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) 00085916 30 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tonya NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** McLaughlin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked 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. Reid NAME NICKNAME LAST **SUFFIX** McLaughlin **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** (832) 423-2426 **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 Month Day Year Day 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 Court Of Appeals, Justice Place 4 District 14

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	McLaughlin, Tonya (The Honorable)		14 Filer ID 00085916	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accep These expenditures may h d officeholders are required	ave been made without t	the candidate's or of	ficeholder's kn	owledge or
Additional Pages						
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	I TREASURER NAME			
		COMMITTEE CAMPAIGN	I TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRII ES OF LOANS, OR CONT			S, \$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR G		S)	\$	15,517.70
EXPENDITURE TOTALS	,	ZED POLITICAL EXPEND		,	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	33,571.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAI	NTAINED AS OF THE LA	AST DAY OF THE	\$	4,649.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUT TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true an	r, or affirm, under penalty Id correct and includes al Title 15, Election Code.	of perjury, that the Il information require	accompanying ed to be reporte	report is ed by me
			The Honora	able Tonya McLaı	ughlin	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
		ertify which, witness my har				
Signature of office	cer administering oath	Printed name of offic	er administering oath	Title of off	icer administer	ing oath

SUBTOTALS - JC/OH

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

					3 01 30
	LER NAM	In, Tonya (The Honorable)	19 Filer ID 00085916	(Ethi	ics Commission Filers)
	CHEDUL AME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	14,500.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,017.70
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	33,571.05
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
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 C	F C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	143.16

	MONET	ARY POLITICAL CO		SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	ges Schedule A(J)1 4 Rpt: 4/30	:
2	FILER NAME McLaughlin,	Tonya (The Honorable)			3 Filer ID 000859	(Ethics Commission 16	on Filers)
4	Date 01/02/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)					\$500.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	l		
Ū	attorney	Timolpai Occupation		attorney			
10		employer/law firm LLP		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	O1/18/2025 Bender, Andrew Contributor address; City; State; Zip Code Houston, TX 77002					`,	\$500.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	attorney			attorney			
		employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Andrews My						
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	03/02/2025	Brant Stogner PC Contributor address; City; State Houston, TX 77002	e; Zip Code				\$2,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	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: 5/30
2	FILER NAME	T (The Heavenhele)			3	Filer ID (Ethics Commission Filers)
	McLaughlin,	Tonya (The Honorable)	out-of-state PAC (ID#:		L	00085916
4	Date 01/08/2025	5 Full name of contributor Dobrowski, Paul6 Contributor address; City;	7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77007				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_	
	attorney			attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Dobrowski S	Stafford Pierce				
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/10/2025 Gibbs, Robin Contributor address; City; State; Zip Code					\$1,500.00
		Houston, TX 77002		1		
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		
	Gibbs Bruns	employer/law firm		Law firm of contributor's sp	oous	se (if any)
			family			
	ii contributor ii	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/08/2025	Nichols, Taylor	_			\$250.00
		Contributor address; City;	State; Zip Code		•	
_	Contribute	Houston, TX 77002		Contributorio 1-1- Titl-		
	attorney	Principal Occupation		Contributor's Job Title attorney		
		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
		epo Harvin & Robbins		Law iiiii oi continuatoi 3 3	Jou	se (ii uiiy)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/30
2	FILER NAME McLaughlin,	Tonya (The Honorable)			3	Filer ID (Ethics Commission Filers) 00085916
4				7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77002		T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	03/04/2025 Vinson & Elkins Contributor address; City; State; Zip Code					\$5,000.00
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/18/2025	Wright Close & Barger				\$1,500.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77007		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	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	f any)			

MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/30
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McLaughlin,	Tonya (The Honorable)	00085916	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of Contribution (\$)	
01/13/2025	Yetter Coleman	\$2,000.00	
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	1
		Gibbs Bruns	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) McLaughlin, Tonya (The Honorable) 00085916 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/28/2025 Haynes and Boone Pollitcal Action Committee \$1,017.70 judicial reception 7 Contributor address; City; State; Zip Code Houston, TX 77010 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 9/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	04/25/2025	Al Torres Photography
6	Amount (\$) \$79.75	7 Payee address; City; State; Zip Code 6423 Richmond Suite J Houston, TX 77057
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense headshot
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/21/2025	B&B Butchers
	Amount (\$) \$277.02	Payee address; City; State; Zip Code 1814 Washington Ave Houston, TX 77007
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court staff lunch meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Bank of America
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 3811 Washington Avenue
		Houston, TX 77007
	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 bank fee
	Complete ONLY if direct expenditure to benefit C/O	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 Co

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: 2/21 Rpt: 10/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	03/24/2025	Barnabys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.86	801 Congress
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Unch meeting
		iditer meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	05/05/2025	Barnabys
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.77	801 Congress
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Iunch meeting
		idited freeding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/21/2025	Chuys
		<u> </u>
	Amount (\$) \$56.55	Payee address; City; State; Zip Code 2706 Westheimer
	φ50.55	2700 Westheimer
		Houston, TX 77098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)					
L	•	_			uide explains	how to cor	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/21 Rpt: 11/30			, Tonya (The H	onorable)					00085916		
4	Date	5	Payee name									
	04/14/2025		Clark's									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
	\$101.15		3807 Montr	ose Blvd								
			Houston, T	< 77006								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		_ `	outsi	de of Texas. Com	nplete Schedule T.	
	EVENDLICKE			-				_		officeholder living	g expense	
								Dinner meetii	ng			
L		L										
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	04/03/2025		Coffee Fello	OWS								
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de					
	\$10.04		4900 Bissoi	nett								
			Bellaire, TX	77401								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			age Expense				-			nplete Schedule T.	
								_		officeholder living	g expense	
								Coffee Meetii	ng			
_												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	ela	
		_										_
	Date		Payee name									
L	06/17/2025	L	Drybar - Up	town								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$70.36		1141 Uptow	ın Park								
			Houston, TX	< 77056								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe					ш			nplete Schedule T.	
	LAFLINDITORE									officeholder living		
								Center for Ju	dic	ıary Speake	r - prep	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	experience to beliefft C/Of											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Condition/Officeboddor/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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/21 Rpt: 12/30	McLaughlin, Tonya (The Honorable)	00085916
4	Date	5 Payee name	•
	06/30/2025	Fabian's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$73.49	301 Main St.	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	vel outside of Texas. Complete Schedule T.
		l	Istin, TX, officeholder living expense
		Court men	n Farewell
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Office held
	Date	Payee name	
	03/07/2025	Fort Bend Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 461	
		Sugar Land, TX 77487	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	vel outside of Texas. Complete Schedule T.
		I	stin, TX, officeholder living expense
		Reagan Li	ncoln Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	05/14/2025	Four Seasons Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,712.92	98 San Jacinto Blvd.	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Thaver out or District	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			dvanced Civil Appellate Practice Course
		Hotel is 7	The second secon
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

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 Lenal 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: 5/21 Rpt: 13/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	04/21/2025	Four Seasons Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.36	98 San Jacinto Blvd.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting for CLE
		Wiceting for CLL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and the second
	06/18/2025	Payee name Fuel Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.12	17155 Eastex Fwy
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fuel
		idei
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davida marra
	01/24/2025	Payee name Galveston Limo
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	PO Box 3190
		Galveston, TX 77552
	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
		Transportation for investiture
		Transportation to investitute
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Gui	de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 6/21 Rpt: 14/30	McLaughli	n, Tonya (The Hor	norable)				00085916		
4	Date	5 Payee name								
	06/03/2025	Goode & C								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	nde					
	\$102.60	2002 W. G		- ip ip						
			-9							
		Houston, 1	V 77010							
Ļ										
8	PURPOSE OF		See Categories listed at the	e top of this schedule)	(b)	Description	o. ito:	de of Toyloo Com	plata Cabadula T	
	EXPENDITURE	Food/Beve	erage Expense					de of Texas. Com officeholder living		
						Dinner meeti			, - ,	
							•			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	H			Ū					
\vdash	Date	Payee name								
	01/25/2025	Griert, Sar								
	Amount (\$)	Payee addr		State; Zip Co	nde					
	\$150.00	1 1	hington Ave	5tat6, 2.p 5t						
	Ψ100.00	0700 Was	inigion / we							
		Houston, 1	V 77007							
					[a x					
	PURPOSE OF	1	See Categories listed at the	e top of this schedule)	(a)	Description Check if travel	outei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Food/Beve	erage Expense					officeholder living		
						Investiture				
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	01/24/2025	Harris Cou	ınty Universal Ser	vices						
	Amount (\$)	Payee addr		State; Zip Co	ode					
	\$1,218.80	406 Caroli	•							
		Houston, 7	X 77002							
	PURPOSE				(h)	Description				
	OF	Event Exp	See Categories listed at the	e top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	L Vent Exp	CHSC			Check if Austin	, TX,	officeholder living	expense	
						Investiture				
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
L	expenditure to benefit C/O	1								

