

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)

2 Total pages filed **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: _____ FIRST: **Kristin** MI: **S.**

NICKNAME: _____ LAST: **Wade** SUFFIX: _____

OFFICE USE ONLY

Date Received: _____

2022 JUL 13 AM 10:21

BY **SD** JOHN F. ARREN COUNTY CLERK DALLAS COUNTY

Date Hand-delivered or Date Postmarked: _____

Receipt # _____ Amount \$ _____

Date Processed: _____

Date Imaged: _____

FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #: CITY: STATE: ZIP CODE

PO BOX 670081 Dallas, TX 75367

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(214)** PHONE NUMBER: **707-5700** EXTENSION: _____

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: _____ FIRST: **Henry** MI: **M.**

NICKNAME: _____ LAST: **Wade, Jr.** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

PO BOX 670081 Dallas, TX 75367

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(214)** PHONE NUMBER: **707-5700** EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)

July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

1 / 1 / 2022 THROUGH 6 / 30 / 2022

11 ELECTION

ELECTION DATE: Month Day Year **11 / 8 / 22**

ELECTION TYPE: Primary Runoff Other Description

General Special

12 OFFICE

OFFICE HELD (if any): **Judge, CCCA1**

13 OFFICE SOUGHT (if known): **Judge, CCCA1**

14 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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE: _____ COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

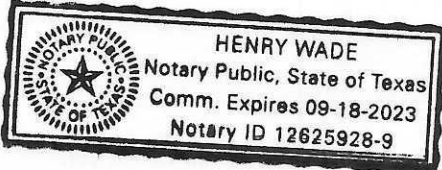
15 JC/OH NAME <u>Kristin S. Wade</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>500.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>33,000</u>

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.

Kristin S. Wade
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kristin S. Wade this the 14 day of July, 2022 to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Henry Wade 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).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Kristin S. Wade

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 500 ⁰⁰
6.	<input 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 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	\$

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: 1

2 FILER NAME: Kristin S. Wade

3 Filer ID (Ethics Commission Filers)

4 Date: 1/4/22

5 Full name of contributor out-of-state PAC ID#: _____
Robert S. Gress

7 Amount of contribution (\$)

6 Contributor address; City: State; Zip Code
2024 Commerce Dallas TX 75201

250.00

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Attorney

10 Contributor's employer/law firm
Robert S. Gress, PC

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: 4/20/22

Full name of contributor out-of-state PAC ID#: _____
Wm. B. Harrell

Amount of contribution (\$)

Contributor address; City: State; Zip Code
803 Pine St., TexasKane, TX 75501

250.00

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Self

Law firm of contributor's spouse (if any)
N/A

If contributor is a child, law firm of parent(s) (if any)
N/A

Date

Full name of contributor out-of-state PAC 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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1	2 FILER NAME Kristin S. Wade	3 Filer ID (Ethics Commission Filers)
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4 Date 5-1-22	5 Payee name Kristin S. Wade
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6 Amount (\$) 500.00	7 Payee address: P.O. Box 670081 Dallas TX 75307	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Loan Reimbursement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED