JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commiss 00058388	sion Filers)	2 Total pages	filed: 20
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Jaclanel M.			OFFICE	USE UNL I
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	-	McFarland				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
MAILING	7614 Wilton Park Dr.					
ADDRESS					Receipt #	Amount
Change of Address	Spring, TX 77379-4672					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Keith				
	NICKNAME	LAST			SUFFIX	
		McFarland			30111X	
		MCFallallu				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	7614 Wilton Park Dr.					
(Residence or Business)	Spring, TX 77379-4672					
	opg,					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER	(281) 224-2538					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after o	ampaign treasurer
				L	appointment (o	fficeholder only)
	July 15	8th day before		Exceeded modified	Final Report (A	ttach C/OH-FR)
			,	eporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE					
	Month Day Year			ELECTION TYPE		
	Wohan Day rea		Primary	Runoff	Other	
			Seneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 133	Harris		None		
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.us		Vers	sion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 20

I

13 C / OH NAME	McFarland, Jaclanel	M. (The Honorable)	14 Filer ID 00058388	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI		\$ 0.00
	NS)			
TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 2,306.64
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 31,788.67
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 154,593.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required t	
		The Honora	ble Jaclanel M. McFa	Irland
		Signature of	of Candidate or Officeho	lder
AFFIX NC	DTARY STAMP / SEAL AB	OVE		
Sworn to and subs	scribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of off	icer administering oath	Printed name of officer administering oath	Title of office	r administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 20

	18 FILER NAME 19 Filer ID								
	d, Jaclanel M. (The Honorable) .E SUBTOTALS	00058388	1						
	SCHEDULE		SUBTOTAL AMOUNT						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.00						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00						
3. X	3. X SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)								
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.00						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 24,940.91						
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00						
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6,847.76						
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)**

			1 Total pages Schedule B(J):				
The Inst	ruction Guide explains how to comple	te this form.	Sch: 1/1 Rpt: 4/20				
2 FILER NAME			3 File	r ID	(Ethics	Commission Filers)	
McFarland, Jacla	anel M. (The Honorable)		000)58388			
⁴ TOTAL OF UN	IITEMIZED PLEDGES				\$;	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_)	8 Am plea	ount of dge (\$)	9 	In-kind descript (If applicable	ion)
7 Pledgor Address; City; State; Zip Co		Code					
					i		
10 Pledgor's principal occupation 11 Pledgor's job title					vel outside	e of Texas. Complete	e Schedule T.
10 Pledgor's principal	occupation						
12 Pledgor's employe	r/law firm	13 Law firm of pledgor's	spouse	(if any)			
14 If pledgor is a child	l, law firm of parent(s) (if any)						