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 Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manua Cabadala E4		_
1	Total pages Schedule F1: Sch: 7/21 Rpt: 15/30	2 FILER NAME3 Filer ID(Ethics Commission Filers)McLaughlin, Tonya (The Honorable)00085916	
4	Date	5 Payee name	_
	03/10/2025	Institute of Judicial Administration	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,905.55	139 MacDougal	
		Rm 420	
		New York, NY 10012	
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	
		NYU New Appellate Judges Conference	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/03/2025	Institute of Judicial Administration	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$328.50	139 MacDougal	
		Rm 420	
		New York, NY 10012	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense	
		Check if Austin, TX, officeholder living expense event	
		event	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	04/14/2025	La Colombe D'or	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$73.70	3410 Montrose Blvd	
		Houston, TX 77006	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lunch meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

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 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: 8/21 Rpt: 16/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	02/21/2025	La Griglia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.02	2817 W. Dallas
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Courtinion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/23/2025	La Griglia
H	Amount (\$)	Payee address; City; State; Zip Code
	\$123.92	2817 W. Dallas
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Court Intern Lunch
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/25/2025	La Vita Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	3730 Wasington Ave
		Houston, TX 77007
Г	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
		Investiture Catering
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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: 9/21 Rpt: 17/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	04/07/2025	La Vita Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.35	3730 Wasington Ave
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Coffee meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to beriefit C/Oi	1
	Date	Payee name
	01/10/2025	Marcus Robinson Films LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	24757 Grand Harbor Drive
		#135
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Investiture Videography
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Matt's El Rancho
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.79	2613 S. Lamar
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch with Justices before Business Court Investiture
	Complete CALLY '	
	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 Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Frinting Expense Salaries/Wages/Contract Labor			OTHER (enter a category not listed above)					
	Credit Card Payment			The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
	Sch: 10/21 Rpt: 18/30	1	vicLaughlin,	Tonya (The Hon	norable)				00085916	
4	Date	5 F	Payee name							
	02/11/2025	1	McLaughlin,	Tonya						
6	Amount (\$)	7	Payee addres	s; City;	State; Zip Co	ode				
	\$5,000.00	6	6015 Floyd S	St						
		H	Houston, TX	77007						
8	PURPOSE	(a) (Category (Se	e Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE			ment/Reimburse			Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE						\Box		officeholder living	
							reimburseme		iry Race ad	vertising expense
_	2	L				<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	Office sou	ıgnt			Office h	eia
_	<u> </u>									
	Date	l	Payee name	_						
	02/27/2025	_	McLaughlin,							
	Amount (\$)	l	Payee addres		State; Zip Co	ode				
	\$4,500.00	(6015 Floyd S	St						
		ŀ	Houston, TX	77007						
