

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00067803		2 Total pages filed: 12		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME Mr. David K. Willeford		FIRST LAST SUFFIX		Date Received ELECTRONICALLY FILED 01/19/2026	
4 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final Report (Attach C/OH-FR)		Other (specify) _____	
5 ORIGINAL PERIOD COVERED Month Day Year 07/01/2025		Month Day Year THROUGH 12/31/2025		Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION
Left off filing fee that was paid from personal funds

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.

Mr. David K. Willeford

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) 00067803	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David K.	MI	OFFICE USE ONLY		
	NICKNAME Keith	LAST Willeford	SUFFIX	Date Received ELECTRONICALLY FILED 01/19/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <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 TREASURER NAME	MS / MRS / MR Dr.	FIRST Norman J.	MI			
	NICKNAME Hall	LAST	SUFFIX D.C.			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (903) 455-8422	PHONE NUMBER	EXTENSION			
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 03/03/2026		Day	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) District Judge District 196th Hunt			12 OFFICE SOUGHT (if known) District Judge District 196		

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

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

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13 C / OH NAME	Willeford, David K. (Mr.)		14 Filer ID (Ethics Commission Filers) 00067803
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. <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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 4,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 11,481.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,113.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,000.00

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.

Mr. David K. Willeford

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Willeford, David K. (Mr.)	19 Filer ID (Ethics Commission Filers) 00067803
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 4,300.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 3,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6,981.08	
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 \$ 4,500.00	
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/12
2 FILER NAME Willeford, David K. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067803
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Council J.D., Shawn	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Greenville, TX 75401	
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Willeford Duff and Council		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Dennis	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Greenville, TX 75403	
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Dennis Davis		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotcher, Holly	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Greenville, TX 75401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Morgan and 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/12
2 FILER NAME Willeford, David K. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067803
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall D.O., Norman 6 Contributor address; City; State; Zip Code Greenville, TX 75401	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation Chiropractor		9 Contributor's Job Title Chiropractor
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Charles Contributor address; City; State; Zip Code Heath, TX 75032		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired Principal		Contributor's Job Title retired
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Patrick Contributor address; City; State; Zip Code Rockwall, TX 75032		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of Patrick Short		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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/12
2 FILER NAME Willeford, David K. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067803
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willeford, Scott 6 Contributor address; City; State; Zip Code Celeste, TX 75423	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Water/Waste Water		9 Contributor's Job Title Teacher
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/2 Rpt: 8/12
2 FILER NAME Willeford, David K. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067803
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/02/2025	7 Name of lender Willeford J.D., Keith	8 out-of-state PAC (ID#: 9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lent address; City; State; Zip Code Greenville, TX 75402	10 Interest Rate 11 Maturity Date 09/01/2026
12 Lender's Principal Occupation attorney		13 Lender's Job Title
14 Lender's Employer/Law Firm Willeford Duff and Council		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/2 Rpt: 9/12
2 FILER NAME Willeford, David K. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067803
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/01/2025	7 Name of lender Willeford J.D., Keith	8 <input type="checkbox"/> out-of-state PAC (ID#:)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$2,000.00	10 Interest Rate
		11 Maturity Date 09/01/2026
12 Lender's Principal Occupation Attorney		13 Lender's Job Title
14 Lender's Employer/Law Firm Willeford Duff Council		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 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: 1/2 Rpt: 10/12	2 FILER NAME Willeford, David K. (Mr.)	3 Filer ID (Ethics Commission Filers) 00067803	
4 Date 12/15/2025	5 Payee name Bank of America		
6 Amount (\$) \$4.95	7 Payee address; City; Wesley Street Greenville, TX 75402	State; Zip Code	
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 Account fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name QBall Designs		
Amount (\$) \$535.84	Payee address; City; 102 N. Tyler Street Rockwall, TX 75032	State; Zip Code	
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 signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/02/2025	Payee name QBall Designs		
Amount (\$) \$426.51	Payee address; City; 102 N. Tyler Street Rockwall, TX 75032	State; Zip Code	
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 flyers	
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: 2/2 Rpt: 11/12	2 FILER NAME Willeford, David K. (Mr.)	3 Filer ID (Ethics Commission Filers) 00067803
4 Date 12/02/2025	5 Payee name QBall Designs	
6 Amount (\$) \$4,395.10	7 Payee address; City; 102 N. Tyler Street Rockwall, TX 75032	
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 signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Qball Designs	Office sought Office held
Date 11/12/2025	Payee name Qball Designs	
Amount (\$) \$1,618.68	Payee address; City; 102 N Tyler street Rockwall, TX 75032	
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 Flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Qball Designs	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: 12/12	2 FILER NAME Willeford, David K. (Mr.)	3 Filer ID (Ethics Commission Filers) 00067803
4 Date 11/18/2025	5 Payee name Hunt County Republican Party	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Greenville, TX 75401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing fee	(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 willeford, Keith	Office sought Office held
Date 12/01/2025	Payee name willeford, Keith	
Amount (\$) \$3,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE greenville, TX 75402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tposts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held