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) 00089140 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Hartson D. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Dusty Fillmore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 201 Main St. MAILING Receipt # Amount **ADDRESS** Suite 700 Change of Address Fort Worth, TX 76102 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Peter L. NAME NICKNAME LAST **SUFFIX** Philpott **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 550 Bailey Ave. **ADDRESS** Suite 700 (Residence or Business) Fort Worth, TX 76107 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 339-3415 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer 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 χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 236

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Fillmore, Hartson D.	(Mr.)	14 Filer ID (1 00089140	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder'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		ZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 11,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 7,283.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 73,829.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 70,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. H	artson D. Fillmore	
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			OVER OTILE!	3 of 15				
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Fillmore, Hartson D. (Mr.)00089140							
	E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	11,250.00				
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	\$	7,283.56				
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/15
2	FILER NAME Fillmore, Ha	rtson D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00089140
4	Date 06/18/2025	5 Full name of contributor Bolt, Tracy6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Fort Worth, TX 76109				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	1		
		T			_	
	Date 06/30/2025	Full name of contributor Brotherton, Robert Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
	Contributor's F	Hurst, TX 76053 Principal Occupation		Contributor's Job Title		
	Senior Distri	ct Judge		Senior District Judge		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	State of Tex					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	05/30/2025	Daniel, Mark				\$500.00
		Contributor address; City; Fort Worth, TX 76102	State; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
Self-Employed						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/15
2	FILER NAME Fillmore, Ha	ME Hartson D. (Mr.)				Filer ID (Ethics Commission Filers) 00089140
4	Dean, Randal Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76102				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Brown Pruitt	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/30/2025	Del Calvo, Leopoldo Contributor address; City;	<u> </u>			\$250.00
		Southlake, TX 76092				
		Principal Occupation		Contributor's Job Title		
	President			President		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/30/2025	Garcia, Kristin				\$50.00
		Contributor address; City; Southlake, TX 76092	State; Zip Code		-	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Executive			Executive		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J) Sch: 3/4 Rpt: 6/15	1:
2	FILER NAME Fillmore, Ha	rtson D. (Mr.)			3	Filer ID (Ethics Commiss 00089140	ion Filers)
4	Date 06/02/2025 5 Full name of contributor out-of-state PAC (ID#: Groom, Brock 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00	
		Fort Worth, TX 76147					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
40	Tarrant Cou		: A				
12	i ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2025	Hallof, Duane Contributor address; City;	State; Zip Code				\$1,000.00
		Allen, TX 75013					
	Contributor's Principal Occupation Contributor's Job Title						
	Developmen			Development			
	Contributor's of ADF Legal	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		s a shild law firm of parant(s) (if	: anu)				
	ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Kelly Hart PAC					\$2,500.00
		Contributor address; City; Fort Worth, TX 76102	State; Zip Code				
_	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Continuation	imopai eccapation		Contributor 2 des Trac			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>			

M	IONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A(J)1
Tł	ne Instru	ction Guide explains how to com	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/15	
	ER NAME	rtoon D. (Mr.)		3 Filer ID (Ethics Commission Filers)
		rtson D. (Mr.)		00089140
4 Date		l —	-state PAC (ID#:)	7 Amount of Contribution (\$)
06	/04/2025	Radler, Michael		\$1,000.00
		6 Contributor address; City; State; Zip C Fort Worth, TX 76107	ode	
8 Co	ntributor's	I Principal Occupation	9 Contributor's Job Title	
	ΕΟ		CEO	
10 Co	ntributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
	ıg Hill	, ,		
12 If o	contributor i	s a child, law firm of parent(s) (if any)	l .	
Da	ite	Full name of contributor ut-of-	state PAC (ID#:)	Amount of Contribution (\$)
05	/30/2025	Woodard Jr., Don		\$5,000.00
		Contributor address; City; State; Zip C	ode	····
		Fort Worth, TX 76107		
Co	ntributor's	rincipal Occupation	Contributor's Job Title	
	esident		President	
Co	ntributor's	employer/law firm	Law firm of contributor's	spouse (if any)
		mmerce Group		
If c	contributor i	s a child, law firm of parent(s) (if any)		

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services	Salaries/W		OTHER (enter a category not listed above)
	Credit Card F dyment		The Instruction Guide explains	how to cor	nple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 8/15		Fillmore, Hartson D. (Mr.)			00089140
4	Date	5	Payee name			·
	05/30/2025		Anedot, Inc.			
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de	
	\$10.30		1340 Poydras Street, Suite 1770			
			,			
			New Orleans, LA 70112			
_	DUDDOOF	(-)			(I-)	
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of this sch	hedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees			Check if Austin, TX, officeholder living expense
						Fundraising Platform Fee
9	Complete ONLY if direct	(Candidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/OI				,	
	Date	Π	Davida nama			
	05/30/2025		Payee name Anedot, Inc.			
		_	·	7:- 0-	-1-	
	Amount (\$)		•	e; Zip Co	ae	
	\$2.30		1340 Poydras Street, Suite 1770			
			New Orleans, LA 70112			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description
	OF EXPENDITURE		Fees			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Fundraising Platform Fee
						Turidialising Flation Free
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	thr	Office held
	expenditure to benefit C/O		Sandidate/Oniceriolder name	Onice sou(yııı	Office field
	D :	<u> </u>				
	Date		Payee name			
	05/30/2025		Anedot, Inc.			
	Amount (\$)		•	e; Zip Co	de	
	\$10.30		1340 Poydras Street, Suite 1770			
			New Orleans, LA 70112			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description
	OF EXPENDITURE		Fees			Check if travel outside of Texas. Complete Schedule T.
	_/					Check if Austin, TX, officeholder living expense
						Fundraising Platform Fee
	Complete ONLY 'S "	L	Condidate/Officel-1-1-1-1	Offic -	a le r	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ynt	Office held
	p = 1 : 2 :2 :20 3/01					

