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) 00080089 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Justin G. NAME Date Received **ELECTRONICALLY FILED** 01/10/2025 NICKNAME LAST **SUFFIX** Sanderson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1141 Pearl Street, 2nd Floor MAILING Receipt # Amount **ADDRESS** Change of Address Beaumont, TX 77701 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jason NAME NICKNAME LAST **SUFFIX** Byrd STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 448 Orleans **ADDRESS** (Residence or Business) Beaunmont, TX 77701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 363-9343 **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 60 Jefferson

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Sanderson, Justin G.	(The Honorable)	14 Filer ID 00080089	(Ethics Commis	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowl	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$	34,400.00
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	<u> </u>		
TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	20,273.47
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	97,881.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	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 ac all information required t	companying rep to be reported b	oort is ny me
		The Honora	ıble Justin G. Sande	rson	
			f Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	(day
of			-		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering	
Signature of office	or administering batti	. The hame of officer duffinistering ball	The or office	. administrating	Jani

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 16	6
18 FILER NA Sanders	on, Justin G. (The Honorable)	19 Filer ID 00080089	(Ethics Commission Filers)	
	LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 34,400	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 20,273	3.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/16	
2	FILER NAME Sanderson,	Justin G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080089	
4	Date 07/17/2024	5 Full name of contributor Brasher Law Firm, PLLC6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$1,000.00	
		Beaumont, TX 77701					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	Out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	07/10/2024 Daniel Horowitz, PC Contributor address; City; State; Zip Code				-	\$750.00	
		Houston, TX 77002					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/24/2024 Devenzio J.D., Trent (Mr.) Contributor address; City; State; Zip Code					\$150.00	
		Port Arthur, TX 77642					
	Contributor's I	Principal Occupation		Contributor's Job Title	_		
	Attorney			Partner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Branick and	Devenzio					
	If contributor is	s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL (SCHEDULE A(J)1		
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/16
2	FILER NAME Sanderson,	Justin G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080089
4	Date 08/22/2024	5 Full name of contributorDishon J.D., Cody Allen6 Contributor address; City; S			7	Amount of Contribution (\$) \$2,500.00
		Beaumont, TX 77707				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	Contributor's (The Ferguso	employer/law firm on Law Firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
			,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	08/20/2024 Ferguson Law Firm, LLP Contributor address; City; State; Zip Code					\$2,500.00
		Beaumont, TX 77705				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/23/2024 Ferguson, Brittney (Mrs.) Contributor address; City; State; Zip Code					\$2,500.00
		Beaumont, TX 77706				
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Home make	r		Mom		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none			The Ferguson Firm		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/16		
2	FILER NAME Sanderson,	Justin G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080089		
4	Date 08/23/2024	5 Full name of contributorFerguson J.D., Paul and I6 Contributor address; City; S			7	Amount of Contribution (\$) \$2,500.00		
		Beaumont, TX 77706		_				
8		Principal Occupation		9 Contributor's Job Title				
	Attorney			Partner				
10		employer/law firm		11 Law firm of contributor's sp Ferguson Law Firm	oous	se (if any)		
L	Ferguson La							
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)		
	07/01/2024 Johathan Juhan, PC Contributor address; City; State; Zip Code					\$2,500.00		
		Beaumont, TX 77706						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if a	any)	l				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)		
	08/23/2024	Leger J.D., Jane, S. (Mrs	—			\$2,500.00		
		Contributor address; City; S Beaumont, TX 77705	tate; Zip Code		•			
	Contributor's I	Principal Occupation		Contributor's Job Title	_			
	Attorney			Partner				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	The Ferguso	on Firm						
	If contributor is	s a child, law firm of parent(s) (if a	any)					

