

# 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<br>(Ethics Commission Filers)<br>00037181 | 2 Total pages filed:<br><br>3                                                                                                                                                                    |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI<br>The Honorable Bruce                                                                                                                                                                                                                                                                                                                                                                                      |                                                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/14/2025                                                                                                                |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>McFarling                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                                                                                                  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                                                           |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Receipt # Amount                                                                                                                                                                                 |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Processed                                                                                                                                                                                   |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Imaged                                                                                                                                                                                      |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI<br>Ms. Muriel C.                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                                                  |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>McFarling                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                                                                                                  |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                                                  |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(214) 893-4461                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                                                  |  |
| 8 REPORT<br>TYPE                                                                                      | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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<br>COVERED                                                                                   | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                                                                                                  |  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year<br>11/05/2024                                                                                                                                                                                                                                                                                                                                                                                      |                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  |  |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>District Judge District 362 Denton                                                                                                                                                                                                                                                                                                                                                                         |                                                      | 12 OFFICE SOUGHT (if known)<br>District Judge District 362                                                                                                                                       |  |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 3

|                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> McFarling, Bruce (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00037181 |
|--------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                         | <b>COMMITTEE NAME</b><br><br><hr/>                       |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE ADDRESS</b><br><br><hr/>                    |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/>    |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |  |

|                                |                                                                                                                                      |    |          |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| <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><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00     |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ | 0.00     |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 1,054.95 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ | 0.00     |

**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.

\_\_\_\_\_  
 The Honorable Bruce McFarling  
 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.

|                                                  |                                                     |                                              |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 3

|                                                          |                                                                                                             |                                                           |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>McFarling, Bruce (The Honorable) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00037181 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE         |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                                       | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                                                        |
| 2.                                                       | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 3.                                                       | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                                                        |
| 4.                                                       | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                                    | \$                                                        |
| 5.                                                       | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                                                        |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                                                        |
| 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 | \$                                                        |