FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080315 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David M. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Mike Wallach CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Donald W. NAME NICKNAME LAST **SUFFIX** Bill Delong **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 905-7723 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/24/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 6 District 2 Court Of Appeals, Justice Place 6 District 2

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	13 C / OH NAME	Wallach, David M. (T	he Honorable)		14 Filer ID 00080315	(Ethics Con	nmission Filers)
COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE ADDRESS	FROM POLITICAL	candidate / officeholder.	These expenditure	s may have been made without	the candidate's or off	ficeholder's kn	owledge or
GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable David M. Wallach Signature of Candidate or Officeholder		COMMITTEE TYPE	COMMITTEE NAM	ME			
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I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable David M. Wallach Signature of Candidate or Officeholder				NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	3,714.86
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable David M. Wallach Signature of Candidate or Officeholder				LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	28,592.05
true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable David M. Wallach Signature of Candidate or Officeholder	17 AFFIDAVIT						
Signature of Candidate or Officeholder				true and correct and includes a	y of perjury, that the a	accompanyinç d to be report	report is ed by me
·				The Hono	rable David M. Wa	llach	
AFFIX NOTARY STAMP / SEAL ABOVE				Signature of	f Candidate or Office	nolder	
	AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said, this the day	Sworn to and subs	cribed before me, by the s	aid		, this the		day
of, 20, to certify which, witness my hand and seal of office.							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of offi	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 10
	David M. (The Honorable)	19 Filer ID 00080315	(Ethics Commission Filers)
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT		
1.	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,633.39
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 1.28

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruc	tion Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 4/10	Wallach, David M. (Th	ne Honorable)			00080315	
4	Date	Payee name					
	01/03/2025	Donut Palace					
6	Amount (\$)	Payee address; City	; State; Zip Co	ode			
	\$56.83	101 West Glade Rd.					
		Euless, TX 76039					
8	PURPOSE	Category (See Categories li	isted at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Exper			Check if travel outs		
	LAFENDITORE				Check if Austin, TX		ng expense
					Oath Ceremony	Reception	
_	Operation ONLY if allowed		0#:			O#: I	-14
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder na	ame Office sou	ignt		Office h	ieia
_							
	Date	Payee name					
	04/01/2025	Donut Palace					
	Amount (\$)	Payee address; City	State; Zip Co	ode			
	\$44.99	101 West Glade Rd.					
		Euless, TX 76039					
	PURPOSE	Category (See Categories li	isted at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expe	nse		Check if travel outs		
					Check if Austin, TX Court Staff Brea		ig expense
					Court Clair Bree	uriast	
	Complete ONLY if direct	andidate/Officeholder na	ame Office sou	l laht		Office h	neld
	expenditure to benefit C/O			9			
	Date	Payee name					
	05/20/2025	HG Sply Co.					
	Amount (\$)	Payee address; City	; State; Zip Co	ndo			
	\$112.67	1621 River Run, Ste.		ue			
	Ψ112.07	1021 River Ruil, Ste.	170				
		Fort Month TV 70107					
		Fort Worth, TX 76107					
	PURPOSE OF	Category (See Categories li		(b)	Description Check if travel outs	ide of Toyon Co	mploto Cahadulo T
	EXPENDITURE	Food/Beverage Expe	nse		Check if Austin, TX		•
					Court Staff Lunc		
	Complete ONLY if direct	andidate/Officeholder na	ame Office sou	ı <u> </u>		Office h	neld
	expenditure to benefit C/O			-			
_							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense mmittee Legal Services				ravel Out of Dis THER (enter a	trict category not listed above)
	Credit Card Payment		The Instruction Guide exp	plains how to co	omple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME			3 F	iler ID	(Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/10		Wallach, David M. (The Honorabl	e)		0	0080315	
4	Date	5	Payee name					
	02/13/2025		Kerr, Elizabeth (Judge)					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode			
	\$40.00		401 W. Belknap, Ste. 9000					
			Fort Worth, TX 76196					
8	PURPOSE	(a	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside		
						In Check if Austin, TX, of Justice lunch mee		expense
						Justice furicit mee	ung	
_	Commission ONLL V if dispose	<u> </u>	Condidate IOfficabelder races	Office	. eulest		Office he	ıla
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	Office sou	ugnt		Office he	eia
	Date		Payee name					
	01/17/2025		Tarrant County Bar Association					
	Amount (\$)	T	Payee address; City;	State; Zip Co	ode			
	\$52.00		1315 Calhoun St.					
			Fort Worth, TX 76102					
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside		
						Check if Austin, TX, of Membership Lunc		expense
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	Complete ONLY if direct		Candidate/Officeholder name	Office sou	<u>I</u> ught		Office he	eld
	expenditure to benefit C/OF	+						
	Date		Payee name					
	03/25/2025		Tarrant County Bar Association					
	Amount (\$)		Payee address; City;	State; Zip Co	ode			
	\$55.00		1315 Calhoun St.					
			Fort Worth, TX 76102					
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel outside		
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	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office he	eld
	Onditare to benefit 0/01	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed abov	re)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/5 Rpt: 6/10		Wallach, Da	vid M. (The Ho	norable)					00080315		
4	Date	5	Payee name									
	04/07/2025		Texas Cente	er for the Judici	ary							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$240.00		1212 E. And	lerson Ln.								
			Ste. 500									
			Austin, TX 7	8752								
8	PURPOSE	(a)	Category (Sc	e Categories listed at t	he ton of this sche	dula)	(b)	Description				
	OF			s/Donations Ma		uuic)	` ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/Pol	itical Commi	ttee		—	, TX,	officeholder living	g expense	
								Contribution				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	O	ffice sou	ght			Office h	eld	
	Date		Payee name									
	03/22/2025		U.S. Post O	ffice								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$21.90		1501 Hall Jo	hnson Rd.								
			Colleyville,	ΓX 76034								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			plete Schedule T.	
								Postage	, IX,	officeholder living	g expense	
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	Complete ONLY if direct		Candidate/Offic	ceholder name	O:	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O						9					
-	Date	Ι	Dayoo nama									
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	Amount (\$) \$500.00	ı	Payee addres 3951 Spring	•	State,	Zip Co	ue					
	φ300.00		Sect Spiling	Garden Dr.								
			Callannilla :	EV 70004								
		 	Colleyville,									
	PURPOSE OF	ı	•	e Categories listed at t	•	dule)	(b)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Loan Repay	ment/Reimburs	sement					officeholder living		
								Partial Loan F				
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	expenditure to benefit C/OI	Н										
l												

