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) 00038111 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Gina G. NAME Date Received **ELECTRONICALLY FILED** 07/03/2025 NICKNAME LAST **SUFFIX** Parker 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** Mrs. Shelli L. NAME NICKNAME LAST **SUFFIX** Rosenkranz **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** (254) 722-2334 **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 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Criminal Appeals, Judge Place 7

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Parker, Gina G. (Ms.) 14 Filer ID 00038111			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	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 ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS				\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 49,735.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ms.	Gina G. Parker	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 17				
18 FILER I		(Ethics Commission Filers)					
	Gina G. (Ms.)	00038111	1				
l	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.	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	\$ 2,264.70				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 10,712.35				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 10,507.09				
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 I TO FILER	RETURNED	\$ 14.05				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 4/17	Parker, Gina G. (Ms.)	00038111
4 Date	5 Payee name	•
06/25/2025	Axiom Advertising	
6 Amount (\$) \$21.65	7 Payee address; City; State; Zip Co 524 Esther St	de
	Waco, TX 76710	
8 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 Name Tag
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/27/2025	Buc-ee's	
Amount (\$) \$33.69	Payee address; City; State; Zip Co 2760 N Interstate 35 New Braunfels, TX 78130	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder gas for The Republican Club of Comal County meeting, speaker for meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/27/2025	Capital One - Venture	
Amount (\$) \$185.27	Payee address; City; State; Zip Co PO Box 71087 Charlotte, NC 28272	de
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder hotel for The Republican Club of Comal County meeting, speaker for meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

	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: 2/6 Rpt: 5/17	Parker, Gina G. (Ms.) 00038111
4	Date	5 Payee name
	04/04/2025	Cefco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.61	1699 Central Texas Expressway
		Lampasas, TX 76550
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder gas expense traveling to/from San
		Antonio Republican Women's Fiesta Ola Event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Or	
	Date	Payee name
	03/19/2025	Discover
	Amount (\$)	Payee address; City; State; Zip Code
	\$239.00	P. O. Box 71242
		Charlotte, NC 28272
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder hotel expense for TPPF Summitt
		Cincertolater Hotel expense for 1111 Gammia
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Para a sana
	Date 04/18/2025	Payee name Discover
	Amount (\$)	Payee address; City; State; Zip Code
	\$418.00	P. O. Box 71242
		Charlotte, NC 28272
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder hotel expense for TFRW Legislative Day
		Officeriolder floter expense for TPRW Legislative Day
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	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: 3/6 Rpt: 6/17	Parker, Gina G. (Ms.)		00038111			
4	Date	5 Payee name					
	06/30/2025	Discover					
6	Amount (\$)	7 Payee address; City; State; Zip Code	е				
	\$19.99	P. O. Box 71242					
		Charlotte, NC 28272					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			Website dom				
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held			
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	06/25/2025	Fork and Spoon					
Г	Amount (\$)	Payee address; City; State; Zip Code	е				
	\$33.00	651 North Business I35					
		New Braunfels, TX 78130					
	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.			
			ļ	Check if Austin, TX, officeholder living expense Officeholder meal for The Republican Club of Comal			
				County meeting, speaker for meeting			
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held			
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	03/19/2025	Imprint Anything					
Г	Amount (\$)	Payee address; City; State; Zip Code	е				
	\$55.00	708 Lake Air Dr					
		Waco, TX 76710					
	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 Name Tag			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held			
	expenditure to benefit C/OI	1					
T							

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		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expen: /Wage:	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a			
1	Total pages Schedule F1: Sch: 4/6 Rpt: 7/17		na G. (Ms.)				3	Filer ID 00038111	(Ethics Commission Filers)		
4	Date	·					<u> </u>	20000111			
4	06/26/2025	5 Payee nam Johnny's S	e Steakhouse								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode						
	\$19.50	301 Thom	as Arnold Rd	•							
		Salado, TX	K 76571								
8	PURPOSE	(a) Category (See Categories listed at the top	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beve	erage Expense					de of Texas. Com officeholder living	plete Schedule T.		
						_			epublican Club of Comal		
								, speaker for meeting			
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ught			Office he	eld		
	Date	Payee nam	e								
	03/09/2025	Quick Trip									
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode						
	\$18.49	8836 Davis Blvd									
		Keller, TX	76248								
	PURPOSE OF	(a) Category	See Categories listed at the top	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Travel In [District					de of Texas. Com officeholder living	plete Schedule T.		
						ш			aveling to/from American		
									ans for Judicial		
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught			Office he	eld		
	Date	Payee nam	e								
	01/16/2025	Rosenkrar	nz, Shelli (Mrs.)								
	Amount (\$)	Payee addr		State; Zip C	ode						
	\$300.00	213 Gail D)r								
		Waco, TX	76708								
	PURPOSE OF		See Categories listed at the top		(b)	Description					
	EXPENDITURE	Salaries/W	/ages/Contract Labo	r		ш		de of Texas. Com officeholder living	plete Schedule T. a expense		
						Contract Lab			, - _F		
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught			Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense 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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 5/6 Rpt: 8/17	Parker, Gina G. (Ms.) 00038111					
4	Date	Payee name					
	04/10/2025	Rosenkranz, Shelli (Mrs.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$120.00	213 Gail Dr					
		Waco, TX 76708					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Contract Labor					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/Ol						
_							
	Date	Payee name					
	02/14/2025	TFRWPAC					
	Amount (\$) \$94.06	Payee address; City; State; Zip Code					
	13740 N Highway 183, Suite J4						
		Austin, TX 78750					
	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 Tickets for Legislative Day 2025					
		Holoto for Eoglolative Bay 2020					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payros namo					
	02/21/2025	Payee name Texas Public Policy Foundation					
		· · · · · · · · · · · · · · · · · · ·					
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 901 Congress Ave.					
	\$40.00	901 Congress Ave.					
		Austin, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Officeholder meal expense for TPPF Summitt					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					

