#### 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) 00069291 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David C. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Hagerman CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Roper **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 347-1700 **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 χ Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 297 Tarrant District Judge District 297

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Hagerman, David C.	(The Honorable)		<b>14</b> Filer ID 00069291	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without equired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	PRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL C	ONTRIBUTIONS(OTHER THAI	N PLEDGES LOANS		
TOTALS			CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU PLEDGES, LOANS	<b>ITIONS</b> , OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	1,180.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	17,834.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	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.	y of perjury, that the Il information require	accompanying d to be report	J report is ed by me
			The Honora	able David C. Hage	erman	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of offi	cer administer	ring oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH **COVER SHEET PG 3**

				3 of 11			
<b>18</b> FILER N. Hagerm	(Ethics C	commission Filers)					
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	1,180.26			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
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	OF C/OH	\$				
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	323.00			
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	370.55			

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)
	The Instructio	n Guide explains how to complete this	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/11					
2	FILER NAME Hagerman, Davi	d C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069291				
4	TOTAL OF UN	IITEMIZED LOANS				\$		0.00
5	Date of loan	7 Name of lender  ut-of-state P	AC (ID#:		)	9 Loan Am	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest I		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)	ı					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	leposited		account tructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount	Guaranteed	d (\$)
23	not applicable  not applicable	<b>21</b> Guarantor address; City; State;  pal Occupation	Zip Code  24 Guarantor's Job Title					
25	<b>5</b> Guarantor's Emplo	worll ou Firm	26 Law Firm of guarantor's sp	201104	o (if any)			
	· 		20 Law Filli of guarantor's Sp	Jouse	e (II ally)			
27	<sup>1</sup> If guarantor is child	d, law firm of parent(s) (if any)						

### 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
Credit Card Payment

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 compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 5/11	Hagerman, David C. (The Honorable)		00069291	
4	Date	5 Payee name	l.		
	01/17/2025	Bice's Florist			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$180.75	650 W. Bedford Euless Rd.			
		Hurst, TX 76053-0000			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense		utside of Texas. Cor	nplete Schedule T.
	EXPENDITORE		_	TX, officeholder livin	g expense
			funeral flowers	5	
_	Operation ONE V if dispose	Condidate (Office helden general		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	ela
	Date	Payee name			
	01/03/2025	Colleyville Lions			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$95.00	P.O. Box 536			
		Colleyville, TX 76034-0000			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	membership dues		utside of Texas. Cor	
			membership d	TX, officeholder livin	g expense
			membership a	1400	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	•			
	Date	Payee name			
	01/16/2025	Fedex Office			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$49.83	1518 E Southlake Blvd			
	Ψ+3.00	1310 E Southlake Biva			
		Southlake TV 76002			
		Southlake, TX 76092			
	PURPOSE OF	,	Description  Check if travel or	utside of Texas. Cor	nnlete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense	ш	TX, officeholder livin	
			Mail/correspor	ndence with G	Sov. office
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	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: 2/5 Rpt: 6/11	Hagerman, David C. (The Honorable) 00069291
4	Date	5 Payee name
	01/17/2025	Fedex Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.83	1518 E Southlake Blvd
		Southlake, TX 76092
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 mail/correspondence to Gov. office
		mail/correspondence to Gov. office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	01/17/2025	Office Depot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$135.30	1317 State Hwy. 114 West
	Ψ133.30	1317 State Hwy. 114 West
		Cropovino TV 76051
	DUDD005	Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		back up hard drive
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/31/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.98	1701 W State Hwy 114
		Grapevine, TX 76051-0000
Г	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
		ct. coord. retirement reception
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$\vdash$		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations Made

