

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00038111	<b>2</b> Total pages filed:  12								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Gina G.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Ms.	FIRST Gina G.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/07/2026					
	MS / MRS / MR Ms.	FIRST Gina G.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Parker</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Parker	SUFFIX							
NICKNAME	LAST Parker	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Shelli L.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Shelli L.	MI						
	MS / MRS / MR Mrs.	FIRST Shelli L.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Rosenkranz</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Rosenkranz	SUFFIX							
NICKNAME	LAST Rosenkranz	SUFFIX									
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 722-2334										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" 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 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)
<input checked="" 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 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)								
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>07/01/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		07/01/2025	THROUGH	12/31/2025	
Month Day Year		Month Day Year									
07/01/2025	THROUGH	12/31/2025									
<b>10</b> 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								
<b>11</b> OFFICE	OFFICE HELD (if any) Court Of Criminal Appeals, Judge Place 7		<b>12</b> OFFICE SOUGHT (if known)								

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Parker, Gina G. (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00038111
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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.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,009.87
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,827.66
<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.

Ms. Gina G. Parker  
\_\_\_\_\_  
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> Parker, Gina G. (Ms.)		<b>19 Filer ID</b> 00038111	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: 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	\$	967.69
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	\$	42.18
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	79.81

# 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: 4/12

2 FILER NAME  
Parker, Gina G. (Ms.)

3 Filer ID (Ethics Commission Filers)  
00038111

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ 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: 5/12	
2 FILER NAME Parker, Gina G. (Ms.)		3 Filer ID (Ethics Commission Filers) 00038111	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		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 (See Instructions) <input type="checkbox"/>	
19 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 6/12	<b>2</b> FILER NAME Parker, Gina G. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00038111
<b>4</b> Date 10/27/2025	<b>5</b> Payee name Buc-ee's	
<b>6</b> Amount (\$) \$29.18	<b>7</b> Payee address; City; State; Zip Code 2760 N Interstate 35  New Braunfels, TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder gas expense for travel to 2025 TFRW Biennial Convention
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Central Texas Republican Women PAC	
Amount (\$) \$64.00	Payee address; City; State; Zip Code P.O. Box 24  Belton, TX 76513	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chili Luncheon Tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2025	Payee name Crockett Truck Stop	
Amount (\$) \$42.71	Payee address; City; State; Zip Code 1409 E Loop 304  Crockett, TX 75835	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder gas for travel to Greater Houston of Federation Republican Women Garden Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 7/12	<b>2</b> FILER NAME Parker, Gina G. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00038111
<b>4</b> Date 12/19/2025	<b>5</b> Payee name Discover	
<b>6</b> Amount (\$) \$42.18	<b>7</b> Payee address; City; State; Zip Code P.O. Box 71242  Charlotte, NC 28272	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain yearly subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Grand Hyatt San Antonio Riverwalk	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 600 E. Market Street  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 TFRW Biennial Convention Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Grand Hyatt San Antonio Riverwalk	
Amount (\$) \$273.18	Payee address; City; State; Zip Code 600 E. Market Street  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel expense for the 2025 TFRW Biennial Convention
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 8/12	<b>2</b> FILER NAME Parker, Gina G. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00038111
<b>4</b> Date 07/28/2025	<b>5</b> Payee name Greater Houston of Federation Republican Women	
<b>6</b> Amount (\$) \$170.00	<b>7</b> Payee address; City; State; Zip Code 7941 Katy Freeway, #272  Houston, TX 77024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greater Houston of Federation Republican Women Tickets
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name McLennan County Republican Women PAC	
Amount (\$) \$28.00	Payee address; City; State; Zip Code P.O. Box 7291  Waco, TX 76710	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MCRW August 2025 Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name McLennan County Republican Women PAC	
Amount (\$) \$55.00	Payee address; City; State; Zip Code P.O. Box 7291  Waco, TX 76710	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MCRW 70th Anniversary Dinner Tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 9/12	2 FILER NAME Parker, Gina G. (Ms.)	3 Filer ID (Ethics Commission Filers) 00038111
4 Date 07/02/2025	5 Payee name TFRWPAC	
6 Amount (\$) \$203.44	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4  Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 2025 TFRW Biennial Convention Tickets
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 10/12	<b>2</b> FILER NAME Parker, Gina G. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00038111
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Discover		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$42.18	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name GoDaddy Operating Company,		(b) Payee address; City, State, Zip Code 100 S Mill Ave, Suite 1600 Tempe, AZ 85281
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website domain yearly subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 11/12
<b>2</b> FILER NAME Parker, Gina G. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00038111
<b>4</b> Date 11/26/2025	<b>5</b> Name of person from whom amount is received Casino, Jane (Mrs.)	<b>8</b> Amount (\$) \$60.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Lubbock, TX 79407	
	<b>7</b> Purpose for which amount is received 2025 TFRW Biennial Convention Meal Reimbursement <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2025	Name of person from whom amount is received SouthState Bank	Amount (\$) \$3.36
	Address of person from whom amount is received; City; State; Zip Code  Winter Haven, FL 33883	
	Purpose for which amount is received Interest Earned on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2025	Name of person from whom amount is received SouthState Bank	Amount (\$) \$3.13
	Address of person from whom amount is received; City; State; Zip Code  Winter Haven, FL 33883	
	Purpose for which amount is received Interest Earned on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2025	Name of person from whom amount is received SouthState Bank	Amount (\$) \$3.45
	Address of person from whom amount is received; City; State; Zip Code  Winter Haven, FL 33883	
	Purpose for which amount is received Interest Earned on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2025	Name of person from whom amount is received SouthState Bank	Amount (\$) \$3.34
	Address of person from whom amount is received; City; State; Zip Code  Winter Haven, FL 33883	
	Purpose for which amount is received Interest Earned on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 12/12

2 FILER NAME

Parker, Gina G. (Ms.)

3 Filer ID (Ethics Commission Filers)  
00038111

4 Date

11/30/2025

5 Name of person from whom amount is received

SouthState Bank

8 Amount (\$)

\$3.00

6 Address of person from whom amount is received; City; State; Zip Code

Winter Haven, FL 33883

7 Purpose for which amount is received

Interest Earned on Checking Account

☐ Check if political contribution returned to filer

Date

12/31/2025

Name of person from whom amount is received

SouthState Bank

Amount (\$)

\$3.53

Address of person from whom amount is received; City; State; Zip Code

Winter Haven, FL 33883

Purpose for which amount is received

Interest Earned on Checking Account

☐ Check if political contribution returned to filer