#### 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) 00062819 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Jay M. NAME Date Received **ELECTRONICALLY FILED** 08/17/2025 NICKNAME LAST **SUFFIX** Wright CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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. Jay M. NAME NICKNAME LAST **SUFFIX** Wright **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** (936) 333-1071 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 9

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Wright, Jay M. (Mr.)			<b>14</b> Filer ID 00062819	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus of may have been made without the equired to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
_	GENERAL	00141477777	2000			
	SPECIFIC	COMMITTEE ADD	JKESS			
	J. SPECIFIC					
		COMMITTEE CAN	IPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBU		C)	\$	0.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IZED POLITICAL E	, OR GUARANTEES OF LOAN: XPENDITURES	5)	\$	0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	1,305.20
CONTRIBUTION	5. TOTAL POLITIC	AL CONTRIBUTION	NS MAINTAINED AS OF THE L	AST DAY OF THE		1,303.20
BALANCE	REPORTING PE		NS MAINTAINED AS OF THE L	AST DAT OF THE	\$	9,618.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	10,000.00
<b>17</b> AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
			Mr	. Jay M. Wright		
			Signature of	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	r administerii	ng oath

#### FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 10 **18** FILER NAME 19 Filer ID (Ethics Commission Filers) 00062819 Wright, Jay M. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 500.00 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 805.20 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Folding Expense Folding Expense Travel in District  Gift/Awards/Memorials Expense Printing Expense Travel Out of District  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: 1/1 Rpt: 4/10	Wright, Jay M. (Mr.) 00062819
4	Date	5 Payee name
	04/12/2025	Montgomery County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1648
		Conroe, TX 77305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		contribution for annual fundraiser event
Ļ	Operated ONE V if disease	Our didn't lot (Office helder games Office except)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H		

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expen Legal Services  The Instruction Guide e	se F		pense /ages/Contract Labor		Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule G:	2 FILER NA	ME				3	Filer ID (Ethics Commiss	sion Filers)
	Sch: 1/5 Rpt: 5/10	Wright, 3	ay M. (Mr.)					00062819	
4	Date	<b>5</b> Payee na	me						
	01/13/2025	Jefferso	n County Republican Pa	arty					
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Co	de			
	\$25.00	1844 I-1	0						
	Reimbursement from	Suite 10	2						
	political contributions intended	Beaumo	nt, TX 77707						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedu	ule)	(b) Description	Ch	neck if travel outside of Texas. Comp	olete Schedule T.
	OF EXPENDITURE		tions/Donations Made E				Ch	neck if Austin, TX, officeholder living	expense
		Candida	te/Officeholder/Political	Committ	ee	monthly contribu	ıtion	for headquarters	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name			Office sought		Office held	
	Date	Payee na	me						
	02/13/2025	Jefferso	n County Republican Pa	arty					
	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	de			
	\$25.00	1844 I-1	0						
	Reimbursement from	Suite 10	2						
	political contributions intended	Beaumo	nt, TX 77707						
	PURPOSE	Category	(See Categories listed at the top	of this schedu	ule)	Description	Ch	neck if travel outside of Texas. Comp	olete Schedule T.
	OF EXPENDITURE	Contribu	tions/Donations Made E	Ву		Ī	Ch	neck if Austin, TX, officeholder living	expense
	EXI ENDITORE	Candida	te/Officeholder/Political	Committ	ee	monthly contribu	ution	s for headquarters.	
	Complete ONLY if direct	<u> </u> Candidate/Off	iceholder name			Office sought		Office held	
	expenditure to benefit					3 %			
	C/OH								
	Date	Payee na	me						
	03/13/2025	Jefferso	n County Republican Pa	arty					
	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	de			
	\$25.00	1844 I-1	0						
	Reimbursement from	Suite 10	2						
	political contributions intended	Beaumo	nt, TX 77707						
	PURPOSE	Category	(See Categories listed at the top	of this schedu	ule)	Description	Ch	neck if travel outside of Texas. Comp	olete Schedule T.
	OF EXPENDITURE		tions/Donations Made E				Ch	neck if Austin, TX, officeholder living	expense
		Candida	te/Officeholder/Political	Committ	ee	monthly contribu	ıtion	for headquarters.	
	Complete ONLY if direct	<u> </u> Candidate/Off	iceholder name			Office sought		Office held	
	expenditure to benefit C/OH								

### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Dis			
			The Instruction Guide explains	now to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAMI				1	Filer ID	(Ethics Commission Filers)		
	Sch: 2/5 Rpt: 6/10	Wright, Jay	M. (Mr.)				0006281	19		
4	Date	5 Payee name								
	04/14/2025	Jefferson C	County Republican Party							
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode					
	\$25.00	1844 I-10								
	Reimbursement from	Suite 102								
	political contributions intended	Beaumont.	Beaumont, TX 77707							
8	PURPOSE			andula)	(b) Description	☐ Ch	eck if travel	outside of Texas. Complete Schedule T.		
0	OF	-	see Categories listed at the top of this sch	iedule)	(b) Description	=		, TX, officeholder living expense		
	EXPENDITURE		ns/Donations Made By Officeholder/Political Comm	nittee	monthly contribut					
						lliOII	to nead	quarters.		
_	Complete ONLY if direct	Condidate /Off:	holder name		Office savekt			Office hold		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought			Office held		
	C/OH									
H	Date	Payee name								
	04/30/2025	1 1	County Republican Party							
				. Zin Co	ada.					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	oue					
	\$100.00	1844 I-10								
	Reimbursement from political contributions	Suite 102								
	intended	Beaumont,	TX 77707							
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description [	=		outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		ns/Donations Made By			Ch	eck if Austin	, TX, officeholder living expense		
		Candidate/	Officeholder/Political Comm	nittee	Election Workers	s rec	cognition	event.		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
$\vdash$		1								
	Date	Payee name								
L	05/13/2025	Jefferson C	County Republican Party							
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$25.00	1844 I-10								
	Reimbursement from	Suite 102								
	political contributions intended	Beaumont,	TX 77707							
$\vdash$	PURPOSE	Category (s	iee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Contributio	ns/Donations Made By			Ch	eck if Austin	, TX, officeholder living expense		
	EXPENDITURE		Officeholder/Political Comm	nittee	monthly contribut	tion	for head	lquarters.		
		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
_										
1										

## SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services  The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel III District  Travel Out of District  OTHER (enter a category	y not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics C	Commission Filers)
	Sch: 3/5 Rpt: 7/10		Wright, Jay	M. (Mr.)					00062819	
4	Date	5	Payee name							
	06/13/2025		Jefferson C	ounty Republica	ın Party					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$25.00		1844 I-10							
	Reimbursement from		Suite 102							
	political contributions intended		Beaumont,	TX 77707						
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this sche	edule)	(b) Description	=		xas. Complete Schedule T.
	OF EXPENDITURE	l		s/Donations Ma					heck if Austin, TX, officeho	
			Candidate/0	Officeholder/Poli	tical Comm	ittee	monthly contribu	ition	for headquarters	expense.
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought		Office h	eld
	C/OH									
	Date		Payee name							
	01/06/2025		Montgomer	y County Repub	lican Party					
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$20.20		P.O. Box 16	548						
	Reimbursement from political contributions									
	intended		Conroe, TX	77305						
	PURPOSE		Category (Se	ee Categories listed at t	ne top of this sche	edule)	Description	_		xas. Complete Schedule T.
	OF EXPENDITURE			s/Donations Ma				_	heck if Austin, TX, officeho	lder living expense
			Candidate/C	Officeholder/Poli	ticai Comm	ittee	monthly headqua	arte	rs donation.	
		Ļ								
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought		Office h	eld
	C/OH									
	Date		Payee name							
	02/05/2025		•	y County Repub	lican Party					
	Amount (\$)	H	Payee addre	ss; City;	State;	Zip Co	ode			
	\$20.20		P.O. Box 16	648						
	Reimbursement from									
	political contributions intended		Conroe, TX	77305						
	PURPOSE	T	Category (Se	ee Categories listed at t	ne top of this sche	edule)	Description	Cł	heck if travel outside of Tex	xas. Complete Schedule T.
	OF EXPENDITURE			s/Donations Ma	•		[	Cł	heck if Austin, TX, officeho	lder living expense
			Candidate/0	Officeholder/Poli	tical Comm	ittee	monthly contribu	ition	s for headquarter	S.
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office h	eld

## SCHEDULE G

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/M The Instruction Guide explains how to co	/ages/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME	Ī	3	Filer ID (Ethics Commission Filers)	_
_	Sch: 4/5 Rpt: 8/10	-	Wright, Jay M. (Mr.)		•	00062819	
4	Date	5	Payee name				
	03/05/2025		Montgomery County Republican Party				
6	Amount (\$)	7	Payee address; City; State; Zip Co	de			
	\$20.20		P.O. Box 1648				
	Reimbursement from						
	political contributions intended		Conroe, TX 77305				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	CI	Check if travel outside of Texas. Complete Schedule T	_
	OF	l`	Contributions/Donations Made By		СІ	check if Austin, TX, officeholder living expense	
	EXPENDITURE		Candidate/Officeholder/Political Committee	monthly contributi	ion	ns for headquarters.	
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held	_
	expenditure to benefit C/OH						
	C/On						_
	Date		Payee name				
	04/07/2025		Montgomery County Republican Party				
	Amount (\$)		Payee address; City; State; Zip Co	de			_
	\$20.20		P.O. Box 1648				
	Reimbursement from						
	political contributions intended		Conroe, TX 77305				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	Check if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Contributions/Donations Made By		CI	Check if Austin, TX, officeholder living expense	
	EXI ENDITORE		Candidate/Officeholder/Political Committee	monthly contributi	ion	n for headquarters.	
		Cai	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
		_					=
	Date		Payee name				
	05/05/2025		Montgomery County Republican Party				
	Amount (\$)		Payee address; City; State; Zip Co	de			
	\$20.20		P.O. Box 1648				
	Reimbursement from political contributions						
	intended		Conroe, TX 77305				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	Check if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Contributions/Donations Made By		CI	check if Austin, TX, officeholder living expense	
			Candidate/Officeholder/Political Committee	monthly contributi	ion	n for headquarters.	
		Cai	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
							_

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 9/10 Wright, Jay M. (Mr.) 00062819 Date Payee name 06/05/2025 Montgomery County Republican Party Payee address; State; Zip Code Amount (\$) City; P.O. Box 1648 \$20.20 Reimbursement from political contributions intended Conroe, TX 77305 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee monthly contribution for headquarters operation. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/19/2025 Montgomery County Republican Women Amount (\$) Payee address; City; State; Zip Code \$434.00 P.O. Box 1766 Reimbursement from political contributions Conroe, TX 77305 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** purchase of partial table for two meals Republican Women's fundraiser event for September 18, 2025. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

OUTSTAI	NDING LOANS	SCHEDULE L					
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 10/10					
2 FILER NAME Wright, Jay M.	(Mr.)	3 Filer ID (Ethics Commission Filers) 00062819					
LENDER INFORMATION	4 Name of lender Wright, Jay	<u>'</u>					
	5 Lender address; City; State; Zip Code						
	REDACTED PER 254.0313, GOV'T CODE						
GUARANTOR INFORMATION	6 Name of guarantor						
X not applicable	7 Guarantor address; City; State; Zip Code						
	1						