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 Comr

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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/Officenoider/Politica 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 File	ers)
	Sch: 6/6 Rpt: 9/17	Parker, Gina G. (Ms.) 00038111	,
4	Date	5 Payee name	
	03/19/2025	True Texas Project	
6	Amount (\$) \$445.00	7 Payee address; City; State; Zip Code 1220-G Airport Freeway, 602	
		Bedford, TX 76022	
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 Tickets for Texas Tough Annual Gala	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/19/2025	Twitter, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$181.44	1355 Market St, Ste 900	
		San Fransico, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate advertising expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office 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: 1/4 Rpt: 10/17	Parker, Gina G. (M:	s.)		00038111				
4 CREDIT CARD ISSUER		ncial institution ne - Venture	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$185.27	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issuel 06/25/2025	r Paid				
7 PAYEE	(a) Payee name iTrip San Antonio		(b) Payee address; 2255 Oak Run Pkwy New Braunfels, TX 78132	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (b) Description			Republican Club of Comal				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH				Office held				
PAYMENT	(a) Amount Charged \$627.00	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE	(a) Payee name Double Tree by Hilt	on	(b) Payee address; 303 W. 15th St Austin, TX 78701	City, State, Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Officeholder living expense for 3 days on Austin for Court 01/06-01/09/25					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l					
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: 2/4 Rpt: 11/17	Parker, Gina G. (M	s.)		00038111				
4	CREDIT CARD ISSUER		ncial institution cover	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITURED	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$1,946.44	05/30/2025						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
		Double Tree by Hilton 303 W. 15th St							
Ļ	DUDDOOF OF	(a) Catagon		Austin, TX 78701					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Officeholder living expens 05/01-05/30/25			se for 11 days on Austin for Court				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	K, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$1,881.00	01/27/2025						
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
		Double Tree by Hilt	on	303 W. 15th St					
L				Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	X Political	Office Overhead/Ren		Officeholder living expense for 9 days on Austin for Court 01/13-01/27/25					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$1,881.00	02/27/2025						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
		Double Tree by Hilt	on	303 W. 15th St					
		Double free by fill	.011						
L		() 0 :		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder living expense for 9 days on Austin for Court					
	X Political	Office Overhead/Ren	tal Expense	02/04-02/27/25	se for 9 days off Austin for Court				
	Non-Political	() 🗖		<u> </u>					
\vdash		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	E sought	C, officeholder living expense Office held				
۔	Complete ONLY if direct expenditure to benefit C/OH	Janaidate/Onicendidei	name Office	o oougiit	Onice ficia				
٣		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 (Ethics Commission Filers)			
Sch: 3/4 Rpt: 12/17	Parker, Gina G. (M	s.)		00038111			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$1,703.50	04/30/2025					
7 PAYEE	(a) Payee name Double Tree by Hill	ton	(b) Payee address; 303 W. 15th St	City, State, Zip Code			
			Austin, TX 78701				
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description				
X Political	Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense			e for 8 days on Austin for Court			
Non-Political	tical (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX,			officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held			
expenditure to benefit C/OH		_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$1,632.15	06/18/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Double Tree by Hilton		303 W. 15th St				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	I Officefiolide living exp		nse for 6 days on Austin for Court			
X Political	Office Overhead/Ren	tal Expense	06/01-06/18/25				
Non-Political	1 · · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 06/30/2025	(c) Date(s) Credit Card Issuer	Paid			
PAYEE	(a) Payee name SG Hosting Inc.		(b) Payee address; 700 N. Fairfax St, Suite 61 Alexandria, VA 22314	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	TURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website domain yearly su	bscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	- Gift/Awards	/Memorials Expense P	olling Expense rinting Expense alaries/Wages/Contract Labo	Tra	avel in District avel Out of District THER (enter a cate		oove)
		The Instr	uction Guide explains ho	w to complete this form				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 4/4 Rpt: 13/17	Parker, Gina G. (Ms	s.)			00038111		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNI	TEMIZED			
	ISSUER	see nr	evious	EXPENDITURE		\$		
		, and p.	01.000	CHARGED TO A	A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	· Paid		
				(0) = 0.00(0) = 0.0000				
		\$836.00	03/31/2025					
7	PAYEE	(a) Payee name		(b) Payee address:		City,	State,	Zin Codo
l	TAILL	(a) Fayee Hame			1	City,	State,	Zip Code
		Double Tree by Hilt	on	303 W. 15th St				
l		-		Augtin TV 7070	1			
┝	DUDDOCE OF	(a) Catagony		Austin, TX 78703	L			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Officeholder livin	ananya n	e for 4 dave	on Austin f	or Court
		Office Overhead/Rent		03/03-03/31/25	a evheirs	c ioi 4 uays	on Ausuit I	oi Court
	X Political							
	Non-Political	1	of Texas. Complete Schedule T.		if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
e	kpenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Check if travel outside of Texas. Complete Schedule T.

