

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00089801		2 Total pages filed: 27		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME Mrs. Christina Wade Perrone		FIRST MI Christina Wade Perrone		Date Received ELECTRONICALLY FILED 01/16/2026	
NICKNAME		LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report (Attach C/OH-FR)		Receipt # _____ Amount _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2025	Month Day Year THROUGH 12/31/2025	Date Processed Date Imaged	

## 6 EXPLANATION OF CORRECTION

The original report inadvertently left off the personal loan of \$1500.00 for the filing fee for the application for a spot on the ballot. The corrected report includes the loan from personal funds and the expenditure.

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Christina Wade Perrone

\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**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) 00089801	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. Christina Wade			<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX Perrone			Date Received ELECTRONICALLY FILED 01/16/2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2714 Washington St. No. 146 Greenville, TX 75401			Date Hand-delivered or Date Postmarked
				Receipt # <input type="text"/> Amount <input type="text"/>
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Matthew			MI
	NICKNAME LAST SUFFIX Matt Wade			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2406 Blackberry Drive  Richardson, TX 75082			APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 898-7779			
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 03/03/2026	THROUGH ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) District Judge District 196	

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Perrone, Christina Wade (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089801												
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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 9,432.65												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 8,467.29												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,629.06												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 150.00												
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>Mrs. Christina Wade Perrone _____ 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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<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00089801
Perrone, Christina Wade (Mrs.)	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 9,432.65
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 1,650.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,967.29
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	\$ 1,500.00
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	\$ 52.12

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/9 Rpt: 5/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Keith ..... <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$) \$104.10
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 ..... Contributor address; City; State; Zip Code  Terrell, TX 75161		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Psychologist		Contributor's Job Title Psychologist
Contributor's employer/law firm David Bell		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2025 ..... Contributor address; City; State; Zip Code  Greenville, TX 75401		Amount of Contribution (\$) \$40.00
Contributor's Principal Occupation retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/9 Rpt: 6/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Ross  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75226	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Ross Cunningham		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Lauren  Contributor address; City; State; Zip Code  rowlett , TX 75089		Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation LCSW		Contributor's Job Title Owner
Contributor's employer/law firm NTXFS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotcher, Holly  Contributor address; City; State; Zip Code  Greenville, TX 75402		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Morgan & Gotcher		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 3/9 Rpt: 7/27</p>
<p><b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089801</p>
<p><b>4</b> Date 12/08/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Troy</p> <p><b>6</b> Contributor address; City; State; Zip Code ..... Greenville, TX 75402</p>	<p><b>7</b> Amount of Contribution (\$) \$1,000.00</p>
<p><b>8</b> Contributor's Principal Occupation self employed</p>		<p><b>9</b> Contributor's Job Title self employed</p>
<p><b>10</b> Contributor's employer/law firm self employed</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/21/2025</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Brandon</p> <p>Contributor address; City; State; Zip Code ..... Rockwall, TX 75087</p>		<p>Amount of Contribution (\$) \$104.10</p>
<p>Contributor's Principal Occupation Police Officer</p>		<p>Contributor's Job Title Police Detective</p>
<p>Contributor's employer/law firm Garland PD</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 07/27/2025</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, William</p> <p>Contributor address; City; State; Zip Code ..... Castroville, TX 78009</p>		<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>
<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/9 Rpt: 8/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudgeons, Lauren ..... <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Contributor's Principal Occupation Attorney	<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Hudgeons Law Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 ..... Contributor address; City; State; Zip Code  Royse City, TX 75189		Amount of Contribution (\$) \$104.10
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm SAPI Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 ..... Contributor address; City; State; Zip Code  Wylie, TX 75098		Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Police Officer
Contributor's employer/law firm Garland PD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/9 Rpt: 9/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton, Gina <b>6</b> Contributor address; City; State; Zip Code  Royse City, TX 75189	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Nurse		<b>9</b> Contributor's Job Title RN
<b>10</b> Contributor's employer/law firm Hunt Regional		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Manuel Contributor address; City; State; Zip Code  Heath, TX 75126		Amount of Contribution (\$)  \$260.25
Contributor's Principal Occupation general contractor		Contributor's Job Title GC
Contributor's employer/law firm self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Anna Contributor address; City; State; Zip Code  Greenville, TX 75402		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation none		Contributor's Job Title none
Contributor's employer/law firm not applicable		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/9 Rpt: 10/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, David <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Contributor's Principal Occupation Engineer	
<b>9</b> Contributor's Job Title Owner		
<b>10</b> Contributor's employer/law firm IFI		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stacy Contributor address; City; State; Zip Code  Celeste, TX 75423	Amount of Contribution (\$) \$25.00
	Contributor's Principal Occupation Pharmacy Technician	
Contributor's Job Title Pharmacy Technician		
Contributor's employer/law firm Optum		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardue, Stephen Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$) \$260.25
	Contributor's Principal Occupation Retired	
Contributor's Job Title Retired		
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 7/9 Rpt: 11/27</p>
<p><b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089801</p>
<p><b>4</b> Date 12/18/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pointer, Price ..... <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75087</p>	<p><b>7</b> Amount of Contribution (\$) \$260.25</p>
<p><b>8</b> Contributor's Principal Occupation Construction</p>		<p><b>9</b> Contributor's Job Title Construction</p>
<p><b>10</b> Contributor's employer/law firm Self employed</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 07/21/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, Brandon ..... Contributor address; City; State; Zip Code  Greenville, TX 75401</p>
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>
<p>Contributor's employer/law firm Texas Grizzly Law Firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/18/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlf, David ..... Contributor address; City; State; Zip Code  Rockwall , TX 75087</p>
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>
<p>Contributor's employer/law firm self employed</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 8/9 Rpt: 12/27</p>
<p><b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089801</p>
<p><b>4</b> Date 11/08/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shay, Alice ..... <b>6</b> Contributor address; City; State; Zip Code  Fate, TX 75189</p>	<p><b>7</b> Amount of Contribution (\$) \$52.05</p>
<p><b>8</b> Contributor's Principal Occupation Retired</p>		<p><b>9</b> Contributor's Job Title Retired</p>
<p><b>10</b> Contributor's employer/law firm Retired</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 12/08/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Matthew ..... Contributor address; City; State; Zip Code  Richardson, TX 75082</p>
<p>Contributor's Principal Occupation CPA</p>		<p>Contributor's Job Title CFO</p>
<p>Contributor's employer/law firm RIM</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 12/03/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherly, Kevin ..... Contributor address; City; State; Zip Code  Greenville, TX 75402</p>
<p>Contributor's Principal Occupation Psychologist</p>		<p>Contributor's Job Title Psychologist</p>
<p>Contributor's employer/law firm Kevin S. Weatherly, PhD.</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/9 Rpt: 13/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, Zach ..... <b>6</b> Contributor address; City; State; Zip Code  Quinlan, TX 75474	<b>7</b> Amount of Contribution (\$) \$52.05
<b>8</b> Contributor's Principal Occupation Operations Manager		<b>9</b> Contributor's Job Title Operations Manager
<b>10</b> Contributor's employer/law firm US Helicals		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/2 Rpt: 14/27	
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>	
<b>5</b> Date of loan 07/01/2025	<b>7</b> Name of lender Christina, Perrone	<b>8</b> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$) \$150.00
<b>6</b> Is lender a financial institution?  No	<b>8</b> Lender address;      City;      State;      Zip Code  Greenville, TX 75401		<b>10</b> Interest Rate
			<b>11</b> Maturity Date 07/01/2026
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney	
<b>14</b> Lender's Employer/Law Firm Perrone Law Firm		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)	
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable		<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address;      City;      State;      Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title	
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)	
<b>27</b> If guarantor is child, law firm of parent(s) (if any)			