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memoria Legal Services	·		/ages	/Contract Labor		Travel Out of OTHER (enter		ry not listed above)
				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethic	cs Commission Filers)
	Sch: 3/5 Rpt: 7/11			David C. (The	Honorable)					00069291	-	
4	Date	5	Payee name									
	02/05/2025		Sam's Club									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$9.17		1701 W Sta	te Hwy 114								
			Grapevine,	TX 76051-000	0							
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Event Expe		,			Check if travel	outsi	de of Texas. Co	mplete Sc	chedule T.
	LAFLINDITORE							Check if Austin				
								ct. coord. rec			nade or	n 01/31/2025 but
L								cieareu on al	JUV	e uale		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	02/11/2025		Sam's Club									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$89.15		1701 W Sta	te Hwy 114								
			Grapevine,	TX 76051-000	0							
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		withdrawal i	n error				Check if travel				
	<b></b>							Check if Austin				
								reimbursed	ulle	eu out this	amoun	it in error- to be
	2											
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	(	Office sou	ght			Office	neld	
H	Date	Π	Payee name									
	02/11/2025		Sam's Club									
	Amount (\$)	_	Payee addre	ce: City:	Ctoto	e; Zip Co	de					
	` ,		•		Siale	, ∠ıµ C0	ue					
	\$93.29		1701 W Sta	ic nwy 114								
			Granevine	TX 76051-000	0							
_	PURPOSE	(2)				ı	(b)	Dogorintian				
	OF	<sup>(a)</sup>		ee Categories listed a	t the top of this sch	hedule)	(u)	Description Check if travel	outsi	de of Texas. Co	mplete Sc	chedule T.
	EXPENDITURE		paid in erro	l				Check if Austin				
								_				it of my account in
								error - to be r				-
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/O				·	, , , , ,				200		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
_			ilue explains now to co	ilipie	-			
1	Total pages Schedule F1: Sch: 4/5 Rpt: 8/11	FILER NAME Hagerman, David C. (The F	lonorable)			_	Filer ID 00069291	(Ethics Commission Filers)
	·							
4	Date	Payee name						
	02/14/2025	Sam's Club						
6	Amount (\$)	Payee address; City;	State; Zip Co	de				
	\$71.07	1701 W State Hwy 114						
		Grapevine, TX 76051-0000						
L		·						
8	PURPOSE OF	(See Categories listed at t	he top of this schedule)	(b)	Description			
	EXPENDITURE	made in error			<b>=</b>			plete Schedule T.
							officeholder living	
					error - to be re			unt from my account in
					enor - to be re	=1111	ibuiseu	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI							
T	Date	Payee name						
	02/24/2025	Sam's Club						
			Chata: 7in Ca	al a				
	Amount (\$)	Payee address; City;	State; Zip Co	ue				
	\$82.62	1701 W State Hwy 114						
		Grapevine, TX 76051-0000						
	PURPOSE	1) Category (See Categories listed at the	he top of this schedule)	(b)	Description			
	OF EXPENDITURE	made in error			Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE				<b>—</b>		officeholder living	
								unt from my account in
					error- to be re	eimi	oursea	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI							
H	Date	Payee name						
	02/28/2025	Sam's Club						
<u> </u>			Ctata: 71- C	d-				
	Amount (\$)	Payee address; City;	State; Zip Co	ue				
	\$15.27	1701 W State Hwy 114						
		Grapevine, TX 76051-0000						
	PURPOSE	Category (See Categories listed at the control of the control	he top of this schedule)	(b)	Description			
	OF	made in error	,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin,	TX,	officeholder living	g expense
								unt from my account in
					error- to be re	iml	oursed	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI			-				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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/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: 5/5 Rpt: 9/11	Hagerman, David C. (The Honorable) 00069291
4	Date	5 Payee name
	01/15/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St Ste 800
		Austin, TX 78701-0000
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	regional conference Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		regional conference - to be reimbursed
		rogional comorcines to so rominational
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	1601 W State Hwy 114
		Grapevine, TX 76051
	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
		Ct. Coord. retirement reception
		Gu Goordi Tolli e Monte Tood palen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>—</b>	Date	Payee name
	01/03/2025	condolences.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	Sympathy Brands, LLC
	Ψ103.00	1501 Venera Avenue Suite 212
		Coral Gables, FL 33146
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		funeral flowers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE I

	The Instruction Guide explains how to complete this	s form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt:	Hagerman, David C. (The Honorable)	00069291
Date	5 Payee name	
06/30/2025	State Bar of Texas	
Amount (\$)	7 Payee Address; City; State; Zip	
323 00	Texas Law Center	
020.00	1414 Colorado St.	
	Austin, TX 78701-0000	
	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)
~-	state bar dues state bar due	es
LAI LIMITORE		
	Sch: 1/1 Rpt: Date 06/30/2025 Amount (\$) 323.00	Total pages Schedule I: Sch: 1/1 Rpt:  Bate Bar of Texas  Amount (\$)  323.00  PURPOSE OF  A Cotal pages Schedule I:  A Filler NAME Hagerman, David C. (The Honorable)  5 Payee name State Bar of Texas City; State; Zip Texas Law Center 1414 Colorado St. Austin, TX 78701-0000  (a) Category (See instructions for examples of acceptable categories) State bar dues  (b) Description State bar dues

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/11 2 FILER NAME Filer ID (Ethics Commission Filers) Hagerman, David C. (The Honorable) 00069291 Date 8 Amount (\$) 5 Name of person from whom amount is received 03/03/2025 Hagerman, David (Judge) \$350.59 6 Address of person from whom amount is received; City; State; Zip Code Southlake, TX 76092 Purpose for which amount is received Check if political contribution returned to filer reimb for Sam's Club amounts pulled out in error Name of person from whom amount is received Amount (\$) Date 03/03/2025 Sam's Club \$9.98 Address of person from whom amount is received; City; State; Zip Code Grapevine, TX 76051 Purpose for which amount is received Check if political contribution returned to filer returned item from coord. reception Date Name of person from whom amount is received Amount (\$) 03/03/2025 Sam's Club \$9.98 Address of person from whom amount is received; City; State; Zip Code Grapevine, TX 76051 Purpose for which amount is received Check if political contribution returned to filer reimb. for item return from prev amount in error