	LOANS (J	UDICIAL)				SCHED	ULE E(J)		
		on Guide explains how to complete	e this f	form.	Sch: 1/	Total pages Schedule E(J): Sch: 1/1 Rpt: 5/20			
2	FILER NAME McFarland, Jacla	anel M. (The Honorable)			3 Filer ID 000583	(Ethics Comr 388	nission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00		
5	Date of loan	7 Name of lender out-of	f-state PA	AC (ID#:)	9 Loan Amo	ount (\$)		
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Ra			
							ale		
12	Lender's Principal	Occupation		13 Lender's Job Title					
14	Lender's Employe	r/Law Firm		15 Law Firm of lender's spous	se (if any)				
16	16 If lender is child, law firm of parent(s) (if any)								
17	Description of Coll	ateral		18 Check if personal funds we	ere deposited	d into political a (See Instru			
19	GUARANTOR	20 Name of guarantor		1		22 Amount G	uaranteed (\$)		
	not applicable	21 Guarantor address; City;	State;	Zip Code					
23	Guarantor's Princi	pal Occupation		24 Guarantor's Job Title		1			
25	Guarantor's Emplo	oyer/Law Firm		26 Law Firm of guarantor's spouse (if any)					
27	If guarantor is child	d, law firm of parent(s) (if any)		I					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (als Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	t	Transportation I Travel in Distric Travel Out of Di	
_	Tatal same Oshadula Et.				Sulue explains		inpiete this form.		Eller ID	(Ethics Commission Films)
1	Total pages Schedule F1: Sch: 1/10 Rpt: 6/20			= Jaclanel M. (T	he Honorabl	e)		3	Filer ID 00058388	(Ethics Commission Filers)
4	Date	5	Payee name							
	12/23/2024		Brennan's							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
	\$521.96	1.96 3300 Smith Street								
			Houston, T	X 77006						
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Food/Bever	rage Expense						nplete Schedule T.
									a, officeholder livin	
							CHRISTWA	13 L(UNCHFUR	STAFF
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	yht		Office h	eld
	Date	1	Payee name							
	11/20/2024		Brennan's							
				Cit ::	Ctata	. 7:0 00				
	Amount (\$)		Payee addre		State;	; Zip Co	le			
	\$300.00	3300 Smith Street								
			Houston, T	X 77006						
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	iedule)	(b) Description			
	OF EXPENDITURE			rage Expense		,				nplete Schedule T.
									, officeholder livin	
							JUDGES C	HRI	STMAS PAF	RTY
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	jht		Office h	eld
	Date		Payee name							
	07/02/2024		GUS'S FRI	ED CHICKEN						
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de			
	\$154.25			HINGTON AVE		, 1				
	+=0=0		2020							
			HOUSTON	, TX 77007						
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Food/Bever	rage Expense						nplete Schedule T.
									, officeholder livin	
							FURCIVIL	צוע	IRICI JUDO	GE'S MEETING
	0 1 1 0 0 0 0 0					2.4%	1.			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Off	iceholder name	C	Office sou	int		Office h	ela