	PURPOSE OF	(a) (Category (See	e Categories listed at the	top of this schedule)	(b)	Description			
EXPENDITURE			Loan Repayment Relimburgement					de of Texas. Com officeholder living	plete Schedule T.	
							2024 Primary			
							,			
	Complete ONLY if direct	C:	andidate/Offic	eholder name	Office sou	<u>I</u> ıght			Office he	eld
	expenditure to benefit C/O	Н				_				
	Date	-	Payee name							
	03/07/2025	l	McLaughlin,	Tonya						
	Amount (\$)		Payee addres		State; Zip Co	ode				
	\$5,000.00	l	6015 Floyd S	•						
			,							
			Houston, TX	77007						
	PURPOSE			e Categories listed at the	top of this cohodule)	(b)	Description			
	OF			ment/Reimburse		(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE								officeholder living	
							Final 2024 Pr	ima	ary Advertis	ing Reimbursement
						L				
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Office sou	ıght			Office h	eld
	Superiorder to benefit 6/01	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	·	Salaries/Wa	/ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
		The Instruction Guide	e explains now to con	mpiete this form.		
1	Total pages Schedule F1:	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 11/21 Rpt: 19/30	McLaughlin, Tonya (The Hono	orable)		00085916	
4	Date	Payee name				
	06/13/2025	Otis Hotel				
6	Amount (\$)	Payee address; City;	State; Zip Coo	de		
	\$982.47	1901 San Antonio St.				
		Austin, TX 78705				
_	DUDD 0.05	·		4 >		
8	PURPOSE OF	a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
	EXPENDITURE	Travel Out of District			el outside of Texas. Com tin, TX, officeholder living	
						rence on State and
					peals in Austin.	remote on otate and
_	Complete ONU V & direct	Condidate/OfficelLd	04:			- I al
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office soug	gnt	Office he	ela
L						
	Date	Payee name				
	04/14/2025	Palazzio				
	Amount (\$)	Payee address; City;	State; Zip Coo	de		
	\$141.60	9417 Katy Freeway				
		Houston, TX 77024				
_	DUDDOGE	·	1.	(I-X =		
	PURPOSE OF	(See Categories listed at the to	op of this schedule)	(b) Description	al autoida of Tayon Com	plata Cabadula T
	EXPENDITURE	Event Expense		=	el outside of Texas. Com tin, TX, officeholder living	
				event prepa		, 0.40.100
				010p. 0p.		
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	aht	Office he	7ld
	expenditure to benefit C/O	Canadate/Onicerolaer name	Office 30dg	giit	Office In	Siu
	Date	Payee name				
	05/23/2025	Perry's Steakhouse				
	Amount (\$)	Payee address; City;	State; Zip Coo	de		
	\$16.80	1997 West Gray				
		Houston, TX 77019				
	PURPOSE	A) Category (See Categories listed at the to	on of this schedule)	(b) Description		
	OF	Food/Beverage Expense	op or ano concació,		el outside of Texas. Com	plete Schedule T.
	EXPENDITURE	, in the second		Check if Aust	tin, TX, officeholder living	g expense
				lunch meeti	ng	
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office he	eld
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/21 Rpt: 20/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	04/07/2025	Primp and Blow
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.48	1717 W. 34th St.
		Houston, TX 77018
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 headshot preparation
		neadshot preparation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	05/05/2025	Primp and Blow
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1717 W. 34th St.
		Houston, TX 77018
	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
		preparation for photos
		propertation for priotoc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/12/2025	Primp and Blow
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.00	1717 W. 34th St.
	φ90.00	1717 W. 54til St.
		Houston TV 77010
		Houston, TX 77018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Preparation for video
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense Contributions/ Donations Made By -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: 13/21 Rpt: 21/30	McLaughlin, Tonya (The Honorable) 00085916			
4	Date	5 Payee name			
	01/06/2025	Raise The Money			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$24.75	P.O. Box 26466			
		Little Rock, AR 72221			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		online fundraising fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/OI				
F	Date	Payee name			
	01/14/2025	Raise The Money			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.75	P.O. Box 26466			
	,				
		Little Rock, AR 72221			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense online fundraising fee			
		Griffic furfuldistrig fee			
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
H	Date	Payee name			
	01/15/2025	Raise The Money			
┝	Amount (\$)	Payee address; City; State; Zip Code			
	\$98.25	P.O. Box 26466			
	400.20	. 15. 25. 25. 15			
		Little Rock, AR 72221			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense online fundraising fee			
		Offillie fulfulating fee			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
1	expenditure to benefit C/OI				
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/21 Rpt: 22/30 McLaughlin, Tonya (The Honorable) 00085916 4 Date Payee name 01/25/2025 Raise The Money 6 Amount (\$) Payee address; City; State; Zip Code \$49.25 P.O. Box 26466 Little Rock, AR 72221 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense online fundraising fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/23/2025 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$12.50 P.O. Box 26466 Little Rock, AR 72221 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense online fundraising fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2025 Raise The Money Amount (\$) Payee address: City; State; Zip Code \$24.75 P.O. Box 26466 Little Rock, AR 72221 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense online fundraising fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			ense ges/Contract Labor	Т	ravel in District ravel Out of Dis THER (enter a		
1	Total pages Schedule F1:	2 FILER NAM	E				3 F	iler ID	(Ethics Commission Filer	s)
	Sch: 15/21 Rpt: 23/30	McLaughli	n, Tonya (The Hone	orable)			c	0085916		
4	Date	5 Payee name	2							
	04/07/2025	Romanos								
6	Amount (\$)	7 Payee addr	ess; City;	State:	Zip Cod	<u></u> е				
	\$121.60	1528 W. G	•	- ,	,					
			•							
		Houston, T	X 77019							
8	PURPOSE	(a) Category	See Categories listed at the t	top of this sche	edule) (b) Description				
	OF EXPENDITURE		erage Expense	•					plete Schedule T.	
	_/\\.\.\.							ficeholder living	g expense	
						Dinner meeti	iriy			
9	Complete ONLY if direct	Candidate/Of	ficeholder name		Office soug	ht		Office he	-Id	
_	expenditure to benefit C/O		nocholder Hairie		mice soug			Office He	Jiu	
	Date	Payee name								
	04/18/2025	Royal Son	esta							
	Amount (\$)	Payee addr		State;	Zip Cod	e				
	\$40.00	2222 W. L	oop S.							
L		Houston, 1	X 77056							
	PURPOSE OF		See Categories listed at the t	top of this sche	edule) (b) Description				_
	EXPENDITURE	Travel In D	District			<u> </u>		of Texas. Com ficeholder living	plete Schedule T.	
						Crime Stopp				
						1.1.				
	Complete ONLY if direct		ficeholder name	0	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	04/16/2025	Second Ba	aptist Church							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e				
	\$465.00	6400 Woo	dway							
		Houston, 1	X 77057							
	PURPOSE	(a) Category (See Categories listed at the t	top of this sche	edule) (b) Description				
	OF EXPENDITURE	Contributio	ns/Donations Made	е Ву		Check if travel			plete Schedule T.	
	ZAI ENDITORE	Candidate	Officeholder/Politic	cal Commi	ittee			ficeholder living	g expense	
						nonprofit cha	anty 0	onalion		
	Complete ONLY if direct	Candidate/∩f	ficeholder name		Office soug	ht		Office he	-jų	
	expenditure to benefit C/O		nocholaet Hattle	O	muc suuy			Onice H	JIU	

