

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<p>The JC/OH Instruction Guide explains how to complete this form.</p>				<p>1 Filer ID (Ethics Commission Filers) 000388322</p>	<p>2 Total pages filed:</p>	
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p> <p><input checked="" type="checkbox"/> MS / MRS / MR</p> <p>FIRST: <i>Ella</i></p> <p>MI: <i>J</i></p> <p>NICKNAME: <i>Mullen</i></p>	<p>OFFICE USE ONLY</p>					
	<p>Date Received</p> <p><b>RECEIVED</b> JAN 21 2026 Texas Ethics Commission</p>					
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b></p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: [REDACTED]</p> <p>APT / SUITE #: [REDACTED]</p> <p>CITY: [REDACTED]</p> <p>STATE: [REDACTED]</p> <p>ZIP CODE: [REDACTED]</p>					
<p><b>5 CANDIDATE/ OFFICEHOLDER PHONE</b></p>	<p>AREA CODE: <i>(214)</i></p>	<p>PHONE NUMBER: <i>943-3319</i></p>	<p>EXTENSION: [REDACTED]</p>			
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR: <i>Leilous</i></p>	<p>FIRST: <i>A.</i></p>	<p>MI: [REDACTED]</p>			
	<p>NICKNAME: <i>Johnson</i></p>	<p>LAST: [REDACTED]</p>	<p>SUFFIX: [REDACTED]</p>			
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): [REDACTED]</p> <p>APT / SUITE #: [REDACTED]</p> <p>CITY: [REDACTED]</p>				<p>STATE: [REDACTED]</p> <p>ZIP CODE: [REDACTED]</p>	
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE: <i>(214)</i></p>	<p>PHONE NUMBER: <i>522-4473</i></p>	<p>EXTENSION: [REDACTED]</p>			
<p><b>9 REPORT TYPE</b></p>	<p><input checked="" type="checkbox"/> January 15</p>		<p><input type="checkbox"/> 30th day before election</p>	<p><input type="checkbox"/> Runoff</p>	<p><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</p>	
	<p><input type="checkbox"/> July 15</p>		<p><input type="checkbox"/> 8th day before election</p>	<p><input type="checkbox"/> Exceeded Modified Reporting Limit</p>	<p><input type="checkbox"/> Final Report (Attach C/OH - FR)</p>	
<p><b>10 PERIOD COVERED</b></p>	<p>Month: <i>07</i></p>	<p>Day: <i>01</i></p>	<p>Year: <i>2025</i></p>	<p>Month: <i>12</i></p>	<p>Day: <i>31</i></p>	
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE Month: <i>03</i> Day: <i>03</i> Year: <i>2026</i></p>	<p>THROUGH ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General      <input type="checkbox"/> Runoff <input type="checkbox"/> Special      <input type="checkbox"/> Other Description</p>				
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any)</p>			<p>13 OFFICE SOUGHT (if known) <i>Judge 195th District Court</i></p>		
<p><b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b></p> <p><input type="checkbox"/> Additional Pages</p>	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p>					
	<p>COMMITTEE TYPE <input type="checkbox"/> GENERAL</p>	<p>COMMITTEE NAME</p>				
	<p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE ADDRESS</p>				
		<p>COMMITTEE CAMPAIGN TREASURER NAME</p>				
		<p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>				

GO TO PAGE 2

D:101034475

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

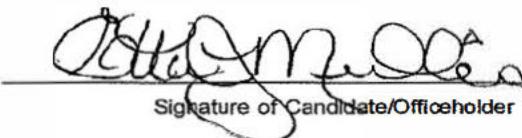
<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Etta J. Mullin	00088322
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

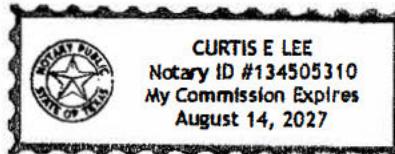
15 JC/OH NAME	Etta J. Mullin	
16 Filer ID (Ethics Commission Filers)	00088322	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 523.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 421.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,944.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,083.60

18 SIGNATURE 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.

  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by ETTA J MULLIN this the 14TH day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Curtis E. Lee  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