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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	1 5		3 Filer ID (Ethics Commission Filers)				
	Sch: 2/10 Rpt: 7/20	McFarland, Jaclanel M. (The Honorable)	00058388				
4	Date 12/23/2024	5 Payee name Garcia, Vicki					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	1731 Calmar Drive					
		Spring, TX 77386					
8	PURPOSE						
Ů	OF	a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	putside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Christmas GI	FT TO STAFF MEMBER				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/27/2024	HERNADAZ, JOANNA					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.00	201 CAROLINE					
		11TH FLOOR					
		HOUSTON, TX 77002					
	51155005						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense GIFT TO STAFF MEMBER				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/22/2024	Harris county democratic party					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9,292.70	4619 Lyons Ave.					
	+0,202.00						
		Houston, TX 77020					
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)					
	EXPENDITURE		butside of Texas. Complete Schedule T.				
			TX, officeholder living expense IF JOHNSON, JACKSON, AND DINNER				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		F F G nmittee L	vent Expense ees ood/Beverage Exper ift/Awards/Memorials egal Services	s Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.			Solicitation/Fund Transportation E Travel in District Travel Out of Di OTHER (enter a	Equipment &	& Related Expense	
_	Tatal warman Oak adula E4			ne instruction G	ulue explains		iipie	te this form.		Eilen ID		
1	Total pages Schedule F1: Sch: 3/10 Rpt: 8/20			aclanel M. (Th	ne Honorabl	le)			3	Filer ID 00058388	(Ethics	Commission Filers)
4	Date	5	Payee name						•			
	12/23/2024		Jozwiak, Pat									
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	de					
	\$250.00		207 W. 34th	Street								
			Houston, TX	77018								
8	PURPOSE						(h)	Description				
ľ	OF			Categories listed at		nedule)	(5)		outsi	de of Texas. Corr	plete Sche	dule T.
	EXPENDITURE		Gill/Awalus/i		Jense			X Check if Austin				
								CHRISTMAS				MBER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder name	(Dffice sou	ght			Office h	eld	
	Date		Payee name									
	11/27/2024		LA GRIGLIA									
		<u> </u>		City.	Stata	· Zin Co	do					
	Amount (\$)		Payee address		State	; Zip Co	ue					
	\$293.49		2817 W. DALLAS ST.									
			HOUSTON,	FX 77019								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF		Food/Bevera			,		Check if travel	outsi	de of Texas. Com	plete Sche	dule T.
	EXPENDITURE			5 1				Check if Austin	, TX,	officeholder living	g expense	
												JUDGES THAT
								PLANNED M	YF	RETIREMEN	IT DIN	NER
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	C	Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	12/23/2024		LOPEZ, ASH	LEY								
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de					
	\$100.00		6207 CRYST	AL FOREST	TRAIL							
			КАТҮ, ТХ 77	493								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Aemorials Exp	oense			Check if travel	outsi	de of Texas. Com	plete Sche	dule T.
	EXPENDITORE									officeholder living		
		CHRISTMAS GIFT TO CLERK										
		L										
	Complete ONLY if direct		Candidate/Office	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)							DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Reintal Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	-
	Sch: 4/10 Rpt: 9/20				The Honorabl	e)				00058388		
4	Date	5	Payee name									
	07/01/2024		Pappas bbq									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$149.44		1217 Pierce	Street								
			Houston, TX	77002								
8	PURPOSE						(h)	Description				_
°	OF				at the top of this sch	nedule)	(u)	Description	outsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		FUUU/Deven	age Expense						officeholder living		
								FOOD FOR 1	ГΗΕ	E CIVIL JUD	GES BOARD LUNCH	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Dffice sou	ght			Office he	eld	
	Date		Payee name									
	07/12/2024		RACKLEY,	BRODIE								
_	Amount (\$)		Payee addres		State	; Zip Co	do					_
	\$100.00		30 COLON		State	, zip coi	ue					
	\$100.00		30 COLOIN	SQUARE								
			ANGELTON	I, TX 77515-3	3508							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Memorials E	xpense					de of Texas. Comp		
										officeholder living	EXPENSE TAFF MEMBERS	
								GRANDSON		SIFT FOR 3		
	Operation ONITY if all a st					24				Office he	1-1	_
	Complete ONLY if direct expenditure to benefit C/OI		anuluale/Olii	ceholder name	(Office sou	yn			Office he	aid	
	Date		Payee name									=
	11/25/2024		SOLIS, REN	IE								
-	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					-
	\$140.00		14531 ELLA		Olulo	, <u>Lip</u> 000						
	\$1+0.00		14001 LLL/									
			HOUSTON,	TX 77014								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract	Labor					de of Texas. Comp		
										officeholder living		_
								PACKING IC	ועו כ		OF THE COURTHOUS	-
	_											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ght			Office he	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 5/10 Rpt: 10/20	McFarland, Jaclanel M. (The Honorable)	00058388				
4	Date 12/06/2024	5 Payee name TELEFLORA					
6	Amount (\$) \$205.64	7 Payee address; City; State; Zip Code 11444 WEST OLYMPIC BLVD. 4TH FLOOR LOS ANGLES, CA 90064					
8	PURPOSE OF EXPENDITURE	OF Cift/Awards/Memorials Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/11/2024	THE MAYFLOWER HOTEL					
	Amount (\$) \$980.88	Payee address; City; State; Zip Code 1127 CONNECTICUT AVE. NW. WASHINGTON, DC 20036					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense CLE ON CIVIL JUSTICE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/05/2024	TST, A.O.C.					
	Amount (\$) \$224.57	Payee address; City; State; Zip Code 8700 W. 3rd St.					
		LOS ANGELES, CA 90048					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense THE CLE				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 11/20	McFarland, Jaclanel M. (The Honorable)	00058388
4	Date 07/12/2024	Payee name Texas center for the judiciary	
6	Amount (\$) \$350.00	Payee address; City; State; Zip Code 1210 san antonio suite 800 austin, TX 78701	
8	PURPOSE OF EXPENDITURE	CONF	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ERENCE FEE FOR STATE JUDICAL ERENCE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/12/2024	WALMART	
	Amount (\$) \$317.69	Payee address; City; State; Zip Code 3450 F.M. 1960 W. HOUSTON, TX 77068	
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule) PURCHSE OF LAPTOP COMPUTER	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense DP COMPUTER
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/28/2024	WE LIKE TO MOVE IT	
	Amount (\$) \$1,638.75	Payee address;City;State;Zip Code2026 TUAM STREET	
		HOUSTON, TX 77004	
	PURPOSE OF EXPENDITURE	Expense	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense IG OUT OF THE COURTHOUSE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/10 Rpt: 12/20	McFarland, Jaclanel M. (The Honorable) 00058388						
4	Date 12/21/2024	Payee name WE LIKE TO MOVE IT						
6	Amount (\$) \$1,380.00	7 Payee address; City; State; Zip Code 2026 TUTAM ST. HOUSTON, TX 77004						
8	PURPOSE OF EXPENDITURE	 A) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel ou Check if Austin, T 	utside of Texas. Complete Schedule T. TX, officeholder living expense OF COURTHOUSE					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/19/2024	WE LIKE TO MOVE IT						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$150.00	2026 TUAM STREET HOUSTON, TX 77004						
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense OF THE COURTHOUSE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/23/2024	WILLIAMS, CORY						
	Amount (\$) \$200.00	Payee address;City;State;Zip Code1414 TEXAS STREET#455HOUSTON, TX 77002						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense GIFT TO LAW CLERK					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 13/20	McFarland, Jaclanel M. (The Honorable)	00058388
4	Date 12/04/2024	Payee name YOUNG IMAGES PRODUCTION CTIONO	
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 7207 FOXCREST LANE HUMBLE, TX 77338	
8	PURPOSE OF EXPENDITURE		tion « if travel outside of Texas. Complete Schedule T. « if Austin, TX, officeholder living expense DGRAPHER FOR RETIREMENT DINNER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/21/2024	YOUNG IMAGES PRODUCTIONS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$515.00	7207 FOXCREST LANE HUMBLE, TX 77338	
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense OF TOAST AND ROAST DINNER
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/20/2024	direct t.v.	
	Amount (\$) \$469.88	Payee address; City; State; Zip Code 2230 e. imperial highway	
		el segundo, CA 90245	
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense E FOR TELEVISIONS IN CHAMBERS
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)					
-	Sch: 9/10 Rpt: 14/20	McFarland, Jaclanel M. (The Honorable)	00058388					
4	Date	5 Payee name						
	09/02/2024	jw marriott san antonio hill country resort & spa						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$985.10	23808 resort parkway						
		con optonio TV 70261						
		san antonio, TX 78261						
8	PURPOSE OF	(b) Description						
	EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
		CONFERENC						
		Orgalistate (Office helder a constant						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/16/2024	southwest airlines						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$635.96	2702 love field drive						
	ψ000.50							
		dallas, TX 75235						
	PURPOSE	(b) Description						
	OF EXPENDITURE		tside of Texas. Complete Schedule T.					
	EXPENDITORE		rX, officeholder living expense					
		TRAVEL TO C	CIVIL DISTRICT JUDGES RETREAT					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2024	southwest airlines						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$728.96	2702 love field drive						
	\$720.90							
		dallas, TX 75235						
	PURPOSE	(b) Description						
	OF EXPENDITURE		itside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		AIRFARE TO	CLE IN WASHINGTION DC					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Eugal Services Expense For the Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		Equipment & Related Expense t strict		
			e instruction Guide explains	s now to comple	ete this form.			
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 15/20	McFarland, Ja	clanel M. (The Honorab	le)			00058388	
4	Date 12/23/2024	5 Payee name stein, darlene	(Ms.)					
6	Amount (\$) \$1,400.00	7 Payee address; 3287 north val houston, TX 7 [*]	e	e; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top of this sc emorials Expense	hedule) (b)	Check if Austin	ı, TX,	, officeholder living	nplete Schedule T. g expense JRT REPORTER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officer	nolder name	Office sought			Office h	eld