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: 4/5 Rpt: 7/10	Wallach, David M. (The Honorable) 00080315
4	Date	5 Payee name
	01/27/2025	Wallach J.D., D. Michael (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	3951 Spring Garden Dr.
_		Colleyville, TX 76034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Partial Loan Reimbursement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	
	Date	Payee name
	01/31/2025	Wallach J.D., D. Michael (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3951 Spring Garden Dr.
		Colleyville, TX 76034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Partial Loan Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/18/2025	Wallach J.D., D. Michael (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	3951 Spring Garden Dr.
		Colleyville, TX 76034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Partial Loan Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services				/ages	e Contract Labor te this form.		Travel Out of D OTHER (enter	istrict a category not listed	above)
Ŀ	T-4-1 01 11 51	_	EII EB ****					,	 	_	E1 15	/E#: C :	i F7: · `
$ ^1$	Total pages Schedule F1: Sch: 5/5 Rpt: 8/10	2	Wallach, Da		ie Honora	ble)				3	Filer ID 00080315	(Ethics Commi	ssion Filers)
1	Date	5	Payee name										
Ľ	05/30/2025		Wallach J.D	., D. Mich	ael (Judge	e)							
6	Amount (\$) \$500.00	7	Payee addres			State;	Zip Co	de					
	φ300.00		OOOT OPINI	Caracire	21.								
L			Colleyville,										
8	PURPOSE OF	(a)	Category (Se				dule)	(b)	Description				
	EXPENDITURE		Loan Repay	ment/Reir	nburseme	ent			_			mplete Schedule T.	
l									Check if Austin, Partial Loan F				
									railiai Luaii i	\CII	ilibuiseille	ii.	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder na	me	Of	fice sou	ght			Office h	neld	
⊨	5.	_											
	Date		Payee name	5 • · · ·	1 . 7								
L	06/12/2025		Wallach J.D			-							
	Amount (\$)		Payee addres	ss; City	;	State;	Zip Co	de					
	\$500.00		3951 Spring	Garden [Or.								
			Colleyville,										
	PURPOSE OF	(a)	Category (Se				dule)	(b)	Description				
	EXPENDITURE		Loan Repay	ment/Reir	nburseme	ent					de of Texas. Co officeholder livir	mplete Schedule T.	
									Partial Loan F				
									i ditidi Lodii i	(CII	mbarseme		
\vdash	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder no	me	Of	fice sou	aht			Office h	neld	
	expenditure to benefit C/Ol		Januluale/On	ceriolaei ila	ine	Oi	iice sou	ynı			Office i	ieiu	
⊢													

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wallach, David M. (The Honorable) 00080315 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 05/12/2025 \$1.28 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code N. Richland Hills, TX 76180 Purpose for which amount is received Check if political contribution returned to filer Interest on Bank Account

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 10/10
FILER NAME Wallach, David	M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080315
LENDER INFORMATION	4 Name of lender Wallach J.D., David (The Honorable)	
	5 Lender address; City; State; Zip Code	
	Colleyville, TX 76034	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	
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