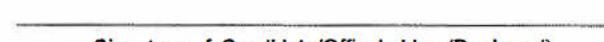
(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			
<b>2 FILER NAME</b> <b>Etta J. Mullin</b>		<b>1 Total pages Schedule A(J)1:</b> <b>3 Filer ID (Ethics Commission Filers)</b> <b>00088322</b>	
<b>4 Date</b> <b>7/9/25</b>	<b>5 Full name of contributor</b> <b>Reginald Hurd</b> <b>6 Contributor address;</b> <b>[REDACTED]</b>	<input type="checkbox"/> <b>out-of-state PAC ID#:</b> _____	<b>7 Amount of contribution (\$)</b> <b>Mckinney Tx 75070</b> <b>\$ 200.00</b>
<b>8 Contributor's principal occupation</b> <b>Retired</b>		<b>9 Contributor's job title</b> <b>Retired</b>	
<b>10 Contributor's employer/law firm</b> <b>N/A</b>		<b>11 Law firm of contributor's spouse (if any)</b> <b>N/A</b>	
<b>12 If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>			
<b>Date</b> <b>7/25/25</b>	<b>Full name of contributor</b> <b>Heath Harris</b> <b>Contributor address;</b> <b>[REDACTED]</b>	<input type="checkbox"/> <b>out-of-state PAC ID#:</b> _____	<b>Amount of contribution (\$)</b> <b>Dallas Texas 75201</b> <b>\$ 500.00</b>
<b>Contributor's principal occupation</b> <b>Attorney and Counselor at Law</b>		<b>Contributor's job title</b> <b>Attorney and Counselor at Law</b>	
<b>Contributor's employer/law firm</b> <b>Law Office of Heath Harris</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>	
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>			
<b>Date</b> <b>7/31/25</b>	<b>Full name of contributor</b> <b>Ron Brown</b> <b>Contributor address;</b> <b>[REDACTED]</b>	<input type="checkbox"/> <b>out-of-state PAC ID#:</b> _____	<b>Amount of contribution (\$)</b> <b>Las Vegas NV 89101</b> <b>\$ 250.00</b>
<b>Contributor's principal occupation</b> <b>Professional Paralegals</b>		<b>Contributor's job title</b> <b>Paralegal</b>	
<b>Contributor's employer/law firm</b> <b>N/A</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>	
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1:
2 FILER NAME <b>Ella J. Mullin</b>				3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>8/5/25</b>	5 Full name of contributor <b>Robert E. Davis</b>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; <b>[REDACTED]</b>	City; <b>DeSoto Tx 75115215</b>	State; Zip Code		
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>		
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>		
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				
Date <b>8/5/25</b>	Full name of contributor <b>Edward Bailey</b>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <b>\$200.00</b>
Contributor's principal occupation <b>Retired</b>	Contributor's job title <b>Retired</b>			
Contributor's employer/law firm <b>N/A</b>	Law firm of contributor's spouse (if any) <b>N/A</b>			
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				
Date <b>8/11/25</b>	Full name of contributor <b>Ernest T. Taylor</b>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <b>\$200.00</b>
Contributor's principal occupation <b>Retired</b>	Contributor's job title <b>Retired</b>			
Contributor's employer/law firm <b>N/A</b>	Law firm of contributor's spouse (if any) <b>N/A</b>			
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>8/20/25</b>	5 Full name of contributor <b>Standard Hodges</b>	6 Contributor address; City; State; Zip Code <b>.....</b>
		7 Amount of contribution (\$) <b>\$ 400.00</b>
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		
Date <b>8/21/25</b>	Full name of contributor <b>Shelia Brown</b>	□ out-of-state PAC ID# _____ Contributor address; City; State; Zip Code <b>.....</b>
Contributor's pri <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		
