

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 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">DAN</p>	OFFICE USE ONLY <hr/> Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: left;"> BY <u>SSD</u> JOHN H. WARREN COUNTY CLERK DALLAS COUNTY DEPUTY 2022 JAN 11 AM 8:59 FILED </div> <hr/> Date Hand-delivered by Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
	NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">PATTERSON</p>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">PO BOX 140502 DALLAS, TX 75214</p> <input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(214) 632 3483</p>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">CHRIS</p>		
NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">PATTERSON</p>			
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">PO BOX 140502 DALLAS, TX 75214</p> (residence or business)			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(214) 773 2125</p>			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.2em;">7 / 15 / 21 THROUGH 1 / 1 / 22</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">3 / 1 / 22</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="font-size: 1.2em;">JUDGE, CCC # 1</p>	13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">JUDGE, CCC # 1</p>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GOTO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

DAN PATTERSON

16 ACCOUNT # (Ethics Commission Filers)

17 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4200-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 7021-

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1658-

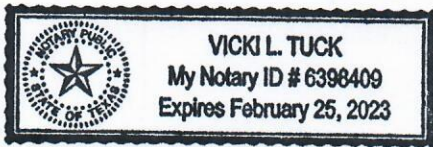
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Patterson, this the 14th day of January, 20 22, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Vicki L. Tuck
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8.7.21	5 Payee name DEMOCRACY TOOLBOX
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6 Amount (\$) 1000-	7 Payee address; City; State; Zip Code 8552 ROYAL COUNTY DOWN MCKINNEY, TX 75070
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXP.	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8.19.21	Payee name LHWR DEMOCRATS
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Amount (\$) 130-	Payee address; City; State; Zip Code PO BOX 180598 DALLAS, TX 75218
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP.	Description (If travel outside of Texas, complete Schedule T) CHILI SUPPER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9.27.21	Payee name DEMOCRACY TOOLBOX
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Amount (\$) 1000-	Payee address; City; State; Zip Code 8552 ROYAL COUNTY DOWN MCKINNEY, TX 75070
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXP.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10.27.21	Payee name DEMOCRACY TOOLBOX
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Amount (\$) 1000-	Payee address; City; State; Zip Code 8552 ROYAL COUNTY DOWN MCKINNEY, TX 75070
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXP.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11.29.21	5 Payee name DEMOCRACY TOOLBOX
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6 Amount (\$) 450-	7 Payee address; City; State; Zip Code 8552 ROYAL COUNTY DOWN MCKINNEY, TX 75070
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXP.	(b) Description (If travel outside of Texas, complete Schedule T) BBQ... <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RECORDS...	Office sought	Office held
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Date 11.29.21	Payee name DEMOCRACY TOOLBOX
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Amount (\$) 250-	Payee address; City; State; Zip Code 8552 ROYAL COUNTY DOWN MCKINNEY, TX 75070
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP.	Description (If travel outside of Texas, complete Schedule T) BUFFETS... <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.1.21	Payee name DALLAS CO. DEMOCRATIC PARTY
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Amount (\$) 2500-	Payee address; City; State; Zip Code 1414 N. WASHINGTON DALLAS, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) FILING FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.16.21	Payee name TX. COALITION OF BLACK DEMOCRATS
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Amount (\$) 200-	Payee address; City; State; Zip Code PO BOX 163712 FT. WORTH, TX 76161
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AD. EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12.16.21	5 Payee name NOTDOW
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6 Amount (\$) 75-	7 Payee address; City; State; Zip Code 17201 HIDDEN GLEN DALLAS, TX 75248
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) CLUB DUES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name FORN...	Office sought	Office held
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Date 12.20.21	Payee name PRESTON HOLLOW DEMOCRATS
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Amount (\$) 35-	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CLUB DUES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.20.21	Payee name FAR NORTH DALLAS DEMOCRATS
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Amount (\$) 20-	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CLUB DUES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.20.21	Payee name EAST DALLAS DEMOCRATS
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Amount (\$) 26-	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CLUB DUES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12.20.21	5 Payee name STONEWALL DEMOCRATS	
6 Amount (\$) 35.	7 Payee address; City; State; Zip Code PO BOX 192305 DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) CLUB DUES <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: TECORN... Office sought: Office held:	
Date 12.23.21	Payee name BARB BROS. BBQ	
Amount (\$) 300-	Payee address; City; State; Zip Code 3015 GOLDEN LN. DALLAS, TX 75214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP.	Description (If travel outside of Texas, complete Schedule T) FUNDRAISER <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:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7.16.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWAYNE CORBETT	7 Amount of contribution (\$) 500-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9515 HEATHENDALE DALLAS, TX 75243		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title LAWYER	
11 Contributor's employer/law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7.16.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN LENOIR	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3300 OAK LAWN #600 DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title LAWYER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7.23.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWNA KIM	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8111 LBJ FNY # 480 DALLAS, TX 75251		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title LAWYER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers):	
4 Date 7.23.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH WEATHERSPOON	7 Amount of contribution (\$) 150-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3525 N. ST. PAUL DALLAS, TX 75201		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title LAWYER	
11 Contributor's employer/law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 8.1.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BURROWS	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 N. CENTRAL # 805 RICHMOND, TX 75080		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title LAWYER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7.23.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED KING	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 S. ZANL # 105 DALLAS, TX 75208		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title LAWYER	
Contributor's employer/law firm SELF		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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7.28.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENNIS ALVOLD	7 Amount of contribution (\$) 100-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 814483 DALLAS, TX 75381		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation LAWYER	10 Contributor's job title ATTORNEY
11 Contributor's employer/law firm SELF	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	

Date 8.10.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VALENEE BASTON	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1222 FT. WORTH, TX 76101		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation LAWYER	Contributor's job title ATTORNEY
Contributor's employer/law firm SELF	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date 8.26.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICK HARRISON	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 863 FORNEY, TX 75126		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation ATTORNEY	Contributor's job title LAWYER
Contributor's employer/law firm SELF	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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.1.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOBY SHOOK	7 Amount of contribution (\$) 750-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2201 BRYAN ST. # 1905 DALLAS, TX 75201		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title LAWYER	
11 Contributor's employer/law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 9.21.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARRY SORRELS	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2515 MCKINNEY AVE. #940 DALLAS, TX 75201		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title LAWYER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 12.22.21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LULU SKEMP	Amount of contribution (\$) 200-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 511 N. AKANO # 1503 DALLAS, TX 75201		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation RETIRED		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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers):	
4 Date 12.21.21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEFF ROSENFELD	7 Amount of contribution (\$) 200.	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 7812 GLENVALE DR. DALLAS, TX 75248		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation VISITING (RET.) JUDGE		10 Contributor's job title JUDGE	
11 Contributor's employer/law firm DALLAS COUNTY		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
(If travel outside of Texas, complete Schedule T)			

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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
(If travel outside of Texas, complete Schedule T)			

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 FORM AS NEEDED

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