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/2 Rpt: 15/27	
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>	
<b>5</b> Date of loan 11/25/2025	<b>7</b> Name of lender Perrone, Christina	<b>8</b> out-of-state PAC (ID#): _____	<b>9</b> Loan Amount (\$) \$1,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code Greenville, TX 75401		<b>10</b> Interest Rate
			<b>11</b> Maturity Date 11/25/2026
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney	
<b>14</b> Lender's Employer/Law Firm Perrone Law Firm		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)	
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor <b>21</b> Guarantor address; City; State; Zip Code		<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title	
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)	
<b>27</b> If guarantor is 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: 1/9 Rpt: 16/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 12/05/2025	5 Payee name Amazon	
6 Amount (\$) \$115.80	7 Payee address; City; State; Zip Code 410 Terry Ave N  Seattle , WA 98109	
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 parade materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name AutoZone	
Amount (\$) \$9.73	Payee address; City; State; Zip Code 4238 Elm  Royse City, TX 75189	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense vehicle tape for car lights for parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Axiom	
Amount (\$) \$990.00	Payee address; City; State; Zip Code 800 W 47th St Ste 200  Kansas City, MO 64112	
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 management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
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)
<b>The Instruction Guide explains how to complete this form.</b>			
1 Total pages Schedule F1: Sch: 2/9 Rpt: 17/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801	
4 Date 12/04/2025	5 Payee name Axiom		
6 Amount (\$) \$600.00	7 Payee address; City; 800 W 47th St. Ste 200  Kansas City, MO 64112		
8 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 sign design	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 10/17/2025	Payee name Caddo Mills ISD Education Foundation		
Amount (\$) \$103.63	Payee address; City; 100 Fox Lane  Caddo Mills, TX 75135		
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 charitable event sponsorship	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 10/20/2025	Payee name Caddo Mills ISD Education Foundation		
Amount (\$) \$145.08	Payee address; City; 100 Fox Lane  Caddo Mills, TX 75135		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable event sponsorship	
Complete ONLY 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	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: 3/9 Rpt: 18/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 12/03/2025	5 Payee name Dollar Tree	
6 Amount (\$) \$35.72	7 Payee address; City; 927 E I30  Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) sign holders, tape, magnets, name tags	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign holders, tape, magnets, name tags
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name FedEx Office	
Amount (\$) \$2.74	Payee address; City; 909 W I 30  Rockwall, TX 75087	
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 labels
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name HCTR	
Amount (\$) \$1,100.00	Payee address; City; 1209 Monroe St  Commerce, TX 75428	
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 social media advertising
Complete ONLY 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	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: 4/9 Rpt: 19/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 12/01/2025	5 Payee name HCTR	
6 Amount (\$) \$225.00	7 Payee address; City; 1209 Monroe  Commerce, TX 75428	
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 internet advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Hunt County Children's Advocacy Center	
Amount (\$) \$700.00	Payee address; City; 2604 Lee St  Greenville, TX 75401	
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 charitable event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Imprint.com	
Amount (\$) \$133.15	Payee address; City; 14550 Beechnut St  Houston, TX 77083	
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 drink holders, chapstick, pens
Complete ONLY 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	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: 5/9 Rpt: 20/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 10/03/2025	5 Payee name Imprint.com	
6 Amount (\$) \$264.53	7 Payee address; City; State; Zip Code 14550 Beechnut St  Houston, TX 77083	
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 drink holders, chapstick, pens
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Jiffy	
Amount (\$) \$122.28	Payee address; City; State; Zip Code 1000 N West St Ste 1200  Wilmington , DE 19801	
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 campaign t-shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name LTRCC	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 100 TX-276  West Tawakoni, TX 75474	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense chamber dues
Complete ONLY 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	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: 6/9 Rpt: 21/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 10/15/2025	5 Payee name Quinlan ISD	
6 Amount (\$) \$150.00	7 Payee address; City; 401 E Richmond Ave  Quinlan, TX 75474	
8 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 charitable donation for event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Tees To Go	
Amount (\$) \$1,244.87	Payee address; City; 2805 Mitchell  Greenville, TX 75402	
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 campaign signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Vistaprint	
Amount (\$) \$48.91	Payee address; City; 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 campaign cards
Complete ONLY 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	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: 7/9 Rpt: 22/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 09/11/2025	5 Payee name Walgreens	
6 Amount (\$) \$28.13	7 Payee address; City; 6905 Wesley  Greenville, TX 75402	
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 campaign banners
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walgreens	Office sought Office held
Date 12/15/2025	Payee name Walgreens	
Amount (\$) \$45.45	Payee address; City; 6905 Wesley  Greenville, TX 75402	
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 campaign banners
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walmart	Office sought Office held
Date 10/20/2025	Payee name Walmart	
Amount (\$) \$43.03	Payee address; City; 702 SW 8th  Bentonville, AR 72712	
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 parade candy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walmart	Office sought Office held