Date <b>8/27/25</b>	Full name of contributor <b>Ruel M. Hamilton</b>	□ out-of-state PAC ID# _____ Contributor address; City; State; Zip Code <b>.....</b>
Contributor's principal occupation		Contributor's job title <b>Dallas, Tx 75218</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:																
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>0000883a2</b>																
4 Date <b>9-9-25</b>	5 Full name of contributor <b>Carl Felton</b>	6 Contributor address; City; State; Zip Code <b>[REDACTED]</b>																
7 Amount of contribution (\$) <b>\$ 75.00</b>																		
8 Contributor's principal occupation		9 Contributor's job title																
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>																
12 If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date <b>9-9-25</b></td> <td>Full name of contributor <b>Carl Davis</b></td> <td><input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b></td> <td>Amount of contribution (\$) <b>\$ 100.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>Retired</b></td> <td>Contributor's job title <b>Retired</b></td> <td></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>N/A</b></td> <td>Law firm of contributor's spouse (if any) <b>N/A</b></td> <td></td> </tr> <tr> <td colspan="2">If contributor is a child, law firm of parent(s) (if any)</td> <td colspan="2"><b>N/A</b></td> </tr> </table>			Date <b>9-9-25</b>	Full name of contributor <b>Carl Davis</b>	<input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$ 100.00</b>	Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>		Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>		If contributor is a child, law firm of parent(s) (if any)		<b>N/A</b>	
Date <b>9-9-25</b>	Full name of contributor <b>Carl Davis</b>	<input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$ 100.00</b>															
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>																
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>																
If contributor is a child, law firm of parent(s) (if any)		<b>N/A</b>																
<table border="1"> <tr> <td>Date <b>9-16-25</b></td> <td>Full name of contributor <b>B. Bruce Datcher</b></td> <td><input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b></td> <td>Amount of contribution (\$) <b>\$ 200.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>Pastor</b></td> <td>Contributor's job title <b>Pastor</b></td> <td></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>Ebenezer Missionary Baptist Church</b></td> <td>Law firm of contributor's spouse (if any) <b>N/A</b></td> <td></td> </tr> <tr> <td colspan="2">If contributor is a child, law firm of parent(s) (if any)</td> <td colspan="2"><b>N/A</b></td> </tr> </table>			Date <b>9-16-25</b>	Full name of contributor <b>B. Bruce Datcher</b>	<input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$ 200.00</b>	Contributor's principal occupation <b>Pastor</b>		Contributor's job title <b>Pastor</b>		Contributor's employer/law firm <b>Ebenezer Missionary Baptist Church</b>		Law firm of contributor's spouse (if any) <b>N/A</b>		If contributor is a child, law firm of parent(s) (if any)		<b>N/A</b>	
Date <b>9-16-25</b>	Full name of contributor <b>B. Bruce Datcher</b>	<input type="checkbox"/> out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$ 200.00</b>															
Contributor's principal occupation <b>Pastor</b>		Contributor's job title <b>Pastor</b>																
Contributor's employer/law firm <b>Ebenezer Missionary Baptist Church</b>		Law firm of contributor's spouse (if any) <b>N/A</b>																
If contributor is a child, law firm of parent(s) (if any)		<b>N/A</b>																

