

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) 00088218		2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST TaKasha L.	MI	
	NICKNAME		LAST Francis	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 Ms.		FIRST Kidada	MI	
	NICKNAME		LAST Gilbert-Lewis	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		
	(281)	635-4207			
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 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 152			12 OFFICE SOUGHT (if known)	

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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 Francis, TaKasha L. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00088218
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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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 3,056.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,703.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 124,112.17
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 TaKasha L. Francis

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 Francis, TaKasha L. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00088218	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
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	\$ 9,703.23
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	\$ 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	\$ 2,175.76

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: 1/5 Rpt: 4/11	2 FILER NAME Francis, TaKasha L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088218
4 Date 10/31/2025	5 Payee name Customink	
6 Amount (\$) \$464.81	7 Payee address; City; State; Zip Code 1640 Boro Place, Suite 301 Tyson, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Court Apparel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2025	Payee name Etsy	
Amount (\$) \$270.63	Payee address; City; State; Zip Code 117 Adams Street Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name Hyatt Regency Chicago	
Amount (\$) \$2,192.58	Payee address; City; State; Zip Code 151 E Wacker Dr Chicago, IL 60601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense National Bar Association Conference - National Judicial Counsel
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: 2/5 Rpt: 5/11	2 FILER NAME Francis, TaKasha L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088218
4 Date 09/07/2025	5 Payee name JW Marriot	
6 Amount (\$) \$600.12	7 Payee address; City; State; Zip Code 110 E 2nd St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Judicial State Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2025	Payee name Lion's Gate Consulting and Planning	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 22471 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Finance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Ruggles Black	
Amount (\$) \$487.61	Payee address; City; State; Zip Code 2245 W Alabama St, Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Court Employee Holiday Celebration
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: 3/5 Rpt: 6/11	2 FILER NAME Francis, TaKasha L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088218
4 Date 07/25/2025	5 Payee name TEMU	
6 Amount (\$) \$334.90	7 Payee address; City; State; Zip Code 31 St. James Avenue Boston, MA 02116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 office furnishings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Texas Southern University - Thurgood Marshall School of Law	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 3100 Cleburne st Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Law School
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name USPS	
Amount (\$) \$360.00	Payee address; City; State; Zip Code Unknown Unknown Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PO BOX Fee
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: 4/5 Rpt: 7/11	2 FILER NAME Francis, TaKasha L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088218
4 Date 07/25/2025	5 Payee name Vistaprints	
6 Amount (\$) \$223.19	7 Payee address; City; State; Zip Code 95 HAYDEN AVE, Lexington, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Holiday Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Vistaprints	
Amount (\$) \$381.56	Payee address; City; State; Zip Code 95 HAYDEN AVE, Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Marketing Calendars
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2025	Payee name Vonlane	
Amount (\$) \$274.00	Payee address; City; State; Zip Code 3800 Maple Avenue Suite 265 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Judicial Conference Transportation
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: 5/5 Rpt: 8/11	2 FILER NAME Francis, TaKasha L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088218
4 Date 11/07/2025	5 Payee name Wayfair	
6 Amount (\$) \$257.73	7 Payee address; City; State; Zip Code 4 Copley Place, 7th Floor Boston, MA 02116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Office Items
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: 1/3 Rpt: 9/11
2 FILER NAME Francis, TaKasha L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088218
4 Date 07/31/2025	5 Name of person from whom amount is received Capital One	8 Amount (\$) \$11.14
	6 Address of person from whom amount is received; City; State; Zip Code Mclean, VA 22102	
	7 Purpose for which amount is received Interest on Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2025	Name of person from whom amount is received Capital One	Amount (\$) \$10.81
	Address of person from whom amount is received; City; State; Zip Code Mclean, VA 22102	
	Purpose for which amount is received Interest on Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2025	Name of person from whom amount is received Capital One	Amount (\$) \$10.63
	Address of person from whom amount is received; City; State; Zip Code Mclean, MA 22102	
	Purpose for which amount is received Interest on Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2025	Name of person from whom amount is received Capital One	Amount (\$) \$10.33
	Address of person from whom amount is received; City; State; Zip Code Mclean, VA 22102	
	Purpose for which amount is received Interest on Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2025	Name of person from whom amount is received Capital One	Amount (\$) \$10.28
	Address of person from whom amount is received; City; State; Zip Code Mclean, VA 22102	
	Purpose for which amount is received Interest on 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: 2/3 Rpt: 10/11
2 FILER NAME Francis, TaKasha L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088218
4 Date 12/31/2025	5 Name of person from whom amount is received Capital One	8 Amount (\$) \$10.59
	6 Address of person from whom amount is received; City; State; Zip Code Mclean, VA 22102	
	7 Purpose for which amount is received Interest on Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/11/2025	Name of person from whom amount is received Customink LLC	Amount (\$) \$464.81
	Address of person from whom amount is received; City; State; Zip Code Tyson, VA 22102	
	Purpose for which amount is received Reimbursement Cancelled Purchase <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2025	Name of person from whom amount is received Etsy	Amount (\$) \$151.55
	Address of person from whom amount is received; City; State; Zip Code Brooklyn, NY 11201	
	Purpose for which amount is received Reimbursement Purchase <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/28/2025	Name of person from whom amount is received Southwest Airlines	Amount (\$) \$35.00
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235	
	Purpose for which amount is received Reimbursement of Ticket Adjustment <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/03/2025	Name of person from whom amount is received State Bar OF Texas	Amount (\$) \$1,399.12
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	Purpose for which amount is received Reimbursement State Judicial Conference <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: 3/3 Rpt: 11/11

2 FILER NAME

Francis, TaKasha L. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00088218

4 Date

08/14/2025

5 Name of person from whom amount is received

TEMU

8 Amount (\$)

\$29.60

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

Boston, MA 02116

7 Purpose for which amount is received

Price Credit

☐ Check if political contribution returned to filer

Date

09/17/2025

Name of person from whom amount is received

TEMU

Amount (\$)

\$31.90

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

Boston, MA 02116

Purpose for which amount is received

Price Credit

☐ Check if political contribution returned to filer