		SCHEDULE F4						
	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Poll By - Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Travel in District Travel Out of Distr	uipment & Related Expense			
1 Total pages Schedule F4:				2 Eiler ID	(Ethics Commission Filers)			
Sch: 1/3 Rpt: 16/20		el M. (The Honorable)	00058388				
4 CREDIT CARD ISSUER		Name of financial institution Chase		REDIT	0.00			
6 PAYMENT	(a) Amount Charged \$2,874.79	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card 12/19/2024	I Issuer Paid				
7 PAYEE	(a) Payee name THE POST OAK H	OTEL	(b) Payee address; 1600 W. LOOP S.	City,	State, Zip Code			
			HOUSTON, TX 770	27				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expen		(b) Description RETIREMENT DIN	NER				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder livir	ig expense			
			ffice sought	Office held				
PAYMENT	(a) Amount Charged \$635.96	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card 11/19/2024	l Issuer Paid				
PAYEE (a) Payee name THE MAYFLOWER HOTEL				(b) Payee address;City,State,Zip Code1127 CONNECTICUT AVE. NW.WASHINGTON, TX 20036				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description TRAVEL TO CIVIL	DISTRICT JUDG	ES RETREAT			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder livir	ng expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held	d			
PAYMENT	(a) Amount Charged \$515.00	(b) Date of Charge 12/21/2024	(c) Date(s) Credit Card	l Issuer Paid				
PAYEE	(a) Payee name YOUNG IMAGES		(b) Payee address; 7207 FOXCREST L HUMBLE, TX 7733		State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description PHOTOGRAPHER	FOR RETIREME	ENT DINNER			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	ffice sought	Office held	d				