X Check if Austin, TX, officeholder living expense

Officeholder living expense for 12 days on Austin for

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 14/17 Parker, Gina G. (Ms.) 00038111 Date Payee name 01/31/2025 Double Tree by Hilton Amount (\$) Payee address; City; State; Zip Code \$2,508.00 303 W. 15th St Reimbursement from political contributions Х intended Austin, TX 78701

(a) Category (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

Date Payee name 02/27/2025 Double Tree by Hilton Amount (\$) Payee address; City; State; Zip Code \$1,881.00 303 W. 15th St Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder living expense for 9 days on Austin for Court 02/01-02/27/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

(b) Description

Court 01/06-01/31/25

Date Payee name 03/27/2025 Double Tree by Hilton Payee address; State; Zip Code Amount (\$) City; \$836.00 303 W. 15th St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder living expense for 4 days on Austin for Court 03/01-03/27/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

PURPOSE

OF

EXPENDITURE

C/OH

C/OH

C/OH

8

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 15/17 Parker, Gina G. (Ms.) 00038111 Date Payee name 04/30/2025 Double Tree by Hilton Amount (\$) Payee address; City; State; Zip Code \$1,703.50 303 W. 15th St Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder living expense for 9 days on Austin for Court 04/01-04/30/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2025 Double Tree by Hilton Amount (\$) Payee address; City; State; Zip Code \$1,946.44 303 W. 15th St Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder living expense for 11 days on Austin for Court 05/01-05/30/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 Double Tree by Hilton Payee address; State; Zip Code Amount (\$) City; \$1,632.15 303 W. 15th St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder living expense for 6 days on Austin for Court 06/01-06/30/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K:		
			· · · · · · · · · · · · · · · · · · ·	\perp		1/2 Rpt: 16/17		
2	FILER NAME			3		•	ilers)	
	Parker, Gina	ı G.	(Ms.)		00038	3111 		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	01/31/2025		Independent Financial				\$2.21	
		6	Address of person from whom amount is received; City; State; Zip Code]		
		L	McKinney, TX 75070					
		7		politi	cal cont	ribution returned to filer		
			Interest Earned on Checking Account					
	Date		Name of person from whom amount is received			Amount (\$)		
	02/28/2025		Independent Financial				\$1.98	
		ļ	Address of person from whom amount is received; City; State; Zip Code			1		
			McKinney, TX 75070					
			Purpose for which amount is received	politi	cal cont	ribution returned to filer		
			Interest Earned on Checking Account					
	Date		Name of person from whom amount is received			Amount (\$)		
	03/31/2025		Independent Financial				\$2.17	
	Address of person from whom amount is received; City; State; Zip Code					1		
		L	McKinney, TX 75070					
			——————————————————————————————————————	politi	cal cont	ribution returned to filer		
	Interest Earned on Checking Account							
	Date		Name of person from whom amount is received			Amount (\$)		
	04/30/2025		Independent Financial				\$2.07	
	Address of person from whom amount is received; City; State; Zip Code					1		
		L	McKinney, TX 75070					
				politi	cal cont	ribution returned to filer		
			Interest Earned on Checking Account					
	Date		Name of person from whom amount is received			Amount (\$)		
	05/23/2025		Independent Financial				\$1.78	
	Address of person from whom amount is received; City; State; Zip Code					1		
			McKinney, TX 75070					
			Purpose for which amount is received	politi	cal cont	ribution returned to filer		
			Interest Earned on Checking Account					

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: 2/2 Rpt: 17/17 2 FILER NAME Filer ID (Ethics Commission Filers) Parker, Gina G. (Ms.) 00038111 8 Amount (\$) Date 5 Name of person from whom amount is received 05/31/2025 SouthState Bank \$0.44 6 Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883 Purpose for which amount is received Check if political contribution returned to filer Interest Earned on Checking Account Amount (\$) Date Name of person from whom amount is received 06/30/2025 SouthState Bank \$3.40 Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883 Purpose for which amount is received Check if political contribution returned to filer Interest Earned on Checking Account