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:																				
2 FILER NAME <b>ETA J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>																				
4 Date <b>9-18-05</b>	5 Full name of contributor <b>Dwayne T. Henry</b>	6 Contributor address; City: State: Zip Code <b>[REDACTED] Forney Tx 75126</b>																				
7 Amount of contribution (\$) <b>\$100.00</b>																						
8 Contributor's principal occupation <b>Millwright 2</b>		9 Contributor's job title <b>Millwright 2</b>																				
10 Contributor's employer/law firm <b>Beck &amp; Pollitzer</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>																				
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>																						
<table border="1"> <tr> <td>Date <b>9/22/05</b></td> <td>Full name of contributor <b>Charlie Middleton</b></td> <td>□ out-of-state PAC ID#: <b>[REDACTED]</b></td> <td>Amount of contribution (\$) <b>\$250.00</b></td> </tr> <tr> <td>Contributor's address; City; State; Zip Code <b>[REDACTED] Dallas Tx 75283</b></td> <td>Contributor's job title <b>Owner</b></td> <td></td> <td></td> </tr> <tr> <td>Contributor's principal occupation <b>T.C. American Business Links</b></td> <td>Law firm of contributor's spouse (if any) <b>N/A</b></td> <td></td> <td></td> </tr> <tr> <td>Contributor's employer/law firm <b>T.C. American Business Links</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>If contributor is a child, law firm of parent(s) (if any) <b>N/A</b></td> <td></td> <td></td> <td></td> </tr> </table>			Date <b>9/22/05</b>	Full name of contributor <b>Charlie Middleton</b>	□ out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$250.00</b>	Contributor's address; City; State; Zip Code <b>[REDACTED] Dallas Tx 75283</b>	Contributor's job title <b>Owner</b>			Contributor's principal occupation <b>T.C. American Business Links</b>	Law firm of contributor's spouse (if any) <b>N/A</b>			Contributor's employer/law firm <b>T.C. American Business Links</b>				If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>9/22/05</b>	Full name of contributor <b>Charlie Middleton</b>	□ out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$250.00</b>																			
Contributor's address; City; State; Zip Code <b>[REDACTED] Dallas Tx 75283</b>	Contributor's job title <b>Owner</b>																					
Contributor's principal occupation <b>T.C. American Business Links</b>	Law firm of contributor's spouse (if any) <b>N/A</b>																					
Contributor's employer/law firm <b>T.C. American Business Links</b>																						
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>																						
<table border="1"> <tr> <td>Date <b>9-22-05</b></td> <td>Full name of contributor <b>Ulysses Gines</b></td> <td>□ out-of-state PAC ID#: <b>[REDACTED]</b></td> <td>Amount of contribution (\$) <b>\$100.00</b></td> </tr> <tr> <td>Contributor's address; City; State; Zip Code <b>[REDACTED] Mesquite Tx 75149</b></td> <td>Contributor's job title <b>Dietary Director</b></td> <td></td> <td></td> </tr> <tr> <td>Contributor's principal occupation <b>Dietary Director</b></td> <td>Law firm of contributor's spouse (if any) <b>N/A</b></td> <td></td> <td></td> </tr> <tr> <td>Contributor's employer/law firm <b>Silver Creek Assisted Living</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>If contributor is a child, law firm of parent(s) (if any) <b>N/A</b></td> <td></td> <td></td> <td></td> </tr> </table>			Date <b>9-22-05</b>	Full name of contributor <b>Ulysses Gines</b>	□ out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$100.00</b>	Contributor's address; City; State; Zip Code <b>[REDACTED] Mesquite Tx 75149</b>	Contributor's job title <b>Dietary Director</b>			Contributor's principal occupation <b>Dietary Director</b>	Law firm of contributor's spouse (if any) <b>N/A</b>			Contributor's employer/law firm <b>Silver Creek Assisted Living</b>				If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>9-22-05</b>	Full name of contributor <b>Ulysses Gines</b>	□ out-of-state PAC ID#: <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$100.00</b>																			