# 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: 8/9 Rpt: 23/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 10/20/2025	5 Payee name Walmart	
6 Amount (\$) \$101.88	7 Payee address; City; 702 SW 8th  Bentonville, AR 72712	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parade magnets and lighting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Walmart	
Amount (\$) \$45.67	Payee address; City; 702 SW 8th  Bentonville, AR 72712	
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 flyers and pictures
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Walmart	
Amount (\$) \$2.86	Payee address; City; 702 SW 8th  Bentonville, AR 72712	
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 volunteer beverage
Complete ONLY 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	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: 9/9 Rpt: 24/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801
4 Date 10/27/2025	5 Payee name Walmart	
6 Amount (\$) \$176.10	7 Payee address; City; 702 SW 8th  Bentonville, AR 72712	
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 speaker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/15/2025	Payee name Walmart	Office held
Amount (\$) \$149.00	Payee address; City; 702 SW 8th  Bentonville, AR 72712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parade candy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/31/2025	Payee name WinRed	Office held
Amount (\$) \$233.73	Payee address; City; 4250 Fairfax Dr Ste 600  Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation website and processing fees
Complete ONLY 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	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: 1/1 Rpt: 25/27	2 FILER NAME Perrone, Christina Wade (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089801	
4 Date 11/25/2025	5 Payee name Republican Party of Texas		
6 Amount (\$) \$1,500.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  2606 Lee St  Greenville, TX 75401		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 26/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>4</b> Date 12/15/2025	<b>5</b> Name of person from whom amount is received Walmart	<b>8</b> Amount (\$) \$26.13
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Bentonville, AR 72712	
	<b>7</b> Purpose for which amount is received refund for returned goods	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 10/28/2025	<b>Name of person from whom amount is received</b> Walmart	<b>Amount (\$)</b> \$25.99
	<b>Address of person from whom amount is received; City; State; Zip Code</b> Bentonville, AR 72712	
	<b>Purpose for which amount is received</b> refund for returned goods	<input type="checkbox"/> Check if political contribution returned to filer

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 27/27
<b>2</b> FILER NAME Perrone, Christina Wade (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089801
<b>LENDER INFORMATION</b>	<b>4</b> Name of lender perrone, christina	
	<b>5</b> Lent address; City; State; Zip Code  Greenville, TX 75401	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	