

**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) 00090278	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Donna R. NICKNAME LAST Tomlinson			MI OFFICE USE ONLY		
				Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 795039 Dallas, TX 75379			ZIP CODE Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jennifer NICKNAME LAST Stanton Hargrave			MI SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4201 Spring Valley Rd. Suite 1210 Dallas , TX 75244			APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 420-0100					
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 11/03/2026		ELECTION TYPE <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) None Dallas			12 OFFICE SOUGHT (if known) Family District Court Judge Place Dallas District 255		

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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	Tomlinson, Donna R.		14 Filer ID (Ethics Commission Filers) 00090278												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	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)		\$ 1,000.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,795.27												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 536.53												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>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.</p> <p style="text-align: right;">_____ Donna R. Tomlinson _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
_____ 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 Tomlinson, Donna R.	19 Filer ID (Ethics Commission Filers) 00090278
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 1,000.00	
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 \$ 420.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 691.42	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 2,023.90	
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: 1/1 Rpt: 4/9
2 FILER NAME Tomlinson, Donna R.		3 Filer ID (Ethics Commission Filers) 00090278
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stanton Hargrave, Jennifer (Mrs.) 6 Contributor address; City; State; Zip Code Dallas, TX 75244	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Managing Attorney
10 Contributor's employer/law firm Hargrave Family Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/9	2 FILER NAME Tomlinson, Donna R.	3 Filer ID (Ethics Commission Filers) 00090278	
4 Date 12/15/2025	5 Payee name Upwork		
6 Amount (\$) \$420.00	7 Payee address; City; 530 Lytton Ave Suite 301 Palo Alto, CA 94301		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Website Creation	
9 Complete ONLY 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.

1 Total pages Schedule F4: Sch: 1/2 Rpt: 6/9	2 FILER NAME Tomlinson, Donna R.		3 Filer ID (Ethics Commission Filers) 00090278
4 CREDIT CARD ISSUER	Name of financial institution Bank of America		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$118.18	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 10/24/2025
7 PAYEE	(a) Payee name GoDaddy		(b) Payee address; City, State, Zip Code 100 S. Mill Ave Suite 1600 Tempe, AZ 85281
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description URL purchase
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$212.13	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/24/2025
PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 1800 Owens Street San Francisco , CA 94158
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Dropbox Storage
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$233.19	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/24/2025
PAYEE	(a) Payee name GoDaddy		(b) Payee address; City, State, Zip Code 100 S. Mill Ave Suite 1600 Tempe, AZ 85281
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description URL purchases
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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.

1 Total pages Schedule F4: Sch: 2/2 Rpt: 7/9	2 FILER NAME Tomlinson, Donna R.		3 Filer ID (Ethics Commission Filers) 00090278
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$127.92	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid 12/24/2025
7 PAYEE	(a) Payee name Canva		(b) Payee address; City, State, Zip Code 3212 E. Cesar Chavez Street Building 1, Suite 1300 Austin, TX 78702
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Flyer Creation Program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder name Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 8/9	2 FILER NAME Tomlinson, Donna R.	3 Filer ID (Ethics Commission Filers) 00090278
4 Date 10/24/2025	5 Payee name Bank of America	
6 Amount (\$) \$351.37 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 851001 Dallas, TX 75285-1001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to Credit Card for Advertising Expenses charges.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/24/2025	Payee name Bank of America	
Amount (\$) \$340.05 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 851001 Dallas, TX 75285-1001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to Credit Card for Advertising Expenses charges.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/31/2025	Payee name For Beauty Sake	
Amount (\$) \$525.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 Dragon S Suite 100 Dallas, TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional Photographs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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: 2/2 Rpt: 9/9	2 FILER NAME Tomlinson, Donna R.	3 Filer ID (Ethics Commission Filers) 00090278	
4 Date 11/10/2025	5 Payee name Upwork		
6 Amount (\$) \$324.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 530 Lytton Ave Suite 301 Palo Alto, CA 94301		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Website and Flyer Creation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/24/2025	Payee name Upwork		
Amount (\$) \$482.49 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 530 Lytton Ave Suite 301 Palo Alto, CA 94301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and Flyer Creation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held