Contributor's address; City; State; Zip Code <b>[REDACTED] Mesquite Tx 75149</b>	Contributor's job title <b>Dietary Director</b>																					
Contributor's principal occupation <b>Dietary Director</b>	Law firm of contributor's spouse (if any) <b>N/A</b>																					
Contributor's employer/law firm <b>Silver Creek Assisted Living</b>																						
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>																						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>000 88322</b>
4 Date <b>9/30/25</b>	5 Full name of contributor <b>Elton R. Lockings</b>	6 Contributor address; City: State; Zip Code <b>[REDACTED] Houston, Tx 77036</b>
7 Amount of contribution (\$) <b>\$1,000.00</b>		
8 Contributor's principal occupation <b>Attorney and Counselor at Law</b>		9 Contributor's job title <b>Attorney and Counselor at Law</b>
10 Contributor's employer/law firm <b>Elton R. Lockings, P.C.</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>10/3/25</b>	Full name of contributor <b>Robert E. Davis</b>	□ out-of-state PAC ID# _____ Contributor address; City; State; Zip Code <b>[REDACTED] DeSoto Tx 75115-2115</b>
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>10/8/25</b>	Full name of contributor <b>Roy E. Brackins</b>	□ out-of-state PAC ID# _____ Contributor address; City; State; Zip Code <b>[REDACTED] Forest Hill Tx 76140</b>
Contributor's principal occupation <b>Pastor</b>		Contributor's job title <b>Pastor</b>
Contributor's employer/law firm <b>Grace Tabernacle Missionary Baptist Church</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME  Etta J. Mullin		3 Filer ID (Ethics Commission Filers)  D0088322
4 Date  10/9/25	5 Full name of contributor  Terry White	6 Contributor address; City; State; Zip Code  [REDACTED] Dallas Tx 75214 7 Amount of contribution (\$)  \$ 200.00
8 Contributor's principal occupation  Pastor	9 Contributor's job title  Pastor	10 Contributor's employer/law firm  Marsalis Ave Baptist Church
11 Law firm of contributor's spouse (if any)  N/A	12 If contributor is a child, law firm of parent(s) (if any)  N/A	
Date  10/10/25	Full name of contributor  Larry W. Mosley	□ out-of-state PAC ID#  Contributor address; City; State; Zip Code  [REDACTED] Houston Tx 77014 Amount of contribution (\$)  \$ 300.00
Contributor's principal occupation  Larry W. Mosley, CPA, P.C.	Contributor's job title  CPA	Contributor's employer/law firm  N/A
If contributor is a child, law firm of parent(s) (if any)  N/A	Law firm of contributor's spouse (if any)  N/A	
Date  10/10/25	Full name of contributor  Patrick Bullock	□ out-of-state PAC ID#  Contributor address; City; State; Zip Code  [REDACTED] Mesquite Tx 75181 Amount of contribution (\$)  \$ 100.00
Contributor's principal occupation  Hospice Area Manager	Contributor's job title  Sales Representative	Contributor's employer/law firm  Enhabit Home Health and Hospice
If contributor is a child, law firm of parent(s) (if any)  N/A		
N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME  Etta J. Mullin		3 Filer ID (Ethics Commission Filers)  00088322
4 Date  10/10/25	5 Full name of contributor  Ricky Scott	6 Contributor address; City; State; Zip Code  Dallas Tx 75249
7 Amount of contribution (\$)  \$100.00		8 Contributor's principal occupation  Pastor
9 Contributor's job title  Pastor		10 Contributor's employer/law firm  N/A
11 Law firm of contributor's spouse (if any)  N/A		12 If contributor is a child, law firm of parent(s) (if any)  N/A
Date  10/17/25	Full name of contributor  Yolanda Tyler	Amount of contribution (\$)  \$200.00
Contributor's principal occupation  Data Engineer	Contributor address; City; State; Zip Code  Grand Prairie Tx 75042	Contributor's job title  Data Engineer
Contributor's employer/law firm  Lockheed Martin	Law firm of contributor's spouse (if any)  N/A	
Date  10/17/25	Full name of contributor  Fred Kelley	Amount of contribution (\$)  \$400.00
Contributor's principal occupation  Dallas Water Utilities	Contributor address; City; State; Zip Code  N/A	Contributor's job title  Pipeline Inspector
Contributor's employer/law firm  City of Dallas	Law firm of contributor's spouse (if any)  N/A	
If contributor is a child, law firm of parent(s) (if any)  N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Etta J. Mullin

