

# 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<br>(Ethics Commission Filers)<br>00036453 | 2 Total pages filed:<br><br>5                                                                                                                                        |                                                                                          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>The Honorable                                                                                                                                                                                                                                                                                                                                                                                                     |              | FIRST<br>Thomas W.                                   | MI                                                                                                                                                                   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2026 |
|                                                                                                       | NICKNAME<br>Tom                                                                                                                                                                                                                                                                                                                                                                                                                    |              | LAST<br>Gray                                         | SUFFIX                                                                                                                                                               |                                                                                          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                      | ZIP CODE                                                                                                                                                             | Date Hand-delivered or Date Postmarked                                                   |
|                                                                                                       | REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                      |                                                                                                                                                                      | Receipt #                                                                                |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      |                                                                                                                                                                      | Amount                                                                                   |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      |                                                                                                                                                                      | Date Processed                                                                           |
| Date Imaged                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      |                                                                                                                                                                      |                                                                                          |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR<br>Mrs.                                                                                                                                                                                                                                                                                                                                                                                                              |              | FIRST<br>Pamela O.                                   | MI                                                                                                                                                                   |                                                                                          |
|                                                                                                       | NICKNAME<br>Pam                                                                                                                                                                                                                                                                                                                                                                                                                    |              | LAST<br>Gray                                         | SUFFIX                                                                                                                                                               |                                                                                          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                      | APT / SUITE #;                                                                                                                                                       | CITY;                                                                                    |
|                                                                                                       | STATE;                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                      | ZIP CODE                                                                                                                                                             |                                                                                          |
| REDACTED PER 254.0313, GOV'T CODE                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      |                                                                                                                                                                      |                                                                                          |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NUMBER | EXTENSION                                            |                                                                                                                                                                      |                                                                                          |
| (254) 717-9833                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      |                                                                                                                                                                      |                                                                                          |
| 8 REPORT<br>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)<br><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<br>COVERED                                                                                   | Month                                                                                                                                                                                                                                                                                                                                                                                                                              | Day          | Year                                                 | Month                                                                                                                                                                | Day                                                                                      |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 07/01/2025                                           | THROUGH                                                                                                                                                              | 12/31/2025                                                                               |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month      Day      Year                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                      | ELECTION TYPE                                                                                                                                                        |                                                                                          |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                      | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                          |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>Court of Appeals, Chief Justice District 10                                                                                                                                                                                                                                                                                                                                                                |              |                                                      | 12 OFFICE SOUGHT (if known)                                                                                                                                          |                                                                                          |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 5

**13 C / OH NAME** Gray, Thomas W. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00036453

**15 NOTICE FROM POLITICAL COMMITTEE(S)** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

☐ 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)                                                 | \$ | 0.00      |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00      |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                      | \$ | 258.00    |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 13,563.14 |
| 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 Thomas W. Gray

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 5

|                                                         |                                                                                                                        |                                                           |                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|
| <b>18 FILER NAME</b><br>Gray, Thomas W. (The Honorable) |                                                                                                                        | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00036453 |                 |
| <b>20 SCHEDULE SUBTOTALS</b><br>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 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                             | \$                                                        | 258.00          |
| 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 | \$                                                        | 6.82            |

# 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.

|                                                                                                                                 |                                                                                                               |                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 4/5                                                                           | <b>2</b> FILER NAME<br>Gray, Thomas W. (The Honorable)                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00036453                                                                                                                                              |
| <b>4</b> Date<br>08/09/2025                                                                                                     | <b>5</b> Payee name<br>State Bar Of Texas                                                                     |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$258.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>Texas Law Center<br>1414 Colorado Street<br>Austin, TX 78701 |                                                                                                                                                                                                       |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>                                                                                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                               | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>State Bar Dues |
| <b>9</b> 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: 5/5

2 FILER NAME

Gray, Thomas W. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00036453

4 Date

12/31/2025

5 Name of person from whom amount is received

McLennan County Employees Federal Credit Union

8 Amount (\$)

\$6.82

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

Waco, TX 76701

7 Purpose for which amount is received

Interest earned on deposited funds

☐ Check if political contribution returned to filer