EXPENDITURES MADE BY CREDIT CARD

				SCHEDULE F4				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Serv	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District VTHER (enter a category not listed above)						
The Instruction Guide ex				2 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F4: Sch: 2/3 Rpt: 17/20		el M. (The Honorable	2)	3 Filer ID (Ethics Commission Filers) 00058388				
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED	00038388				
ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$750.00	12/04/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	YOUNG IMAGES		7207 FOXCREST LANE					
			HUMBLE, TX 77338					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	PHOTOGRAPHER FOR	RETIREMENT DINNER				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. TX	Check if Austin, TX, officeholder living expense				
			iffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.					
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
PURPOSE OF	(a) Category	of this schedule)	(b) Description					
EXPENDITURE	(See Categories listed at the top	ui inis schedule)						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.					
Complete ONLY if direct	Candidate/Officeholder	•	office sought	Office held				
expenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

	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 tee Legal Services		ntal Expense Tra Tra Tra	vlicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District		
	Candidate/Onicentiden/Politica	- - -	ruction Guide explains I	Salaries/Wages/Con		THER (enter a catego	iy not listed above)	
1	Total pages Schedule F4:	2 FILER NAME	-	_		3 Filer ID (Eth	ics Commission Filers)	
	Sch: 3/3 Rpt: 18/20 McFarland, Jaclanel M. (The Honorable)			e)		00058388		
4	CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED			
	ISSUER	Disc	Discover		DITURES ED TO A CREDIT	\$	0.00	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$1,778.52	12/12/2024					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State, Zip Code	
				2702 love	field drive			
		southwest airlines						
				dallas, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Gift/Awards/Memorial	GIFTS FOR PEOPLE WHO ATTENDED RETIREME DINNER					
	X Political							
_	Non-Political	.,	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living ex	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Daid		
	PATMENT	()		(C) Dale(S)	Credit Card Issuer	Palu		
		\$293.49	11/27/2024					
	PAYEE	(a) Payee name		(b) Payee a	address:	City,	State, Zip Code	
		LA GRIGLIA		2817 W. DALLAS ST.				
			HOUSTO	HOUSTON, TX 77019				
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Food/Beverage Exper		DINNER FOR JUDGES THAT PLANNED MY RETIREMENT DINNER				
	X Political		RETIREN					
	Non-Political	(C) Check if travel outside		Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	ce sought Office held			
e	xpenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