3 Filer ID (Ethics Commission filers)

00088322

4 Date

10/23/25

5 Full name of contributor

out-of-state PAC ID#:

Lehous A. Johnson

7 Amount of contribution (\$)

6 Contributor address:

City:

State:

Zip Code

Lancaster Texas 75134

\$100.00

8 Contributor's principal occupation

Pastor

9 Contributor's job title

Pastor

10 Contributor's employer/law firm

St Paul Baptist Church

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#:

Amount of contribution (\$)

10/21/25

Harold Edwards

Contributor address:

City:

State: Zip Code

\$100.00

Contributor's principal occupation

Pastor

Contributor's job title

Bishop

Contributor's employer/law firm

Church of the Living God \$145

Law firm of contributor's spouse (if any)

N/A

Date

Full name of contributor

out-of-state PAC ID#:

Amount of contribution (\$)

10/24/25

Carmelie Sims

Contributor address:

City:

State: Zip Code

\$150.00

Contributor's principal occupation

Teacher

Contributor's job title

Teacher

Contributor's employer/law firm

Dallas ISD

Law firm of contributor's spouse (if any)

N/A

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>10/28/25</b>	5 Full name of contributor <b>Tina George</b>	6 Contributor address; City: State: Zip Code <b>.....</b>
7 Amount of contribution (\$) <b>\$100.00</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>10/27/25</b>	Full name of contributor <b>Eddie Jenkins</b>	□ out-of-state PAC ID# Contributor address; City: State: Zip Code <b>.....</b>
Contributor's principal occupation <b>Pastor</b>		Contributor's job title <b>Pastor</b>
Contributor's employer/law firm <b>Good Street Baptist Church</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>11/5/25</b>	Full name of contributor <b>Leona Redman</b>	□ out-of-state PAC ID# Contributor address; City: State: Zip Code <b>.....</b>
Contributor's principal occupation <b>Registrar</b>		Contributor's job title <b>Registrar</b>
Contributor's employer/law firm <b>DID</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Etta J. Mullin</i>		3 Filer ID (Ethics Commission Filers) <i>00086322</i>
4 Date <i>11-5-25</i>	5 Full name of contributor <i>Richard Pace</i>	6 Contributor address; City; State; Zip Code <i>Richard Pace</i>
7 Amount of contribution (\$) <i>\$100.00</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>
10 Contributor's employer/law firm <i>N/A</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any)  <i>N/A</i>		
Date <i>11-6-25</i>	Full name of contributor <i>D.C. Preston</i>	□ out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code <i>Dallas Tx 75241</i>
Contributor's principal occupation <i>Pastor</i>	Contributor's job title <i>Pastor</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor's employer/law firm <i>N/A</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any)  <i>N/A</i>		
Date <i>12/2/25</i>	Full name of contributor <i>Lbbie Lee</i>	□ out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code <i>DeSoto Tx 75115</i>
Contributor's principal occupation <i>Retired</i>	Contributor's job title <i>Retired</i>	Amount of contribution (\$) <i>\$205.00</i>
Contributor's employer/law firm <i>N/A</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any)  <i>N/A</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>11-12-25</b>	5 Full name of contributor <b>Earl Jackson</b>	6 Contributor address; City: State; Zip Code <b>[REDACTED] San Antonio Tx 78256</b>
7 Amount of contribution (\$) <b>\$250.00</b>		
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>11-12-25</b>	Full name of contributor <b>Curtis Lee</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's address; City; State; Zip Code <b>[REDACTED] Duncanville Tx 75137</b>	Contributor's job title	
Contributor's employer/law firm <b>Wells Fargo</b>	Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>11-18-25</b>	Full name of contributor <b>Betty Mathis Andrews</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's address; City; State; Zip Code <b>[REDACTED] Forney Tx 75126</b>	Contributor's job title	
Contributor's employer/law firm <b>N/A</b>	Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>11/21/25</b>	5 Full name of contributor <b>Fred Conwright Sr.</b>	6 Contributor address; City; State; Zip Code <b>[REDACTED] Dallas Tx 75241</b>
7 Amount of contribution (\$) <b>\$500.00</b>		
8 Contributor's principal occupation <b>Pastor</b>		9 Contributor's job title <b>Pastor</b>
10 Contributor's employer/law firm <b>Greater Mt Hobson</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		
Date <b>11/26/25</b>	Full name of contributor <b>Verna L. Warren</b>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <b>[REDACTED]</b>
Amount of contribution (\$) <b>\$100.00</b>		
Contributor's principal occupation <b>Apostle</b>		Contributor's job title <b>Apostle</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		
Date <b>12-1-25</b>	Full name of contributor <b>Evelyn Smith</b>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <b>[REDACTED] Dallas Tx 75227</b>
Amount of contribution (\$) <b>\$300.00</b>		
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any)  <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>		3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>12/3/25</b>	5 Full name of contributor <b>R. L. Terrell</b>	6 Contributor address; City; State; Zip Code <b>.....</b>
7 Amount of contribution (\$) <b>\$100.00</b>		
8 Contributor's principal occupation <b>Pastor</b>		9 Contributor's job title <b>Pastor</b>
10 Contributor's employer/law firm <b>Hebron Missionary Baptist Church</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>12/10/25</b>		Full name of contributor <b>Christopher Washington</b>
Contributor address; City; State; Zip Code <b>.....</b>		Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>12/01/25</b>		Full name of contributor <b>Ron Brown</b>
Contributor address; City; State; Zip Code <b>[REDACTED] Las Vegas NY 89101</b>		Amount of contribution (\$) <b>\$300.00</b>
Contributor's principal occupation <b>Professional Paralegals II</b>		Contributor's job title <b>Paralegal</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1:
2 FILER NAME <b>Etta J. Mullin</b>				3 Filer ID (Ethics Commission Filers) <b>00088322</b>
4 Date <b>12/10/25</b>	5 Full name of contributor <b>Benjamin L. Hurd</b>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; [REDACTED]		City:	State: Zip Code	
7 Contributor's principal occupation <b>Retired</b>		8 Contributor's job title <b>Retired</b>		
9 Contributor's employer/law firm <b>N/A</b>		10 Law firm of contributor's spouse (if any) <b>N/A</b>		
11 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				
Date <b>12/24/25</b>	Full name of contributor <b>DeWayne L. Hicks</b>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <b>\$ 75.00</b>
Contributor's principal occupation		Contributor's job title		
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <b>N/A</b>		
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				
Date <b>12/25/25</b>	Full name of contributor <b>Edmund L. Slaughter</b>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <b>\$ 200.00</b>
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>		
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>		
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)****SCHEDULE E(J)**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <i>Etta J. Mullin</i>		3 Filer ID (Ethics Commission Filer) <i>00088322</i>
4 TOTAL OF UNITEMIZED LOANS		\$ <i>523.08</i>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <i>Etta J. Mullin</i> )	9 Loan Amount (\$) <i>944.17</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code  <input type="checkbox"/>	10 Interest rate <i>6</i> 11 Maturity date <i>0</i>
12 Lender's Principal Occupation <i>Attorney and Counselor at Law</i>	13 Lender's Job Title <i>Attorney and Counselor at Law</i>	
14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any) <i>N/A</i>	
16 If lender is a child, law firm of parent(s) (if any) <i>N/A</i>		
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 type="checkbox"/> not applicable	20 Name of guarantor  21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)  <input type="checkbox"/>
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 a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)																							
	ETA J. Mullin	00088322																							
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$																							
5 Date	6 Payee name																								
7 Amount (\$)	8 Payee address;	City; State; Zip Code																							
	<input type="checkbox"/> Check if individual's residence address.																								
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political																							
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description																							
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense																							
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																						
<table border="1"> <tr> <td>Date</td> <td colspan="3">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> <td>City;</td> <td>State; Zip Code</td> </tr> <tr> <td></td> <td colspan="3"><input type="checkbox"/> Check if individual's residence address.</td> </tr> <tr> <td>TYPE OF EXPENDITURE</td> <td><input type="checkbox"/> Political</td> <td><input type="checkbox"/> Non-Political</td> <td></td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td colspan="2">Description</td> </tr> <tr> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table>				Date	Payee name			Amount (\$)	Payee address;	City;	State; Zip Code		<input type="checkbox"/> Check if individual's residence address.			TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political		PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name																								
Amount (\$)	Payee address;	City;	State; Zip Code																						
	<input type="checkbox"/> Check if individual's residence address.																								
TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political																							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description																							
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense																							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Rental Expense	Rental Expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		Etta J. Mullin Judge 198th District Court	
Date	Payee name		
12/19/21	C C P Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Printing Expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held
Etta J. Mullin Judge 198th District Court			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# OUTSTANDING LOANS

## SCHEDULE L

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME <i>Etta J. Mullin</i>		3 Filer ID (Ethics Commission Fliers) <i>00088322</i>
LENDER INFORMATION	4 Name of lender <i>Etta J. Mullin</i>	
	5 Lender address; [REDACTED]	City; State; Zip Code
GUARANTOR INFORMATION	6 Name of guarantor	
<input type="checkbox"/> not applicable	7 Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
-------------	---------------------------------------

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below **only if you are not an officeholder.** ••

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

## 5 OFFICEHOLDER

•• Complete this section **only if you are an officeholder.** ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CERTIFIED MAIL

Cottrell



9589 0710 5270 2230 3130 56

Retail



78711

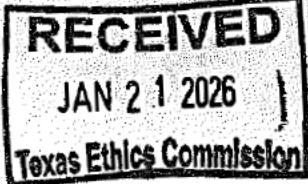


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