

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| | | | | | |
|---|--|---|---|--|---------------------|
| 1 Filer ID (Ethics Commission Filers) 00066039 | | 2 Total pages filed: 8 | | OFFICE USE ONLY | |
| | | | | Date Received | |
| | | | | ELECTRONICALLY FILED 01/23/2026 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | FIRST The Honorable W. Kent | | Date Hand-delivered or Date Postmarked | |
| | | LAST Walston | | Receipt # _____ | |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | Amount | |
| | | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit _____ | Date Processed | |
| | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | Date Imaged | |
| | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 5 ORIGINAL PERIOD COVERED | | Month 01/01/2025 | Day | Year | Month 06/30/2025 |
| | | THROUGH | | | |

6 EXPLANATION OF CORRECTION

While going through my report the fund balance in my elect Kent Walston account was not balance. I corrected the reporting period 1/1/2020 Through 6/30/2020 on January 15 2026. Now I am correcting the correct balance for subsequent reports.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable W. Kent Walston

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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) 00066039 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST W. Kent | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Walston | SUFFIX | Date Received ELECTRONICALLY FILED 01/23/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOVT CODE | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Carl | MI | | | |
| | NICKNAME | LAST Vitanza | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | REDACTED PER 254.0313, GOVT CODE | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (281) | PHONE NUMBER 979-9895 | EXTENSION | | | |
| 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 01/01/2025 | Day | Year | Month 06/30/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 11/03/2026 | | | ELECTION TYPE | | |
| | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 58 Jefferson | | | 12 OFFICE SOUGHT (if known) District Judge District 58 | | |

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Walston, W. Kent (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00066039 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 | | | | | | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 0.00 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 2,725.00 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 12,137.81 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | |
| <p>The Honorable W. Kent Walston _____ Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| 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**

4 of 8

| | |
|---|--|
| 18 FILER NAME Walston, W. Kent (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00066039 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 0.00 | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 0.00 | |
| 3. <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 0.00 | |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 0.00 | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,725.00 | |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 0.00 | |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 0.00 | |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00 | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 0.00 | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B(J): Sch: 1/1 Rpt: 5/8 |
| 2 FILER NAME Walston, W. Kent (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00066039 |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 0.00 |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor Address; City; State; Zip Code | 8 Amount of pledge (\$) 9 In-kind description (If applicable) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Pledgor's principal occupation | | 11 Pledgor's job title |
| 12 Pledgor's employer/law firm | | 13 Law firm of pledgor's spouse (if any) |
| 14 If pledgor is a child, law firm of parent(s) (if any) | | |

LOANS (JUDICIAL)**SCHEDULE E(J)**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 6/8 |
| 2 FILER NAME Walston, W. Kent (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00066039 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender 8 Lender address; City; State; Zip Code | <input type="checkbox"/> out-of-state PAC (ID#: 9 Loan Amount (\$) 10 Interest Rate 11 Maturity Date |
| 12 Lender's Principal Occupation | | 13 Lender's Job Title |
| 14 Lender's Employer/Law Firm | | 15 Law Firm of lender's spouse (if any) |
| 16 If lender is child, law firm of parent(s) (if any) | | |
| 17 Description of Collateral <input type="checkbox"/> None | | 18 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions) |
| 19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 20 Name of guarantor 21 Guarantor address; City; State; Zip Code | 22 Amount Guaranteed (\$) |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 1/2 Rpt: 7/8 | 2 FILER NAME Walston, W. Kent (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00066039 |
| 4 Date 04/08/2025 | 5 Payee name 100 Blackmen of Greater Beaumont | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code P.O. Box 6534 Beaumont, TX 77725 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name 100 plus Black Women Coalition | Office sought Office held |
| Date 02/25/2025 | Payee name 100 plus Black Women Coalition | |
| Amount (\$) \$225.00 | Payee address; City; State; Zip Code 4865 Cornell Beaumont, TX 77705 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Bob Hope School | Office sought Office held |
| Date 01/29/2025 | Payee name Bob Hope School | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 4545 Hwy 73 Port Arthur, TX 77642 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name 100 plus Black Women Coalition | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 2/2 Rpt: 8/8 | 2 FILER NAME Walston, W. Kent (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00066039 | |
| 4 Date 05/13/2025 | 5 Payee name HFISD Cheerleaders | | |
| 6 Amount (\$) \$700.00 | 7 Payee address; City; PO Box 223 Hamshire, TX 77622 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |