

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: 10 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST David K. | MI MI | OFFICE USE ONLY |
| | NICKNAME Keith | LAST Willeford | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11 Greenville, TX 75403 | | | Date Hand-delivered or Date Postmarked |
| | Receipt # | | Amount | Date Processed |
| | | | | Date Imaged |
| | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Dr. | FIRST Norman J. | MI MI | |
| | NICKNAME | LAST Hall | SUFFIX D.C. | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5402 Wesley Street Suite D Greenville, TX 75402 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (903) | PHONE NUMBER 455-8422 | EXTENSION | |
| 8 REPORT TYPE | <input 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 checked="" 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 Day Year 01/23/2026 | THROUGH | Month Day Year 02/21/2026 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | 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 District 196th Hunt | | 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

2 of 10

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. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE <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) | \$ | 4,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 1,880.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,742.26 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 6,300.00 |

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

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Willeford, David K. (Mr.) | | 19 Filer ID 00067803 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | 4,000.00 |
| 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) | \$ | 1,300.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 1,794.76 |
| 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 | \$ | 85.52 |
| 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: 1/2 Rpt: 4/10 |
| 2 FILER NAME Willeford, David K. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 Date 02/04/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Jason (Mr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Greenville, TX 75403 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Owner |
| 10 Contributor's employer/law firm Willeford Duff & Council | | 11 Law firm of contributor's spouse (if any) none |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/04/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Brooke | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Greenville, TX 75404 | |
| Contributor's Principal Occupation unknown | | Contributor's Job Title unknown |
| Contributor's employer/law firm Unknown | | Law firm of contributor's spouse (if any) None |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/26/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Paul (Mr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75204 | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title owner |
| Contributor's employer/law firm Paul Stafford | | Law firm of contributor's spouse (if any) none |
| 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: 2/2 Rpt: 5/10 |
| 2 FILER NAME Willeford, David K. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarpley, Randall (Mr.) | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code Greenville, TX 75402 | | |
| 8 Contributor's Principal Occupation Real Estate | | 9 Contributor's Job Title Owner |
| 10 Contributor's employer/law firm none | | 11 Law firm of contributor's spouse (if any) none |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jones, cliff | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Greenville, TX 75404 | | |
| Contributor's Principal Occupation Builder | | Contributor's Job Title Owner |
| Contributor's employer/law firm Self/Castlerock | | Law firm of contributor's spouse (if any) none |
| 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: 1/1 Rpt: 6/10 |
| 2 FILER NAME Willeford, David K. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 01/30/2026 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Willeford, David (Mr.) | 9 Loan Amount (\$) \$1,300.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Greenville, TX 75403 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Lender's Principal Occupation Attorney | | 13 Lender's Job Title Owner |
| 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 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 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) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/10 | 2 FILER NAME Willeford, David K. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 Date 02/11/2026 | 5 Payee name Bank of America | |
| 6 Amount (\$) \$4.95 | 7 Payee address; City; State; Zip Code Wesley Street Greenville, TX 75402 | |
| 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 bank fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/18/2026 | Payee name Greenville Herald Banner | |
| Amount (\$) \$1,629.00 | Payee address; City; State; Zip Code 2305 King Street Greenville, TX 75401 | |
| 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 political ads |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/19/2026 | Payee name Political Comms | |
| Amount (\$) \$130.50 | Payee address; City; State; Zip Code unknown Austin, TX 78704 | |
| 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 Registration fees |
| 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/10 | 2 FILER NAME Willeford, David K. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 Date 02/15/2026 | 5 Payee name The Home Depot | |
| 6 Amount (\$) \$30.31 | 7 Payee address; City; State; Zip Code I 30 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 t posts |
| 9 Complete <u>ONLY</u> 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 - | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 9/10 | 2 FILER NAME Willeford, David K. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00067803 |
| 4 Date 02/12/2026 | 5 Payee name Ts to go | |
| 6 Amount (\$) \$85.52 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2805 Mitchell 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 shirts |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

OUTSTANDING LOANS

SCHEDULE L

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: Sch: 1/1 Rpt: 10/10 |
| 2 FILER NAME Willeford, David K. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00067803 |
| LENDER INFORMATION | 4 Name of lender Willeford, Keith (Mr.) | |
| | 5 Lender address; City; State; Zip Code Greenville, TX 75403 | |
| GUARANTOR INFORMATION | 6 Name of guarantor | |
| | <input checked="" type="checkbox"/> not applicable 7 Guarantor address; City; State; Zip Code | |