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) 00082242 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kimberly NAME Date Received **ELECTRONICALLY FILED** 07/08/2025 NICKNAME LAST **SUFFIX** Newcomer-Fitzpatrick CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; 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. David NAME NICKNAME LAST **SUFFIX** Cook **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) 832-8434 **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 Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 342 Tarrant

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Newcomer-Fitzpatric	k, Kimberly (The	Honorable)	14 Filer ID 00082242	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditues may have been made without required to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIB PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL	EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDI	TURES		\$	7,358.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ONS MAINTAINED AS OF THE L	AST DAY OF THE	\$	17,276.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	33,037.22
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Honorable K	imberly Newcomer-	Fitzpatrick	
			Signature of	Candidate or Officeho	older	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE				
Sworn to and subso	ribed before me, by the s	aid		, this the		_ day
			s my hand and seal of office.			_ ,
Signature of office	er administering oath	Printed nam	e of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 13
I	LER NAM	(Ethics Commission Filers)		
I	AME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
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	5	\$ 5,338.98
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 2,019.59
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

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 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: Sch: 1/6 Rpt: 4/13	2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082242
4	Date 01/02/2025	5 Payee name Arlington Bar Association
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 882 Arlington, TX 76013
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 Christmas Party Sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/21/2025	Payee name Arlington Bar Association
	Amount (\$) \$40.00	Payee address; City; State; Zip Code PO Box 882 Arlington, TX 76013
	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 Jan CLE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/16/2025	Payee name Delira, Rachel
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 3244 Stuart Dr
		Fort Worth, TX 76110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photography
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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: 2/6 Rpt: 5/13	Newcomer-Fitzpatrick, Kimberly (The Honorable) 00082242
4	Date	5 Payee name
	01/06/2025	Digital Corporate Companies Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$896.39	801 Station Dr., Suite 109
		Arlington, TX 76005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense printing for door hangers
		printing for door natigets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/24/2025	Fahey, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box 11711
		Fort Worth, TX 76110
	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 True Values Dinner Ticket
		nus values 2 mile. Notes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/08/2025	Fitzpatrick, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.99	6512 Ponderosa Lane
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for go daddy renewal
		Normbursellier for go daday renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/6 Rpt: 6/13	Newcomer-Fitzpatrick, Kimberly (The Honorable) 00082242
4	Date	5 Payee name
	02/21/2025	Fitzpatrick, Kimberly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	6512 Ponderosa Lane
		Colleyville, DC 76034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual fee for federalist society
		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	02/21/2025	Payee name Eitznatriek Kimbork
		Fitzpatrick, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	6512 Ponderosa Lane
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Constant contact fees
		Constant contact ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/21/2025	Fitzpatrick, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	6512 Ponderosa Lane
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mahon Inn Dinner
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense 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 Credit Card Payment			Gift/Awards/Mem Legal Services The Instruction	orials Expense on Guide expla		Wages	s/Contract Labor		Travel Out of OTHER (en		rict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
Ĺ	Sch: 4/6 Rpt: 7/13	ı	Newcomer-		Kimberly (TI	ne Honorab	le)			0008224	42	
4	Date	5	Payee name									
	04/21/2025		Fitzpatrick,	Kimberly								
6	Amount (\$) \$520.51		Payee addres 6512 Ponde Colleyville, ⁻	rosa Lane	S	tate; Zip Co	ode					
8	PURPOSE	(a)	Category (Se	e Categories liste	ed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		_ `	ı, TX,	officeholder	living 6	lete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder nam	ie	Office sou	ıght			Offic	e hel	ld
	Date		Payee name									
	05/01/2025		Fitzpatrick,	Kimberly								
	Amount (\$) \$561.81		Payee addres 6512 Ponde		S	tate; Zip Co	ode					
		<u> </u>	Colleyville, ⁻				Le					
	PURPOSE OF		Category (Se			s schedule)	(b)	Description Check if travel	outei	de of Toyac	Comp	llata Schadula T
	EXPENDITURE		Loan Repay	ment/Reim	oursement			Check if travel				lete Schedule T. expense
								Reimburse fo	or C	onstant (Cont	tact, Tarrant County e Catholic Society CLE
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offi	ceholder nam	ie	Office sou	ıght			Offic	e hel	ld
	Date		Payee name									
	05/15/2025		Fitzpatrick,	Kimberly								
	Amount (\$)		Payee addres	ss; City;	S	tate; Zip Co	ode					
	\$450.00		6512 Ponde	rosa Lane								
			#140									
			Colleyville,	ΓX 76034								
	PURPOSE	(a)	Category (Se	e Categories liste	ed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Advertising									lete Schedule T.
								Check if Austin				expense leadshots Photography
								reminuise it	лΚ	yan biuv	VIII	icausiiois Friotography
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	ceholder nam	e	Office sou	ight			Offic	e hel	ld
_	., =											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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 Filers)
	Sch: 5/6 Rpt: 8/13	Newcomer-Fitzpatrick, Kimberly (The Honorable) 00082242
4	Date	5 Payee name
	02/06/2025	Frederick Douglass Republicans of Tarrant County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 170912
	1	
		Arlington, TX 76016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Frederick Douglas reenactment sponsorship
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	05/05/2025	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.00	1414 Colorado St
	!	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Annual dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/08/2025	True Texas Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1220-G Airport Freeway, #602
	Ψ000.00	1220-0 Airport reeway, 17002
		Bedford, TX 76022
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	!	Annual Dinner
_	Constitute ONITY if alliance	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/13	Newcomer-Fitzpatrick, Kimberly (The Honorable) 00082242
4	Date	5 Payee name
	04/07/2025	University of Texas at Arlington
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	701 S Nedderman Drive
		Arlington, TX 76019
8	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
		Women in PreLaw Event Sponsorship
		Women in Trotain Event openiorismp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	02/18/2025	Payee name Whatley, Erica
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1370 Scarboro Hills Lane
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense graphics/social media
		graphics/social media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	05/05/2025	Whatley, Erica
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1370 Scarboro Hills Lane
L		Rockwall, TX 75087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social media graphic
		Social Hieula graphic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services SalariesN The Instruction Guide explains how to co	wages/Contract Labor mplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 10/13		Newcomer-Fitzpatrick, Kimberly (The Honorab	le)		00082242
4	Date	5	Payee name			
	05/15/2025		Brown, Ryan			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$450.00		1730 West Randol Mill			
	Reimbursement from political contributions		#140			
	intended		Arlington, TX 76012			
8	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense			heck if Austin, TX, officeholder living expense
				headshots		
9	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought	—	Office held
•	expenditure to benefit C/OH	Ca	nadate/Onicerolaer name	Office Sought		Office field
	Date		Payee name			
	02/21/2025		Constant Contact			
	Amount (\$)	T	Payee address; City; State; Zip Co	ode		
	\$85.28		1601 Trapelo Road			
	Reimbursement from political contributions					
	intended		Waltham , ME 02451			
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees	[CI	heck if Austin, TX, officeholder living expense
				Emailing fees		
	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit	Ou	nariate/officerolaer name	Office Sought		Cinice field
	C/OH					
	Date		Payee name			
	04/25/2025		Constant Contact			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$10.66		1601 Trapelo Road			
	Reimbursement from political contributions					
	intended	L	Waltham , ME 02451	_		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	EXPENDITURE		Fees	Email Fees	_ °	neak ii 7 dasan, 172, omeendaer iiving expense
				LIIIUII I 663		
	Complete ONLY if direct	<u>L</u> Ca	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	СОП					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Expense Polling Printing Salarie	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instructi	on Guide explains how to	complete this form.	
1	Total pages Schedule G: Sch: 2/3 Rpt: 11/13	2 FILER NAME Newcomer-Fitzpatrick,	Kimberly (The Honora	able)	3 Filer ID (Ethics Commission Filers) 00082242
4	Date	•		′	
4	02/21/2025	5 Payee nameFederalist Society			
6	Amount (\$)	7 Payee address; City;	State; Zip	Code	
	\$25.00	1776 I Street, NW Suite	e 300		
	Reimbursement from political contributions intended	Washington DC, DC 20	0006		
8	PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Fees	ou at the top of the confidency	(2) 2000	Check if Austin, TX, officeholder living expense
	EXPENDITURE	1 003		Membership Fees	<u>-</u> S
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	Date	Payee name			
	01/08/2025	Go Daddy			
	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$261.99	14455 N Hayden Rd			
	Reimbursement from	Ste 219			
	X political contributions				
	intended	Scottsdale, AZ 85260		_	
	PURPOSE OF	Category (See Categories list	ed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		L L	Check if Austin, TX, officeholder living expense
				Website Renewa	l
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
	C/OH				
H					
	Date	Payee name			
	04/29/2025	St Thomas More Socie	ty		
	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$30.00	514 E Belknap			
	Reimbursement from				
	political contributions intended	Fort Worth, TX 76102			
	PURPOSE	Category (See Categories list	ed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense			Check if Austin, TX, officeholder living expense
	LA LIBITORE			CLE Luncheon	
		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	0,011				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp	
	Credit Card Payment	The Instruction Guide explains how to com	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 12/13	Newcomer-Fitzpatrick, Kimberly (The Honorable) 00082242
4	Date	5 Payee name	
	02/21/2025	Tarrant County Bar Association	
6	Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 1315 Calhoun St,	е
	Reimbursement from	1313 Camoun 3t,	
	political contributions intended	Fort Worth, TX 76102	
8	PURPOSE OF	[,,]	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Event Expense	Mahon Inn of Court
		["	nation initial court
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	04/24/2025	Tarrant Special Events Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	e
	\$521.15	100 E Weatherford	
	Reimbursement from political contributions	Suite 501	
	intended	Fort Worth, TX 76196	Description
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	1 · · · · · · · · · · · · · · · · · · ·	Prayer Warrior Sponsorship
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	04/21/2025	True Texas Project	
	Amount (\$)	Payee address; City; State; Zip Code	е
	\$520.51	1220-G Airport Freeway, #602	
	Reimbursement from political contributions intended	Bedford, TX 76022	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Event Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

OU	TSTAN	NDING LOANS	SCHEDULE L
The	Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 13/13
	R NAME	patrick, Kimberly (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082242
LEND		4 Name of lender Fitzpatrick, Kimberly	I
		5 Lender address; City; State; Zip Code	
		REDACTED PER 254.0313, GOV'T CODE	
	RANTOR RMATION	6 Name of guarantor	
X n	ot applicable	7 Guarantor address; City; State; Zip Code	