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

SCHEDULE T

						-			
The Inst	The Instruction Guide explains how to complete this form.						1 Total pages Schedule T: Sch: 1/2 Rpt: 19/20		
2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
McFarland, Jack	anel M. (T	he Honorable)				0	0058388		
4 Name of Contribut	or / Corpor	ation or Labor Orgar	nization / Pledgor /Paye	e					
THE MAYFLOW	ER HOTE	EL							
5 Contribution / Exp	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Г	Schedule C2	Г	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G		Schedule H	Ē	Schedule COH-UC		
6 Dates of Travel	7 Name	of person(s) traveling	g						
	MCFA	RLAND, JACLAN	EL (Judge)						
	8 Depart	ture city or name of c	leparture location						
10/06/2024	HOUS	STON							
	9 Destina	ation city or name of	destination location						
10/06/2024	ARLIN	NGTON							
10 Means of transpor	tation	11 Purpose of trave	el (including name of co	onfer	ence, seminar, or	other	event)		
Commercial Airp	olane	ATTEND CLE	ON CIVIL JUSTICE						
Name of Contribut	or / Corpor	ation or Labor Orgar	nization / Pledgor /Paye	e					
southwest airline	es								
Contribution / Exp	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Γ	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G		Schedule H	Γ	Schedule COH-UC	_	
Dates of Travel Name of person(s) traveling									
MCFARLAND, JACLANEL (Judge)									
	Depart	ture city or name of c	leparture location						
08/05/2024	HOUS	STON							
	Destina	ation city or name of	destination location						
08/05/2024	LOS A	ANGLES							
Means of transpor	I tation	Purpose of trav	el (including name of co	onfer	ence, seminar, or	other	event)		
Commercial Airp		CLE							
			instian / Diadway /Davis						
		allon of Labor Organ	nization / Pledgor /Paye	e					
southwest airline									
Contribution / Exp				_		г			
Schedule A2		Schedule B	Schedule B(J)		Schedule C2	Ļ	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G		Schedule H	L	Schedule COH-UC		
Dates of Travel	Name	of person(s) traveling	g						
	MCFA	RLAND, JACLAN	EL (Judge)						
	Depart	ture city or name of c	leparture location						
08/08/2024 LOS ANGLES									
	Destina	ation city or name of	destination location						
08/08/2024 HOUSTON									
Means of transpor	tation	Purpose of trav	el (including name of co	onfer	ence, seminar, or	other	event)		
Commercial Airp	olane	CLE							
		I							

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

SCHEDULE T

	utor / Corporation or Labor Organization / Pledgor /Payee							
southwest airlines								
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1							
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC							
6 Dates of Travel	7 Name of person(s) traveling							
	MCFARLAND, JACLANEL (Judge)							
	8 Departure city or name of departure location							
10/03/2024	HOUSTON							
	9 Destination city or name of destination location							
10/03/2024	ARLINGTON,VA.							
10 Means of transpor								
Commercial Airp	Implane ATTEND CLE ON CIVIL JUSTICE							
	utor / Corporation or Labor Organization / Pledgor /Payee							
southwest airline								
	penditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
Schedule F2	X Schedule F4 Schedule G Schedule H Schedule COH-UC							
Dates of Travel	Name of person(s) traveling							
	MCFARLAND, JACLANEL (Judge)							
10/00/0001	Departure city or name of departure location							
10/06/2024	HOUSTON							
Destination city or name of destination location								
10/06/2024	ARLINGTON,VA.							
Means of transportationPurpose of travel (including name of conference, seminar, or other event)Commercial AirplaneATTEND CIVIL JUSTIVE SEMINAR								