	MONET	ARY POLITICAL CO	S	\(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Sch: 4/6 Rp		:
2	FILER NAME Sanderson,	Justin G. (The Honorable)			3 Filer ID (Et 00080089	thics Commissio	on Filers)
4	Date 07/01/2024	Full name of contributor Portner Bond PLLC Contributor address; City; State;	out-of-state PAC (ID#:_ ; Zip Code)	7 Amount of C	ontribution (\$)	\$2,500.00
8	Contributor's I	Beaumont, TX 77701 Principal Occupation		9 Contributor's Job Title			
•		· ····o.pai O ocapation		Gortingulor 3 300 Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	07/03/2024 Schaper Law Firm, PLLC Contributor address; City; State; Zip Code Beaumont, TX 77701						\$1,000.00
	0			Occasionate de Tale			
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	08/14/2024 Snider Law Firm PLLC Contributor address; City; State; Zip Code Beaumont, TX 77706						\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)			
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/16			
	FILER NAME				3	Filer ID (Ethics Commission F	ilers)		
	Sanderson,	Justin G. (The Honorable)				00080089			
	Date 08/23/2024	5 Full name of contributor Sparks J.D., Mark (Mr.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$2	,500.00		
		6 Contributor address; City;							
		Beaumont, TX 77706							
	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Partner	•				
	Contributor's of Ferguson La	employer/law firm aw Firm		11 Law firm of contributor's s	spou	se (if any)			
12	If contributor i	s a child, law firm of parent(s) (if	f any)	1					
_	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)			
	07/01/2024 The Daws Law Firm, PLLC						,500.00		
		Contributor address; City;							
		Decument TV 77700							
	0	Beaumont, TX 77706		Occidentaria lab Titla					
	Contributors	Principal Occupation		Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's s	spou	se (if any)			
	If contributor i	s a child, law firm of parent(s) (if	f any)						
_	Date	Full name of contributor	out-of-state PAC (ID#)	T	Amount of Contribution (\$)			
	08/06/2024	Toups, Mitchell (Mr.)				` '	,500.00		
		Contributor address; City;	State; Zip Code						
		Beaumont, TX 77706							
		Principal Occupation		Contributor's Job Title					
	Attorney			Partner					
		employer/law firm n Toups & Terrell LLP		Law firm of contributor's s Tonya Toups	spou	se (if any)			
_		s a child, law firm of parent(s) (if	f any)	Tonya Toups					
			•						

	MONET	ARY POLITICAL C			SCHEDULE	A(J)1		
	The Instru	ction Guide explains how	to complete this f	form.	1		ages Schedule A(J) /6 Rpt: 9/16)1:
2	FILER NAME Sanderson,	Justin G. (The Honorable)			3	Filer ID	(Ethics Commiss	sion Filers)
4	Date 07/01/2024	Full name of contributor Williamson Law, LLC Contributor address; City; Sta	out-of-state PAC (ID#:_		7	Amount	t of Contribution (\$)	\$1,500.00
		Lake Charles, TX 70601						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	ny)					
	Date Full name of contributor out-of-state PAC (ID: 07/01/2024 Yeates J.D., Tommy Contributor address; City; State; Zip Code					Amount	t of Contribution (\$)	\$2,500.00
		Beaumont, TX 77706						
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney				
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 1/7 Rpt: 10/16	Sanderson, Justin G. (The Honorable) Canderson Sanderson Sanderso
4	Date	5 Payee name
	12/18/2024	Beaumont Rainbow Room
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 5974
	¥=,50000	
		Beaumont, TX 77726-5974
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Children's Christmas Toy Drive
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	
	Date	Payee name
	10/10/2024	Delta Omicron Uplift Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3610 Canyon Lane
		Beaumont, TX 77713
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/29/2024	Future Outdoorsman of SET
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P.O. Box 1435
		Anahuac, TX 77514
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser
		. 33.3.5.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatal name C	· · · · · · · · · · · · · · · · · · ·
$ ^1$	Total pages Schedule F1:	
	Sch: 2/7 Rpt: 11/16	Sanderson, Justin G. (The Honorable) 00080089
4	Date	5 Payee name
	08/06/2024	Go 4 The Bell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,800.00	7039 32nd Street
		Beaumont, TX 77619
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Cancer Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/19/2024	Go 4 The Bell
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7039 32nd Street
		Beaumont, TX 77619
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/27/2024	Golden Triangle Minority Business Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2155 Stillwater Dr.
		Beaumont, TX 77705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	Za Enditone	Candidate/Officeholder/Political Committee
		Sponsorship Fundraiser
	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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			Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	nse Printi Salai	-	se s/Contract Labor	Travel in Disti Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER NAM					3 Filer ID	(Ethics Commission Filers)
	Sch: 3/7 Rpt: 12/16	Sandersor	, Justin G. (The Hon	orable)			0008008	9
4	Date	5 Payee name	e					
	08/27/2024	Gospel Ta	bernacle					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code			
	\$1,000.00	7880 Was	hington Blvd.					
		Beaumont	, TX 77707					
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		ons/Donations Made E			=		omplete Schedule T.
		Candidate.	/Officeholder/Political	Committee	!	Fundraiser	TX, officeholder liv	ring expense
						. anaraisei		
9	Complete ONLY if direct	l Candidate/∩f	ficeholder name	Office	sought		Office	held
Ľ	expenditure to benefit C/O			Jiliot				
	Date	Payee name	e					
	12/17/2024	Greater Go	olden Triangle Youth	Empowerm	ent Gro	oup		
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$200.00	1370 Ewin	g					
		Beaumont	, TX 77701					
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Contributio	ns/Donations Made E	Зу		=		omplete Schedule T.
		Candidate	/Officeholder/Political	Committee		Check if Austin, fundraiser	TX, officeholder liv	ring expense
						iuiiuiaisei		
\vdash	Complete ONLY if direct	l Candidate/∩f	ficeholder name	Office	sought		Office	held
	expenditure to benefit C/O			Jiliot	Jugin		Since	
\vdash	Date	Doves no						
	07/01/2024	Payee name	e r Lost Souls					
_				Ctctc: 7'	Cad-			
	Amount (\$)	Payee addr		State; Zip	Code			
	\$1,000.00	3395 High	ianu Avē.					
		Beaumont	, TX 77705					
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		ons/Donations Made E			Check if travel of		omplete Schedule T.
	LAFLINDITORE	Candidate	/Officeholder/Political	Committee		_	TX, officeholder liv	ring expense
						Fundraiser		
_	Complete ONLY if allower	Com di d - t - / 2 /	finahaldar	Off: -	00:151-1		O#:-	hold
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought		Office	neid