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/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: 16/21 Rpt: 24/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	03/21/2025	Second Cup
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	6400 Woodway DR
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		coffee meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/07/2025	Sunrise Taquitos
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.11	5601 Memorial Dr
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Court staff breakfast meeting
	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name Texas Bar CLE
	05/14/2025	10.000 200 200
	Amount (\$)	Payee address; City; State; Zip Code
	\$795.00	1414 Colorado Street
		A
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advanced Civil Appellate Practice Course 2025
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 25/30	McLaughlin, Tonya (The Honorable) 00085916
4	Date	5 Payee name
	03/04/2025	Texas Bar Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$272.50	515 Congress Ave.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Tourisation Base
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	03/03/2025	Texas Center for the Judiciary
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
L	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		2025 Regional A Conference
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
Г	Date	Payee name
	04/08/2025	Texican Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.80	501 West Las Colinas Blvd.
		Irving, TX 75039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Hotel for the Regional Conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverae
Contributions/ Donations Made By - Gift/Awards/N
Candidate/Officeholder/Political Committee Legal Service

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	enter a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 18/21 Rpt: 26/30		916
4	Date	5 Payee name	
	04/07/2025	Texican Court	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.03	501 West Las Colinas Blvd.	
		Irving, TX 75039	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officehold	
		Dinner during Regional	Conference
_	Complete ONLY if direct	Condidate/Officeholder name Office county	ioo bold
9	Complete ONLY if direct expenditure to benefit C/OI		ice held
	Date	Payee name	
	06/05/2025	Tiff's Treats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.00	2507 Bagby	
		Houston, TX 77006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texa	
		Check if Austin, TX, officehold Cookies for court staff a	
		Cookes for court stair t	and interns.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/OI		ioo noid
	Date	Davida nama	
	06/13/2025	Payee name Trattoria Lisia	
	Amount (\$) \$56.96	Payee address; City; State; Zip Code	
	φ50.90	13308 RR 12	
		D. W I. T.V. 70040	
		Driftwood, TX 78619	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	- Committee Coloradula T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texa Check if Austin, TX, officehold	
		Dinner meeting	3 - 1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/OI		

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 Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 19/21 Rpt: 27/30	McLaughlin, Tonya (The Honorable) 00085916	
4	Date	5 Payee name	
	06/04/2025	Treebeards	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.19	1100 Louisiana	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Lunch meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	02/12/2025	Trees of Hope	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,500.00	7055 Old Katy Rd	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	03/06/2025	Trees of Hope	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$233.16	7055 Old Katy Rd	
		Houston, TX 77024	
	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 luncheon	
		iuncheon	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
\vdash			_

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 20/21 Rpt: 28/30	McLaughlin, Tonya (The Honorable) 00085916						
4	Date	5 Payee name						
	04/25/2025	Trees of Hope						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	7055 Old Katy Rd						
		Houston, TX 77024						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
		Candidate/Officeholder/Political Committee						
		Tish,plant shally ashada.						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
	Date	Payee name						
	05/26/2025	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$413.48	233 S. Wacker Dr.						
		Chicago, IL 60606						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Flight to NYU New Appellate Judges (
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	Vonlane							
	Amount (\$)	Payee address; City; State; Zip Code						
	\$260.00	3800 Maple Ave						
		Suite 265						
		Dallas, TX 75219						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
	LAFENDITORE	Check if Austin, TX, officeholder living expense						
		Bus to and from Dallas for Regional Conference						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Dis OTHER (enter a	et legory not listed above)		
┰	Total pages Schedule F1:	2	EII ER NAM					3	Filer ID	(Ethics Commission Filers)
Sch: 21/21 Rpt: 29/30					onya (The Honorable)			ľ	00085916	(Earles Corrillission Fileis)
┝	Date	_								
ľ	01/29/2025	,	Payee name							
ہا		Young, Deborah								
ľ	Amount (\$) \$100.00	′	7 Payee address; City; State; Zip Code 301 Fannin							
	\$100.00		301 Fallilli	ı						
			Houston, T	X 77002						
8	PURPOSE	(a)	Category (s	See Categories listed at the	e ton of this sch	edule) (b) Description			
	OF		Event Expe	and the state of t						
	EXPENDITURE		•						, officeholder living	expense
							14th COA e	vent	ts	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sough	<u>i</u>		Office he	eld

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 30/30 2 FILER NAME Filer ID (Ethics Commission Filers) McLaughlin, Tonya (The Honorable) 00085916 8 Amount (\$) Date 5 Name of person from whom amount is received 03/24/2025 Chuys \$2.26 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77098 Purpose for which amount is received Check if political contribution returned to filer reversal from lunch charge Name of person from whom amount is received Amount (\$) Date 06/16/2025 Otis Hotel \$104.90 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78705 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for hotel tax Date Name of person from whom amount is received Amount (\$) 04/11/2025 **Texican Court** \$36.00 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75039 Purpose for which amount is received Check if political contribution returned to filer hotel reimbursement