## JUDICIAL CANDIDATE / OFFICEHOLDER SPECIAL SESSION REPORT

FORM JC/OH-SS

1 FILEF	R ID (Ethics Commi	ssion Filers)		2 Total pages filed:
		MS/MRS/MR FIRST	МІ	OFFICE USE ONLY
NAM	ICEHOLDER 1E	NICKNAME LAST	SUFFIX	Date Received
OFF	IDIDATE / ICEHOLDER DRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked
cha	inge of address			Receipt # Amount\$
5 PER COV	IOD /ERED	Month Day Year	Month Day Year	Date Processed
6 OFF HEL (if a		<ul> <li>Governor</li> <li>Lt. Governor</li> <li>Attorney General</li> <li>Comptroller</li> <li>Land Commissioner</li> <li>Supreme Court Justice</li> </ul>	<ul> <li>Railroad Commissi</li> <li>Agriculture Commis</li> <li>State Senator: Dist</li> <li>State Representativ</li> <li>Secretary of State</li> <li>Court of Criminal A</li> </ul>	ssioner rict # re: District #
SO	FICE: UGHT applicable)	Supreme Court Justice	Court of Criminal A	ppeals Judge
8 SIGN	NATURE	I swear, or affirm, under penalty of perju information required to be reported by me un		is true and correct and includes all
Please	complete either	option below:	Signature of Cano	didate or Officeholder
(1) Affid	-			
Ν	IOTARY STAMP	/SEAL		
Sworn	to and subscribe	ed before me by	this the	day of
		_, 20, to certify which, witness my	hand and seal of office.	
Signature	of officer administe	ering oath Printed name of of	fficer administering oath	Title of officer administering oath
			OR	
. ,	vorn Declaration			
				······································
iviy audre		(street)		) (country) (zip code)
Executed	d in	County, State of,	on the day of (month)	, 20 (year)
			Signature o	f Candidate or Officeholder

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this	s form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PA 6 Contributor address; City; State	C (ID#:) 7 Amount of contribution (\$)
8 Contributor's principal occupation	9 Contributor's job title
<b>10</b> Contributor's employer/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 Full name of contributor Out-of-state PA	C (ID#:) Amount of contribution (\$)
Contributor address; City; State	; Zip Code
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)	
Date Full name of contributor Out-of-state PA	C (ID#:) Amount of contribution (\$)
Contributor address; City; State;	Zip Code
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)	
	OF THIS SCHEDULE AS NEEDED truction guide for additional reporting requirements.

#### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2-SS

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

1		1.3.		
т	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ule A2-SS:
2 FILER NAM	E		3 Filer ID (Ethics Cor	nmission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of Contribution \$	8 In-kind contribution description
	6 Contributor address; City; State; Zip Code			
				ide of Texas. Complete Schedule T.
9 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	10 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
11 Contributor's	principal occupation (FOR JUDICIAL)	12 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
13 Contributor's	employer/law firm (FOR JUDICIAL)	14 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
15 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Cod			
				I
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of Contribution \$	   In-kind contribution   description
	Contributor address; City; State; Zip Cod	e		I
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
lf	ATTACH ADDITIONAL COPIES OF T			requirements.

### PLEDGED CONTRIBUTIONS

SCHEDULE B-SS

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

$\vdash$						
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	ıle B-SS:	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of pledgor out-of-state PAC (ID#:	)	7 Amount of Pledge \$	8 In-kind contribution description	
		6 Pledgor address; City; St	ate; Zip Code			
				Check if travel outsi	de of Texas. Complete Schedule T.	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zi	p Code			
				Check if travel outsid	de of Texas. Complete Schedule T.	
$\vdash$	Principal occup	ation / Job title (See Instructions)	Employer (See			
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zi	p Code			
L			<b>F I</b> (2)		de of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zi	p Code			
				Check if travel outsi	I de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions)	Employer (See			
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution	
		Pledgor address; City; State; Zij	o Code			
				Check if travel outsi	l ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions)	Employer (See			
	lfc	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instr		-	requirements.	
1				-		

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instru	uction Guide	explains	how to complete	this form.		<b>1</b> Total pages Schedule T:	
2 FILER NAME						3 Filer ID (Ethics Commis	ssion Filers)
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee			
5 Contribution / Expend		on: edule B	Schedule B(J)	Schedule	e C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	θH	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departu	re city or na	ame of departure loc	cation			
	9 Destinat	ion city or I	name of destination	location			
10 Means of transportati	ion	11 Purpo	se of travel (includin	g name of confere	ence, se	eminar, or other event)	
Name of Contributor /	Corporation	or Labor C	organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J)	Schedule	e C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	Η	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	person(s)	traveling				
	Departu	re city or n	ame of departure loc	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	se of travel (includir	ng name of confer	ence, se	eminar, or other event)	
Name of Contributor /	Corporation	or Labor C	organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C	2	Schedule D	Schedule F1
Schedule F2	Schedu	ile F4	Schedule G	Schedule H		Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	person(s)	traveling				
	Departu	re city or n	ame of departure loc	cation	_		
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	se of travel (includir	ng name of confer	ence, se	eminar, or other event)	
	ΓA	TACH AD	DITIONAL COPIE	S OF THIS SCH	EDULE	ASNEEDED	

				OFFICE U	JSE ONLY
	AFFIDA CANDIDATE OR ( ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	or Date Postmarked
Beginning on January	1, 2025, a candidate or officeho	older who has accepted more t	han		
	tributions or made more than ust file all subsequent reports e	\$33,910 in political expenditu electronically.	res	Receipt #	Amount \$
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the \_\_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL			Signatur	e of Filer				
Sworn to and subscribed before me by		this the	day of					
20, to certify which, witness my	hand and seal of office.							
Signature of officer administering oath	Printed name of off	cer administering oath		Title of officer	administering o			
		OR						
(2) Unsworn Declaration								
(2) Onsworn Declaration				, and my date of birth is				
		, and my dat	e of birth is					
My name is								
	treet)	,(city)	,,, , ,, , , , , , , , , , , , , , , , , , , ,	(zip code) <sup>_,</sup> , 20	(country)			