

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) 00080349	2 Total pages filed: 7			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tamara B.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/07/2026		
	NICKNAME	LAST Needles	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE REDACTED PER 254.0313, GOV'T CODE			Date Hand-delivered or Date Postmarked		
				Receipt # Amount		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Tamara B.	MI			
	NICKNAME	LAST Needles	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512)	771-8654				
8 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded modified reporting limit ☐ Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2025		THROUGH		12/31/2025
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
			☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special			
11 OFFICE	OFFICE HELD (if any) District Judge District 427 Travis			12 OFFICE SOUGHT (if known)		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
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13 C / OH NAME Needles, Tamara B. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00080349
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15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ 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	\$ 4,121.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,904.94
OUTSTANDING LOAN TOTALS	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 Tamara B. Needles

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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18 FILER NAME Needles, Tamara B. (The Honorable)		19 Filer ID 00080349	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	☐ SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	4,121.18
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
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 OF C/OH	\$	
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 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
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: 1/4 Rpt: 4/7	2 FILER NAME Needles, Tamara B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080349
4 Date 12/03/2025	5 Payee name ATC Sobriety Center	
6 Amount (\$) \$1,044.16	7 Payee address; City; State; Zip Code 1213 Sabine St austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense non-profit for Austin community with a safe place to recover
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Actblue Donations	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Stonewall Dems
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Actblue Donations	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LAD & Mobile Loafs and Fishes non-profit cont. feeding Austin homeless.
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: 2/4 Rpt: 5/7	2 FILER NAME Needles, Tamara B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080349
4 Date 12/06/2025	5 Payee name Austin Tejano Dems	
6 Amount (\$) \$526.63	7 Payee address; City; State; Zip Code 1805 Miles Ave Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Political contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2025	Payee name Avance Austin Inc.	
Amount (\$) \$155.62	Payee address; City; State; Zip Code PO Box 19105 Austin, TX 78760	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Avance Austin Nonprofit Support families in our community
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name BlueHost	
Amount (\$) \$111.57	Payee address; City; State; Zip Code 2500 Ridgpoint Dr Austin, TX 78754	
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 Web Hosting
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: 3/4 Rpt: 6/7	2 FILER NAME Needles, Tamara B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080349
4 Date 10/29/2025	5 Payee name Home Slice	
6 Amount (\$) \$303.25	7 Payee address; City; State; Zip Code 1415 S Congress Ave, Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Office Staff appreciation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Paid Parking Parkingmgt	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 583 W 6th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Parking fee Advance Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Primo Brands Waterserv	
Amount (\$) \$204.95	Payee address; City; State; Zip Code P.O. Box 30080 College Station , TX 77842	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Office Staff Supply
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: 7/7	2 FILER NAME Needles, Tamara B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080349
4 Date 12/04/2025	5 Payee name Texas Ethics Commission	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 201 E 14th St #10, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Late Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held