

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) 00088404	2 Total pages filed: 8													
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>The Honorable</td> <td>Jonathan</td> <td></td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME</td> <td style="width: 40%;">LAST</td> <td style="width: 40%;">SUFFIX</td> </tr> <tr> <td></td> <td>Richey</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	The Honorable	Jonathan		NICKNAME	LAST	SUFFIX		Richey		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026	
	MS / MRS / MR	FIRST	MI													
The Honorable	Jonathan															
NICKNAME	LAST	SUFFIX														
	Richey															
4 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> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged								
Receipt #	Amount															
Date Processed																
Date Imaged																
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Michael</td> <td></td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME</td> <td style="width: 40%;">LAST</td> <td style="width: 40%;">SUFFIX</td> </tr> <tr> <td></td> <td>Thomason</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Michael		NICKNAME	LAST	SUFFIX		Thomason			
	MS / MRS / MR	FIRST	MI													
Mr.	Michael															
NICKNAME	LAST	SUFFIX														
	Thomason															
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>																
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	(Residence or Business)															
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 729-5634															
8 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)					
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<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)													
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025															
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special													
	OFFICE HELD (if any) District Judge (Multi-county) District 369th Anderson		12 OFFICE SOUGHT (if known) District Judge District 369													
GO TO PAGE 2																

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 8

13 C / OH NAME Richey, Jonathan (The Honorable)	14 Filer ID (Ethics Commission Filers) 00088404
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	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)	\$ 8,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,497.00
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 Jonathan Richey

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**

3 of 8

18 FILER NAME Richey, Jonathan (The Honorable)		19 Filer ID (Ethics Commission Filers) 00088404
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 8,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,500.00
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/8
2 FILER NAME Richey, Jonathan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088404
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Melissa (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Legal clerk		9 Contributor's Job Title Legal clerk
10 Contributor's employer/law firm Law office of Steve Guy		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnet, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Richard's Penn and Bonner LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy, Debra (Mrs.) <hr/> Contributor address; City; State; Zip Code Alto, TX 75925	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Financial advisor		Contributor's Job Title Financial advisor
Contributor's employer/law firm Edward Jones		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Richey, Jonathan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088404
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Steve (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Guy Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation State senator		Contributor's Job Title State senator
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peacock Lawyers PLLC <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Richey, Jonathan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088404
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Jill (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Jacksonville, TX 75766	7 Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Richard's Penn and Bonner LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Ricky (Mr.) <hr/> Contributor address; City; State; Zip Code Jacksonville , TX 75766	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Richard's Penn and Bonner LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richey, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Richey, Jonathan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088404
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tosh, Bridgett (Mrs.) 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Dental hygiene professor		9 Contributor's Job Title Dental hygiene professor
10 Contributor's employer/law firm Tyler junior college		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tosh, Robby (Mr.) Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Business owner		Contributor's Job Title Business owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 8/8	2 FILER NAME Richey, Jonathan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088404
4 Date 12/03/2025	5 Payee name Republican Party	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 211 E 7th # 915 Austin, TX 75701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held