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)			
			The Instruction Gu	ide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/7 Rpt: 13/16	Sandersor	, Justin G. (The I	Honorable)				00080089		
4	Date	5 Payee name	9							
	12/18/2024	Jefferson (County Child Welf	are Board						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$1,500.00	P.O. Box 7	'01							
		Crockett, 7	X 75835							
8	PURPOSE	(a) Category	See Categories listed at the	e ton of this schedule)	(b)	Description				_
	OF EXPENDITURE		ns/Donations Ma				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Polit			Check if Austin,	, TX,	officeholder living	g expense	
						Donation/Chr	ristr	nas drive		
9	Complete ONLY if direct		ficeholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name	9							
	08/20/2024	Jefferson (County Democrati	c Party						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$5,000.00	2211 Cald	er Avenue							
		Beaumont	TX 77701							
	PURPOSE	(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description				_
	OF EXPENDITURE		ns/Donations Ma			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE	Candidate	Officeholder/Polit	ical Committee		ш		officeholder living	g expense	
						Sponsorship	Dri	ve		
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office h	eld	
										_
	Date	Payee name								
	10/25/2024	Jefferson (County Democrati	c Party						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$1,500.00	2211 Cald	er Avenue							
		Beaumont	, TX 77701							
	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Ma			\blacksquare			plete Schedule T.	
		Candidate.	Officeholder/Polit	ical Committee		_	, TX,	officeholder living	g expense	
						Donation				
_	Complete ONLY if direct	CandidatalOf	ficoholder neme	Office	l labe			Office he	old	_
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ugrit			Office no	eiu	
	· 									_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 5/7 Rpt: 14/16	Sanderson, Justin G. (The Honorable) 00080089			
4	Date	5 Payee name			
	10/08/2024	Mississippi Bar			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$50.00	643 N. State St.			
		Jackson, TX 77705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense State Bar			
		State Dai			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/O				
	Data				
	Date	Payee name			
	10/17/2024	Monsignor Kelly H.S.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,500.00	5950 Kelly Dr.			
		Beaumont, TX 77707			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Fullulaisei			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	09/23/2024	Neches River Wheelhouse			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$156.62	720 Lee Ave.			
L		Port Neches, TX 77651			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense			
		Campaign Luncheon			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 15/16	Sanderson, Justin G. (The Honorable) 00080089
4	Date	5 Payee name
	10/15/2024	Neches River Wheelhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.18	720 Lee Ave.
		Port Neches, TX 77651
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	-	Campaign Luncheon
		Campaign Luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	10/23/2024	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.83	1615 I-10 South
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation to Democratic HQ
		(Water/Food)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/17/2024	The 100 Club of SE Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6550 Tram Rd
		Beaumont, TX 77713
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to Survivois i unu
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 7/7 Rpt: 16/16	Sanderson, Justin G. (The Honorable) 00080089
4	Date	5 Payee name
	07/22/2024	The Examiner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	795 Willow Street
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ad
		Au
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	11/07/2024	The Examiner
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	795 Willow Street
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ad
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Data	David and the second se
	Date 09/06/2024	Payee name University of Arkansas at Little Rock
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$526.84	2801 S. University
		Little Rock, AR 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin TX of Floribalder living supposes
		Candidate/Officeholder/Political Committee
		Tundraloci
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_		
l		