date of Charge 11/17/2024	(c) Date(s) Ci 11/17/2024	edit Card Issuer	· Paid		
PAYEE	(a) Payee name Scentiment Hotel C	Collection	(b) Payee address; City, State, Zi 2129 NW 86 Ave Miami, FL 33122				Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top supplies for chambers	•	(b) Description scent diffuser for chambers/jury room				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$1,050.00	(b) Date of Charge 12/02/2024	(c) Date(s) Cr 12/02/2024	edit Card Issuer	· Paid		
PAYEE	(a) Payee name M & M Advertising		(b) Payee add 1105 S. Hai DESOTO, T	mpton Rd	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descriptio Holiday Ad	n			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

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 Commission Filers)			
Sch: 9/11 Rpt: 18/20	Redmond, Aiesha (The Honorable)			00082213			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	FUNITEMIZED FURES O TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$97.53	(b) Date of Charge 12/08/2024	(c) Date(s) Ci 12/08/2024	redit Card Issuei	Paid			
7 PAYEE	(a) Payee name Dallas Morning Nev	vs		nerce Street	City,	State,	Zip Code	
	() 2 :		Dallas, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio					
	Fees	or this seriedate)	subscription	i tee				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$26.00	(b) Date of Charge 12/12/2024	(c) Date(s) Ci 12/12/2024	redit Card Issuei	Paid			
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code	
	Dallas County East	Democrats	901 Gross F	Road				
			Mesquite, T					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description					
Non-Political	(a) Chook if traval autoida	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living ev	20000		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e sought	Check ii Austin, 1X,	officeholder living exp	Derise		
expenditure to benefit C/OH	Odmandate/Officeriolder	That To The Tollies	c sought		Office field			
PAYMENT	(a) Amount Charged \$77.05	(b) Date of Charge 12/12/2024	(c) Date(s) Ci 12/12/2024	redit Card Issuei	Paid			
PAYEE	(a) Payee name H&M		(b) Payee add 305 W Farn Cedar Hill,	n Market Rd 13	City, 382	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descriptio Gift for Staf					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

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 Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 10/11 Rpt: 19/20	Redmond, Aiesha (The Honorable)		00082213			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 12/14/2024	(c) Date(s) Credit Card Issue 12/14/2024	r Paid			
7 PAYEE	(a) Payee name ESPY Sports Group	p	(b) Payee address; 4206 Goodfellow Dr.	City,	State,	Zip Code	
0 DUDDOOF 05	(a) Cataman		Dallas, TX 75229				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Community Outreach				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	K, 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 \$191.75	(b) Date of Charge 12/18/2024	(c) Date(s) Credit Card Issue 12/18/2024	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	GoDaddy		2155 E. GoDaddy Way				
			Tempe, AZ 85284				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description word press hosting fee				
Non-Political	(a) Chapte if traval autoids	of Toyon Complete Cohodule T	Chapte if Augustin TV	officebolder living eve			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense		
expenditure to benefit C/OH	Cararate/Oniceriolaer	name onio	o oougint	Office field			
PAYMENT	(a) Amount Charged \$300.88	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issue 12/19/2024	r Paid			
PAYEE	(a) Payee name Truluck's Ocean's F	Finest Seafood	(b) Payee address; 2401 McKinney Ave Dallas, TX 75201	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Court Holiday Lunch with	staff			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

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

Candidate/Officeholder/Politica			laries/Wages/Contr		THER (enter a category	not listed at	oove)	
	The Instr	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 11/11 Rpt: 20/20	Redmond, Aiesha (The Honorable)			00082213			
4 CREDIT CARD	Name of finar	ncial institution		F UNITEMIZED				
ISSUER	see previous		EXPEND CHARGE	ITURES ED TO A CREDIT	\$			
			CARD	ID TO A GIVEDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$2,265.00	12/16/2024	12/16/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			475 FM 13	882 #751				
	4R Design Division							
			Cedar Hill,	TX 75106				
8 PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Website co	onstruction and	card design			
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (12/24/202					
	\$1,502.94	\$1,502.94 12/24/2024						
PAYEE	(a) Payee name (b) Payee address;				City,	State,	Zip Code	
	4D Decign Division		475 FM 13	882 #751				
	4R Design Division							
				TX 75106				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Descripti					
	Advertising Expense	or triis scriedule)	card print	fee				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
I								