

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
|---|---|---|--|--|---|---------------------------------|--|----------------------------------|--|--|--|
| The JC/OH Instruction Guide explains how to complete this form.                                     |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00066084 | <b>2</b> Total pages filed:<br><br>8   |  |   |                                 |  |                                  |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>The Honorable Angela M.   |   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2026   |  |   |                                 |  |                                  |  |  |  |
|   | NICKNAME LAST SUFFIX<br>Tucker  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><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   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Receipt # Amount   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Date Processed   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Date Imaged  |  |   |                                 |  |                                  |  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. James M.  |   |  |  |   |                                 |  |                                  |  |  |  |
|   | NICKNAME LAST SUFFIX<br>Tucker  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>  |   |  |  |   |                                 |  |                                  |  |  |  |
|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(469) 667-5003  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>8</b> 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) |
| <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)   |  |   |                                 |  |                                  |  |  |  |
| <b>9</b> PERIOD COVERED   | Month Day Year      Month Day Year<br>07/01/2025      THROUGH      12/31/2025   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |   |                                 |  |                                  |  |  |  |
|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 199 Collin  |   | <b>12</b> OFFICE SOUGHT (if known)   |  |   |                                 |  |                                  |  |  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 8

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Tucker, Angela M. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00066084 |
|---|---|

|   |  |   |              |
|---|--|---|--------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. |   |              |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b><br><br><hr/>  |              |
|   |  | <b>COMMITTEE ADDRESS</b><br><br><hr/>   |              |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/>   |              |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/>  |              |
| <b>16 CONTRIBUTION TOTALS</b>   | 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      |
| <b>EXPENDITURE TOTALS</b>   | 3.   | TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ 0.00      |
|   | 4.   | TOTAL POLITICAL EXPENDITURES  | \$ 597.88    |
| <b>CONTRIBUTION BALANCE</b>   | 5.   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 34,752.24 |
| <b>OUTSTANDING LOAN TOTALS</b>  | 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 Angela M. Tucker  
 \_\_\_\_\_  
 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.

|  |   |  |
|--|---|--|
| _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
|--|---|--|

# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

3 of 8

|   |   |   |
|---|---|---|
| <b>18 FILER NAME</b><br>Tucker, Angela M. (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00066084 |
| <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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 463.88   |
| 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                  | \$ 134.00   |
| 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 | \$  |

# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/4 Rpt: 4/8              | <b>2</b> FILER NAME<br>Tucker, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00066084  |
| <b>4</b> Date<br>07/19/2025   | <b>5</b> Payee name<br>Go Daddy   |   |
| <b>6</b> Amount (\$)<br>\$9.98                                      | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain/Email          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/19/2025  | Payee name<br>Go Daddy  |   |
| Amount (\$)<br>\$9.98   | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Doman/Campaign Email |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/19/2025  | Payee name<br>Go Daddy  |   |
| Amount (\$)<br>\$9.98   | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Doman/Campaign Email |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/4 Rpt: 5/8              | <b>2</b> FILER NAME<br>Tucker, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00066084   |
| <b>4</b> Date<br>10/19/2025   | <b>5</b> Payee name<br>Go Daddy   |  |
| <b>6</b> Amount (\$)<br>\$9.98                                      | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Doman/Campaign Email |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/19/2025  | Payee name<br>Go Daddy  |  |
| Amount (\$)<br>\$9.98   | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Doman/Campaign Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/19/2025  | Payee name<br>Go Daddy  |  |
| Amount (\$)<br>\$9.98   | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd.<br>Suite 219<br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Doman/Campaign Email        |
| 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/4 Rpt: 6/8              | <b>2</b> FILER NAME<br>Tucker, Angela M. (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00066084  |
| <b>4</b> Date<br>08/20/2025   | <b>5</b> Payee name<br>Plano Child Care Learning Academy                                       |   |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>1111 H Avenue<br>Suite 100<br>Plano, TX 75074 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>55th Anniversary Elected Official Souvenir Journal Ad |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/08/2025  | Payee name<br>Plano Republican Women   |   |
| Amount (\$)<br>\$150.00   | Payee address; City; State; Zip Code<br>P.O. Box 490461<br><br>Plano, TX 75094                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual Sponsorship - Silver Level                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/08/2025  | Payee name<br>USPS   |   |
| Amount (\$)<br>\$77.00  | Payee address; City; State; Zip Code<br>7210 Virginia Pkwy<br>Suite 100<br>McKinney, TX 75071  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>P.O. 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:<br>Sch: 4/4 Rpt: 7/8              | 2 FILER NAME<br>Tucker, Angela M. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00066084   |
| 4 Date<br>11/16/2025   | 5 Payee name<br>USPS  |   |
| 6 Amount (\$)<br>\$77.00                                     | 7 Payee address; City; State; Zip Code<br>7210 Virginia Pkwy<br>Suite 100<br>McKinney, TX 75071 |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Fees                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Post Office Box |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought<br>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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 8/8   | <b>2</b> FILER NAME<br>Tucker, Angela M. (The Honorable)                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00066084   |
| <b>4</b> Date<br>09/16/2025   | <b>5</b> Payee name<br>African American Republican Club of Collin County                 |  |
| <b>6</b> Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | <b>7</b> Payee address; City; State; Zip Code<br>2963 W. 15th St.<br><br>Plano, TX 75075 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <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>Membership Fee  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/20/2025  | Payee name<br>McCraw, Piper (Judge)  |  |
| Amount (\$)<br>\$42.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>2100 Bloomdale Rd.<br><br>McKinney, TX 75071     |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Event Expense            | 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>Collin County Judges Table Sponsorship - Golden Corridor Republican Women (GCRW) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/05/2025  | Payee name<br>Willis, Jill (Judge)   |  |
| Amount (\$)<br>\$42.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>2100 Bloomdale Rd.<br><br>McKinney, TX 75071     |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Event Expense            | 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>Collin County Judges Table Sponsorship - GCRW                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |