

# 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 (Ethics Commission Filers) 00058502	2 Total pages filed:  9			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Gena N.	MI	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 07/15/2025		
	NICKNAME	LAST Slaughter	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <b>REDACTED PER 254.0313, GOV'T CODE</b>			Date Hand-delivered or Date Postmarked		
				Receipt # Amount		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richard D.	MI			
	NICKNAME	LAST Faulkner	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <b>REDACTED PER 254.0313, GOV'T CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	697-5187				
8 REPORT 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) <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 COVERED	Month	Day	Year	Month	Day	Year
		01/01/2025		THROUGH		06/30/2025
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE		
				<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 191 Dallas			12 OFFICE SOUGHT (if known) District Judge District 191		

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Slaughter, Gena N. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00058502
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<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> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,000.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 100.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 100.00
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 33,375.14
<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 Gena N. Slaughter

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.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18 FILER NAME</b> Slaughter, Gena N. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00058502
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 10,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 20,000.00
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 100.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 114.30
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/9
<b>2</b> FILER NAME Slaughter, Gena N. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00058502
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branson, Frank <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Law Offices of Frank Branson		<b>11</b> Law firm of contributor's spouse (if any) Law Offices of Frank Branson
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

  

Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillotson, Jeff <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Tillotson Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J): Sch: 1/2 Rpt: 5/9	
<b>2</b> FILER NAME Slaughter, Gena N. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00058502	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES			<b>\$</b> 0.00
<b>5</b> Date  06/25/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldous, Charla <hr/> <b>7</b> Pledgor Address; City; State; Zip Code  Dallas, TX 75219	<b>8</b> Amount of pledge (\$)  \$2,500.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)
<b>10</b> Pledgor's principal occupation Attorney		<b>11</b> Pledgor's job title Attorney	
<b>12</b> Pledgor's employer/law firm Aldous Law		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
Date  06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Charles <hr/> Pledgor Address; City; State; Zip Code  Dallas, TX 75251	Amount of pledge (\$)  \$5,000.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind description (If applicable)
Pledgor's principal occupation Attorney		Pledgor's job title Attorney	
Pledgor's employer/law firm Bennett Legal		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date  06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter , Leon <hr/> Pledgor Address; City; State; Zip Code  Dallas, TX 75206	Amount of pledge (\$)  \$5,000.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind description (If applicable)
Pledgor's principal occupation Attorney		Pledgor's job title Attorney	
Pledgor's employer/law firm Carter Arnett, PLLC		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):  
Sch: 2/2 Rpt: 6/9

2 FILER NAME  
Slaughter, Gena N. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00058502

4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00

5 Date  06/25/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauten, Brian	8 Amount of pledge (\$) \$2,500.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code  Dallas, TX 75219	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Pledgor's principal occupation  
Attorney

11 Pledgor's job title  
Attorney

12 Pledgor's employer/law firm  
Brian Lauten, P.C.

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date  06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Andy	Amount of pledge (\$) \$5,000.00	In-kind description (If applicable)
	Pledgor Address; City; State; Zip Code  Dallas, TX 75219	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Pledgor's principal occupation  
Attorney

Pledgor's job title  
Attorney

Pledgor's employer/law firm  
Payne Mitchell Ramsey

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/3 Rpt: 7/9	<b>2</b> FILER NAME Slaughter, Gena N. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00058502
<b>4</b> Date 01/31/2025	<b>5</b> Payee name Cadence Bank	
<b>6</b> Amount (\$) 2.00	<b>7</b> Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) bank fee
Date 02/28/2025	Payee name Cadence Bank	
Amount (\$) 2.00	Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) bank fee
Date 03/31/2025	Payee name Cadence Bank	
Amount (\$) 2.00	Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) bank fee
Date 04/30/2025	Payee name Cadence Bank	
Amount (\$) 2.00	Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) bank fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 2/3 Rpt: 8/9	<b>2</b> FILER NAME Slaughter, Gena N. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00058502
<b>4</b> Date 05/31/2025	<b>5</b> Payee name Cadence Bank	
<b>6</b> Amount (\$) 2.00	<b>7</b> Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) bank fee
Date 06/30/2025	Payee name Cadence Bank	
Amount (\$) 2.00	Payee Address; City; State; Zip 12655 N Central Expy  Dallas, TX 75243	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) bank fee
Date 01/01/2025	Payee name Zoom Communications	
Amount (\$) 17.05	Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications
Date 02/01/2025	Payee name Zoom Communications	
Amount (\$) 17.05	Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 3/3 Rpt: 9/9	<b>2</b> FILER NAME Slaughter, Gena N. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00058502
<b>4</b> Date 03/01/2025	<b>5</b> Payee name Zoom Communications	
<b>6</b> Amount (\$) 17.05	<b>7</b> Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications
Date 04/01/2025	Payee name Zoom Communications	
Amount (\$) 17.05	Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications
Date 05/01/2025	Payee name Zoom Communications	
Amount (\$) 17.05	Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications
Date 06/01/2025	Payee name Zoom Communications	
Amount (\$) 17.05	Payee Address; City; State; Zip 55 Almaden Blvd, 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) telecommunications	<b>(b)</b> Description (See instructions regarding type of information required.) telecommunications