

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) 00089355 | | 2 Total pages filed: 10 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | | FIRST Amy E. | MI | | |
| | NICKNAME | | LAST Allin | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 Mr. | | FIRST Timothy J. | MI | | |
| | NICKNAME Tim | | LAST Allin | 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 | | | |
| | (972) | 400-9045 | | | | |
| 8 REPORT TYPE | <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) | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year | |
| | | 07/01/2025 | | | 12/31/2025 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | | | | 03/03/2026 | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 297 Tarrant | | | 12 OFFICE SOUGHT (if known) District Judge District 297 | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 10

| | |
|---|---|
| 13 C / OH NAME Allin, Amy E. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00089355 |
|---|---|

| | | |
|---|--|--------------------------|
| 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) | \$ | 10.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 5,810.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 3,837.08 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 4,480.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 20,000.00 |

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 Amy E. Allin

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 10

| | | |
|---|--|---|
| 18 FILER NAME Allin, Amy E. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00089355 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 5,810.00 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 3,837.08 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 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 | \$ 26.24 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/10 |
| 2 FILER NAME Allin, Amy E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00089355 |
| 4 Date 08/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Thomas (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85712 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired |
| 10 Contributor's employer/law firm n/a | | 11 Law firm of contributor's spouse (if any) n/a |
| 12 If contributor is a child, law firm of parent(s) (if any) n/a n/a | | |
| Date 07/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARTZEN, HEATHER (Mrs.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409 | Amount of Contribution (\$) \$300.00 |
| Contributor's Principal Occupation ENTREPRENEUR | | Contributor's Job Title Mainline Models Co-owner |
| Contributor's employer/law firm n/a | | Law firm of contributor's spouse (if any) n/a |
| If contributor is a child, law firm of parent(s) (if any) n/a n/a | | |
| Date 07/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monk, James (Mr.) <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73120 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Retired | | Contributor's Job Title Retired |
| Contributor's employer/law firm n/a | | Law firm of contributor's spouse (if any) n/a |
| If contributor is a child, law firm of parent(s) (if any) n/a n/a | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/10 |
| 2 FILER NAME Allin, Amy E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00089355 |
| 4 Date 09/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, G. Andrew <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney; owner |
| 10 Contributor's employer/law firm Andy Platt Law | | 11 Law firm of contributor's spouse (if any) n/a |
| 12 If contributor is a child, law firm of parent(s) (if any) n/a N/A | | |
| Date 09/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) graham, Joshua <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180 | Amount of Contribution (\$) \$1,500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Trial attorney |
| Contributor's employer/law firm Joshua Graham Trial Attorneys | | Law firm of contributor's spouse (if any) n/a |
| If contributor is a child, law firm of parent(s) (if any) n/a n/a | | |

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: 1/2 Rpt: 6/10 | 2 FILER NAME Allin, Amy E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00089355 |
| 4 Date 11/13/2025 | 5 Payee name Republican Women of Arlington | |
| 6 Amount (\$) \$390.94 | 7 Payee address; City; State; Zip Code P.O. Box 14317 Arlington, TX 76094 | |
| 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 Sponsor Jingle Mingle hosted by the Republican Women of Arlington |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/20/2025 | Payee name Republican Women of Arlington | |
| Amount (\$) \$781.56 | Payee address; City; State; Zip Code P.O. Box 14317 Arlington , TX 76094 | |
| 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 Table sponsor for Republican Women of Arlington High Tea event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/31/2025 | Payee name STRIPE, INC | |
| Amount (\$) \$164.58 | Payee address; City; State; Zip Code 354 Oyster Point Boulevard South San Francisco, CA 94080 | |
| 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 processing fee; percentage of donation collected |
| 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: 2/2 Rpt: 7/10 | 2 FILER NAME Allin, Amy E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00089355 |
| 4 Date 12/01/2025 | 5 Payee name Tarrant County GOP | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 201 N Rupert St Suite 117 Fort Worth, TX 76107 | |
| 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 for application to be on primary ballot |
| 9 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 8/10

2 FILER NAME

Allin, Amy E. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00089355

4 Date

12/31/2025

5 Name of person from whom amount is received

Ally Bank

8 Amount (\$)

\$26.24

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

Detroit, MI 48226

7 Purpose for which amount is received
interest

☐ Check if political contribution returned to filer

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 9/10

2 FILER NAME

Allin, Amy E. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00089355

LENDER
INFORMATION

4 Name of lender
Allin, Amy (Judge)

5 Lender address; City; State; Zip Code

REDACTED PER 254.0313, GOVT CODE

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender
GASTORF, NICHOLAS (Mr.)

Lender address; City; State; Zip Code

REDACTED PER 254.0313, GOVT CODE

GUARANTOR
INFORMATION

Name of guarantor

☒ not applicable

Guarantor address; City; State; Zip Code

TEXT ANNOTATION

Sch: 1/1 Rpt: 10/10

FILER NAME

Allin, Amy E. (The Honorable)

Filer ID (Ethics Commission Filers)

00089355

Schedule

K

Information entered by filer as a memo:

Interest on campaign account