JUDICIAL SPECIFIC-PURPOSE COMMITTEE FORM JSPAC CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: (Ethics Commission filers) The JSPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME **OFFICE USE ONLY** Date Received 4 COMMITTEE ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE **ADDRESS** Change of Address Date Hand-delivered or Date Postmarked Receipt # Amount MS / MRS / MR FIRST MI 5 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; STATE; ZIP CODE 6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER **EXTENSION CAMPAIGN TREASURER PHONE** 9 REPORT TYPE January 15 30th day before election Exceeded \$500 limit July 15 8th day before election Dissolution (attach JSPAC-DR) 10th day after campaign treasurer termination 10 PERIOD COVERED Month Day Year Month Year THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Year Day Special Primary Runoff General **GO TO PAGE 2**

JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME		,	ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
SUPPORT OPPOSE ASSIST (officeholders only)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
14 CONTRIBUTION TOTALS		ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		ITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLIT	ICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POL	ITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		ICAL CONTRIBUTIONS MAINTAINED AS OF THE THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		SIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$
15 AFFIDAVIT		I swear, or affirm, under penalty of perjui report is true and correct and includes all reported by me under Title 15, Election C	information required to be
		Signature of campaign to	reasurer
AFFIX NOTARY STAMP / SE	EAL ABOVE		
	-	said, which, witness my hand and seal of office.	this the day
Signature of officer admin	istering oath	Printed name of officer administering oath Title of off	icer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

	The Instruction	on Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2	FILER NAME	=		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		6 Contributor address; City; State; Zip Code			
				· ·	of Texas, complete Schedule T)
9	Contributor's p	rincipal occupation	10 Contributor's job	title	
11	Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13	13 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 (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
	Contributor's p	rincipal occupation	Contributor's job	title	
	Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
	Contributor's p	rincipal occupation	Contributor's job	title	
	Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)
	If contributor is	s a child, law firm of parent(s) (if any)			
		<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

	PLEDGED CONTRIBUTIONS (JUD	PICIAL)		SCHEDULE B (J)	
	The Instruction Guide explains how to complete this form.		1 Total pages So	chedule B(J):	
2	FILER NAME		3 ACCOUNT#(Ethics Commission filers)	
4	4 TOTAL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔			\$	
5	Date 6 Full name of pledgorout-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Cod		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
			(If the collected	de ef Terres de servición Cabadrila TV	
10	Pledgor's principal occupation	11 Pledgor's job tit		de of Texas, complete Schedule T)	
12	Pledgor's employer/law firm	13 Law firm of pled	lgor's spouse (if a	nv)	
12 Fledgor's employer/law iiiiii					
14	14 If pledgor is a child, law firm of parent(s) (if any)				
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code Pledgor's principal occupation	Pledgor's job tit	<u>'</u>	 de of Texas, complete Schedule T)	
	Pledgor's employer/law firm	Law firm of pled	gor's spouse (if a	ny)	
	If pledgor is a child, law firm of parent(s) (if any)				
	Date Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
			(If travel outsi	de of Texas, complete Schedule T)	
	Pledgor's principal occupation	Pledgor's job tit	le		
	Pledgor's employer/law firm	Law firm of pled	lgor's spouse (if a	ny)	
	If pledgor is a child, law firm of parent(s) (if any)				
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see insti		-	ting requirements.	

Texas Ethics Commission	P.O. Box 12070	Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-850

LOANS (J	UDICIAL)		s	SCHEDULE E (J)
The Instruction G	uide explains how to complete this form.		1 Total pages Sche	edule E(J):
2 FILER NAME			3 ACCOUNT # (Eth	nics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS:		⇒ ⇒	\$
5 Date of loan	7 Name of lender ou	t-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip C	ode		10 Interest rate
Y N				11 Maturity date
12 Lender's Principal Oc	cupation	13 Lender's Job Title		
14 Lender's Employer/L	aw Firm	15 Law Firm of lender's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)				
17 Description of Collate	ral			
none				24
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip C	ode		
22 Guarantor's Principal	Occupation	23 Guarantor's Job Ti	tle	
24 Guarantor's Employe	r/Law Firm	25 Law Firm of guarantor's spouse (if any)		
26 If guarantor is child, la	aw firm of parent(s) (if any)			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	POLITION	CAL EXPENDITURES			SCHEDULE F
	The Instruction	on Guide explains how to complete this form.		1 Total pages	s Schedule F:
2	FILER NAM	IE		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name 6 Payee address; City; State; Zip Code			7 Amount (\$)
8	tion required.)	yment (See instructions regarding type of informa- e of Texas, complete Schedule T)	9 •• Complete if di Candidate / Officeholder n		e to benefit C/OH •• Office sought Office held
	Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	tion required.)	yment (See instructions regarding type of informa-	•• Complete if di Candidate / Officeholder n		e to benefit C/OH •• Office sought Office held
	Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	tion required.)	yment (See instructions regarding type of informa-	•• Complete if di Candidate / Officeholder n		e to benefit C/OH •• Office sought Office held
	Date	Payee name			Amount (\$)
	tion required.)	yment (See instructions regarding type of informa-	•• Complete if di Candidate / Officeholder n		e to benefit C/OH •• Office sought Office held
	<u> </u>	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	EDED	

		NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTIONS		SCHED	ULE H
	The Instruction	on Guide explains how to complete this form.		1 Total pages Sch	edule H:	
2	FILER NAME	=		3 ACCOUNT # (Et	thics Commission filers)
4	Date	5 Business name				ount \$)
		6 Business address; City; State; Zip Code				
8	required.)	ment (See instructions regarding type of information	9 •• Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH • Office sought	Office held
		of Texas, complete Schedule T)			1	
	Date	Business name				ount \$)
		Business address; City; State; Zip Code				
	required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	•• Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH • Office sought	Office held
	Date	Business name			Λm	ount
	Date	Dusiness name				\$)
		Business address; City; State; Zip Code				
	required.)	ment (See instructions regarding type of information e of Texas, complete Schedule T)	•• Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH • Office sought	Office held
	Date	Business name			Am	ount
					(:	\$)
		Business address; City; State; Zip Code				
	Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH • Office sought	Office held
	(If travel outside	e of Texas, complete Schedule T)				
		ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form. 1 Total pages Schedu			edule I:
FILER NAME 3 ACCOUNT # (Ethics			hics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)	-
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	-
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	-

POLITICAL CONTRIBUTIONS RETURNED SCHEDULE J TO COMMITTEE 1 Total pages Schedule J: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 4 Date Returned 5 Original payee name Amount Returned (\$) 6 Original payee address; City; State; Zip Code Date Returned Amount Returned (\$) Original payee name Original payee address; City; State; Zip Code Original payee name Amount Returned (\$) Date Returned Original payee address; City; State; Zip Code Date Returned Original payee name Amount Returned (\$) Original payee address; City; State; Zip Code Amount Returned (\$) Date Returned Original payee name Original payee address; City; State; Zip Code Date Returned Amount Returned (\$) Original payee name Original payee address; City; State; Zip Code Date Returned Amount Returned (\$) Original payee name Original payee address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	CREDIT	S (optional)		SCHEDULE K
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedu	lle K:
2	FILER NAME		3 ACCOUNT # (Ethics	s Commission filers)
4	Date	5 Payor name 6 Payor address; City; State; Zip Code		Amount (\$)
		7 Reason for credit		
	Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
		Reason for credit		
	Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
		Reason for credit		
	Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
		Reason for credit		
	Date	Payor name		Amount (\$)
		Reason for credit		
		ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

	OUTSTAN	NDING LOANS			sc	HEDULE L
	The Instruction	Guide explains how to compl	ete this form.		1 Total pages Schedule L	<u>.</u>
2	FILER NAME				3 ACCOUNT # (Ethics Co	mmission filers)
	LENDER INFORMATION	4 Name of lender				
		5 Lender address;	City;	State;	Zip Code	
	GUARANTOR INFORMATION	6 Name of guarantor				
	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				
	not applicable	Guarantor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zip Code	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zip Code	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State;	Zip Code	
		ATTACH ADDI	TIONAL COPIES (OF THIS FORM AS N	EDED	

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:			
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)			
4 Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
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Description of Asset				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T	CHEDUL	ΕT
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		0.52 0					
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME					3 ACCOUNT # (Ethics Commission filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on:							
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G							
	hedule H	Schedule N	П сон-ис	П сон-т	PAC-T	SPAC-T	
6 Dates of travel 7 Name of person(s) traveling							
	8 Departure city or name of departure location						
	9 Destina	tion city or name of	destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
0 1 1 1 15							
Contribution / Expendi	•	_		_		_	
∐ Sc	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
☐ Sc	hedule H	Schedule N	COH-UC	СОН-Т	PAC-T	SPAC-T	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination	on city or name of de	estination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
☐ Scl	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
☐ Sci	hedule H	Schedule N	COH-UC	СОН-Т	PAC-T	SPAC-T	
Dates of travel	Name of p	person(s) traveling					
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED							

JUDICIAL SPECIFIC-PURPOSE COMMITTEE FORM JSPAC - DR **REPORT: AFFIDAVIT OF DISSOLUTION**

The JSPAC Instruction Guide explains how to complete this form. Complete only if "Report Type" on JSPAC page 1 is marked "Dissolution" ••							
1	COMMITTEE NAME		2 ACCOUNT # (Ethics Commission filers)				
3							
	Affidavit of Dissolution						
	I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this judicial specific-purpose committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a judicial specific-purpose committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.						
		Signature of camp	aign treasurer				
		DO NOT SIGN POLITICAL COMMITTEE IS					
	AFFIX NOTARY STAMP / SEAL ABOVE						
Sw	orn to and subscribed before me, by the said		, this the				
day of, 20, to certify which, witness my hand and seal of office.							
Si	gnature of officer administering oath Printed name o	of officer administering oath	Title of officer administering oath				