

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089437		2 Total pages filed:  12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Sherri L.	MI	
	NICKNAME		LAST Wagner	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 2701 Kimbo Rd  Fort Worth , TX 76111		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/03/2025			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST James	MI
		NICKNAME JJ		LAST Wagner	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2701 Kimbo Rd  Fort Worth , TX 76111			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 319-5168			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 02/27/2025    06/30/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Criminal District Court Judge, Tarrant Co. District 1	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 12

<b>13 C / OH NAME</b> Wagner , Sherri L. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00089437
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,521.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,353.76
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,521.00
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,010.00

**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.

Mrs. Sherri L. Wagner

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

3 of 12

<b>18 FILER NAME</b> Wagner , Sherri L. (Mrs.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089437
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 1,521.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 20,010.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 469.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 883.88
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/12
<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 06/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Doug <hr/> <b>6</b> Contributor address; City; State; Zip Code  Avon, IN 46123	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Contributor's Principal Occupation VP of Maintenance Operations		<b>9</b> Contributor's Job Title Vice President
<b>10</b> Contributor's employer/law firm Gene B. Glick Co		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Paula <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Banking		Contributor's Job Title Vice President
Contributor's employer/law firm Citibank		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ives, Cyndy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Publishing		Contributor's Job Title Team Leader
Contributor's employer/law firm Thomson Reuters		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/12
<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 06/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gail <hr/> <b>6</b> Contributor address; City; State; Zip Code  Afton, TX 79220	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Nursing		<b>9</b> Contributor's Job Title Registered Nurse
<b>10</b> Contributor's employer/law firm USDA		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Alex <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76111	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation District Judge		Contributor's Job Title Judge
Contributor's employer/law firm 323rd District Court		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Rex <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76031-0918	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Financial Advisor		Contributor's Job Title Owner
Contributor's employer/law firm Russell Wealth Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/12
<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 06/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlech, Barry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$1,001.00
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

## SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 7/12
<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 05/13/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Sherri	<b>9</b> Loan Amount (\$) \$20,010.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Ft Worth, TX 76111	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/12	<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 06/30/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$63.94	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St, Suite 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2025	Payee name Dynamic Graphics	
Amount (\$) \$405.94	Payee address; City; State; Zip Code 300 Boone Rd, Ste A9  Burleson, TX 76028	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/3 Rpt: 9/12		2 FILER NAME Wagner , Sherri L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089437	
4 Date 05/09/2025		5 Payee name Amazon			
6 Amount (\$) \$54.57  <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 410 Terry Avenue. N  Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense clipboards, brochure holders, flyer frames	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/29/2025		Payee name Amazon			
Amount (\$) \$12.53  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Avenue. N  Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal paper for petitions	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/29/2025		Payee name Fort Worth Republican Women			
Amount (\$) \$400.00  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 101613  Fort Worth, TX 76185-1613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition Signing Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/3 Rpt: 10/12	<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 02/28/2025	<b>5</b> Payee name GoDaddy	
<b>6</b> Amount (\$) \$24.34  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7145 E 1st  Scottsdale, AZ 85251	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2025	Payee name GoDaddy	
Amount (\$) \$15.17  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7145 E 1st  Scottsdale, AZ 85251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/13/2025	Payee name GoDaddy	
Amount (\$) \$12.17  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7145 E 1st  Scottsdale, AZ 85251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 11/12	<b>2</b> FILER NAME Wagner , Sherri L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089437
<b>4</b> Date 06/08/2025	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 140 NW John Jones Dr, Ste 136, Burleson, TX  Burleson, TX 76028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense petition copies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name True Texas Project	
Amount (\$) \$290.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2300 Valley View Ln  Irving, TX 75062-1826	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name VistaPrint	
Amount (\$) \$50.10  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman Street  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# OUTSTANDING LOANS

## SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:  
Sch: 1/1 Rpt: 12/12

2 FILER NAME

Wagner , Sherri L. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00089437

LENDER  
INFORMATION

4 Name of lender  
Wagner, Sherri

5 Lender address; City; State; Zip Code

Fort Worth, TX 76111

GUARANTOR  
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code