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 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 com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 9/15	Fillmore, Hartson D. (Mr.)		00089140
4	Date	5 Payee name		
	05/31/2025	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$40.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if Austin TV efficiencial a vegence
				Check if Austin, TX, officeholder living expense Fundraising Platform Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	06/02/2025	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le.	
	\$4.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	.~,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				Fundraising Platform Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	ht	Office held
	Date	Payee name		
	06/04/2025	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$40.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fundraising Platform Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
_				

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 co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/8 Rpt: 10/15	Fillmore, Hartson D. (Mr.)			00089140	
4 Date	5 Payee name		I		
06/18/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$20.30	1340 Poydras Street, Suite 1770				
	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Fees			le of Texas. Com	plete Schedule T.
EXPENDITORE			eck if Austin, TX,		gexpense
		Fund	raising Plat	form Fee	
	0.51.40%	<u> </u>		000	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight		Office he	eld
Date	Payee name				
06/30/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$4.30	1340 Poydras Street, Suite 1770				
	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Fees				plete Schedule T.
			eck if Austin, TX, raising Plat		g expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght		Office he	eld
expenditure to benefit C/OI		3			
Date	Payee name				
04/22/2025	Axiom Strategies, LLC				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$300.00	800 W 47th St STE 200	Juc			
4000.00	333 W Train St 3 12 200				
	Kansas City, MO 64112-1244				
DUDDOCE	<u> </u>	(h) 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Descr		de of Texas. Com	plete Schedule T.
EXPENDITURE	Consulting Expense		eck if Austin, TX,		
		Creat	tion of Cam	paign Logo	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/OI	-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 4/8 Rpt: 11/15	Fillmore, Hartson D. (Mr.) 00089140
4	Date	5 Payee name
	05/15/2025	Axiom Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,110.00	800 W 47th St STE 200
		Kansas City, MO 64112-1244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Consulting Services
		Tollaca Consulting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/27/2025	Axiom Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,582.00	800 W 47th St STE 200
		Kansas City, MO 64112-1244
	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 Printed Campaign Palmcards
		Timed Sampaign Familia
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/17/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.36	959 W. Glade Rd.
		Hurst, TX 76054
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping, Services & Support
		Campaign Finance Bookkeeping, Services & Suppon
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 5/8 Rpt: 12/15	Fillmore, Hartson D. (Mr.) 00089140
4	Date	5 Payee name
	02/17/2025	CFO Shield, LLC dba Red Elephant Reports
6	Amount (\$) \$1,160.36	7 Payee address; City; State; Zip Code 959 W. Glade Rd.
		Hurst, TX 76054
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Bookkeeping Services & Support
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.36	959 W. Glade Rd.
		Hurst, TX 76054
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
		Campaign Bookkeeping Cervices & Support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/09/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$410.36	959 W. Glade Rd.
		Hurst, TX 76054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
	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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: Sch: 6/8 Rpt: 13/15	2 FILER NAME Siller ID (Ethics Commission Filers) Fillmore, Hartson D. (Mr.) 00089140
Ļ		L L
4	Date 05/08/2025	5 Payee name CFO Shield, LLC dba Red Elephant Reports
6	Amount (\$) \$250.36	7 Payee address; City; State; Zip Code 959 W. Glade Rd. Hurst, TX 76054
8	PURPOSE	
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping, Services & Suppor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	06/10/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 959 W. Glade Rd.
		Hurst, TX 76054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping, Services & Suppor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$) \$70.36	Payee address; City; State; Zip Code 959 W. Glade Rd.
		Hurst, TX 76054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping, Services & Support
	Complete ONLY if direct expenditure to benefit C/Ol	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 7/8 Rpt: 14/15	Fillmore, Hartson D. (Mr.) 00089140					
4	Date	5 Payee name					
	05/12/2025	Fort Worth Republican Women					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	PO Box 101613					
		Fort Worth, TX 76185					
8	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 Registration for Judicial Signing Party Event					
		Registration for Staticial Signing Fairly Event					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/30/2025	Frost Bank					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$5.00	640 Taylor Street, #1000					
		Fort Worth, TX 76102					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Bank Service Charge					
		Daim corner go					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
F	Date	Payee name					
	02/28/2025	Frost Bank					
	Amount (\$) Payee address; City; State; Zip Code						
	\$5.00	640 Taylor Street, #1000					
		Fort Worth, TX 76102					
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	2/11/2/10/12	Check if Austin, TX, officeholder living expense					
		Bank Service Charge					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
1	expenditure to benefit C/OH						
\vdash							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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/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: 8/8 Rpt: 15/15	Fillmore, Hartson D. (Mr.)		00089140			
4	Date	5 Payee name					
	04/30/2025	Reverie Photo Co.					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
	\$300.00	215 Annetta Road					
		Willow Park, TX 76087					
8	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 Campaign Photography			
				Campaign Filologiaphy			
_	Commiste ONII V if disport	Constitute / Office helder repres	a la t	Office held			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou H	gnt	Office held			
	<u> </u>						
	Date	Payee name					
	04/30/2025	Reverie Photo Co.					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
	\$200.00	215 Annetta Road					
		Willow Park, TX 76087					
	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			
				Campaign Photography			
				Campaign i notography			
	Complete ONL V if direct	Condidate/Officeholder name Office sour	abt	Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
•							
	Date	Payee name					
	05/20/2025	Reverie Photo Co.					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$567.00	215 Annetta Road					
		Willow Park, TX 76087					
	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			
				Campaign Photography Services			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	,						