JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 36 3 CANDIDATE / MS / MRS / MR **OFFICEHOLDER** OFFICE USE ONLY MS. REMEKO **TRANISHA** NAME Date Received NICKNAME LAST SUFFIX **EDWARDS** 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING P.O. BOX 1402, DESOTO, TEXAS 75123 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Ha **OFFICEHOLDER** (214) 403-9689 PHONE Receipt MS / MRS / MR 6 CAMPAIGN TREASURER **OLEGARIO** MR. NAME NICKNAME LAST SUFFIX Date Image **ESTRADA** "OLF" STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 5224 W. JEFFERSON BLVD., DALLAS, TEXAS 75211 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 469) 231-8880 9 REPORT TYPE X January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Month Year COVERED 07 / 01 2021 THROUGH 12 2021 11 ELECTION ELECTION DATE ELECTION TYPE Primary Day Year Runoff Description General 03 / 01 2022 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) JUDGE, DALLAS COUNTY CRIMINAL COURT NO. 7 JUDGE, DALLAS COUNTY CRIMINAL COURT NO. 7 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC 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 REMEKO TRANISH	IA EDWARDS	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,162.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,805.00
	4. TOTAL POLITICAL EXPENDITURES	\$14,772.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,205.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$6,024.00
18 SIGNATURE I sw requ	Please complete either option below	ndidate/Officeholder
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20	before me by Remeto Transha Edwards this the which, witness my hand and seal of office.	day of Schucky. So fary Title of Officer administering oath
(2) Unsworn Declaration	OR	WORK COLUMN TO A STATE OF THE S
	, and my date of birth is	
My address is	12.7%	tate) (zip code) (country)
Executed in	County, State of, on theday of(month)	tate) (zip code) (country), 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	REMI	AME EKO TRANISHA EDWARDS	20 Filer ID (Ethics Co.	mmission Filers)		
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.		SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$ O		

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	REMEKO TRANISHA EDWARDS			
4 Date	5 Full name of contributor uut-of-state PAC	ID#:)	7 Amount of contribution (\$)	
08/05/2021	WARREN N. ABRAMS		\$500.00	
00,00,2021	6 Contributor address; City;	State; Zip Code		
	10300 N. CENTRAL EXPWY., STE. 283, DAL	LAS, TEXAS 75231		
8 Contributor's	Drincipal occupation	9 Contributor's job title		
ATTORNE	Y AT LAW	ATTORNEY AT L	AW	
	employer/law firm	11 Law firm of contributor		
SELF-EMP	PLOYED	N/A	o opodoo (ii ariy)	
2 If contributor is	s a child, law firm of parent(s) (if any)			
N/A				
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
08/05/2021	KEN NARCISSE			
	Contributor address; City;	State; Zip Code	\$100.00	
	5955 ALPHA RD., DALLAS, TEXA	A		
Contributor's r	principal occupation			
ATTORNE		Contributor's job title ATTORNEY AT L	010/	
	employer/law firm			
	AW FIRM / SELF-EMPLOYED	Law firm of contributor	's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	14//		
N/A				
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
08/09/2021; 09/10/2021;	YULANDA SMITH		\$261.15	
0/10/2021;			\$201.15	
11/10/2021; 12/10/2021.	Contributor address; City; State: Zip Code			
	738 SHENANDOAH DR., CEDAR H			
	principal occupation	Contributor's job title		
	CE SPECIALIST	INSURANCE SP	A CONTROL OF THE STATE OF THE S	
	mployer/law firm	Law firm of contributor	's spouse (if any)	
US GOVER		N/A		
	a child, law firm of parent(s) (if any)			
N/A				
		OF THIS SCHEDULE AS A		

SCHEDULE A(J)1

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

		and the second s	
TI	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2021	IORGE VASOLIEZ		7 Amount of contribution (\$) \$52.23
8 Contributor's p MECHANIC		9 Contributor's job title MECHANIC	
	And the state of t	11 Law firm of contributor's N/A	spouse (if any)
N/A Date 08/20/2021 Full name of contributor		State; Zip Code	Amount of contribution (\$) \$26.27
Contributor's p	principal occupation	Contributor's job title RADIO DJ	
Contributor's 6	employer/law firm TATION	Law firm of contributor's N/A	spouse (if any)
If contributor is N/A	s a child, law firm of parent(s) (if any)		
Date 08/21/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$100.00
Contributor's	orincipal occupation	Contributor's job title ATTORNEY AT L	AW
	employer/law firm	Law firm of contributor's spouse (if any) N/A	
	s 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.

www.ethics.state.tx.us

SCHEDULE A(J)1

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

1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)	
4 Date 08/25/2021	5 Full name of contributor out-of-state PAC JENNY MOMAN 6 Contributor address; City; 4144 N. CENTRAL EXPWY., STE. 600, DAL	State; Zip Code	7 Amount of contribution (\$) \$250.00	
8 Contributor's	principal occupation	9 Contributor's job title		
ATTORNEY	AT LAW	ATTORNEY AT LAW		
	employer/law firm AW FIRM / SELF EMPLOYED	11 Law firm of contributor' N/A	s spouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)			
N/A				
09/04/2021 WILLIAM EWINGS		D#:)	Amount of contribution (\$) \$104.15	
	Contributor address; City; State; Zip Code 106 MEADOW GROVE LN., HARVEST, ALABAMA 35749			
Contributor's SAFETY	principal occupation	Contributor's job title SAFETY		
	employer/law firm TECHNOLOGIES	Law firm of contributor	s spouse (if any)	
If contributor i	is a child, law firm of parent(s) (if any)			
Date 09/08/2021	GLENDIA PARKS	ID#:)	Amount of contribution (\$) \$200.00	
	Contributor address; City; 919 GREYLEDGE BLVD., CHESTER	State: Zip Code		
Contributor's RETIRED	principal occupation	Contributor's job title RETIRED		
Contributor's N/A	employer/law firm	Law firm of contributor	's spouse (if any)	
	is a child, law firm of parent(s) (if any)			

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SCHEDULE A(J)1

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TI	ne Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	REMEKO TRANISHA EDWARDS		
Date	5 Full name of contributor uut-of-state PAC!	D#:)	7 Amount of contribution (\$)
09/08/2021	ANTHONY FARMER		\$500.00
	6 Contributor address; City;	State; Zip Code	
	400 S. ZANG BLVD., DALLAS, TEXAS	75208	
Contributor's p	principal occupation	9 Contributor's job title	
ATTORNE	Y AT LAW	ATTORNEY AT LA	AW .
_	employer/law firm	11 Law firm of contributor's	spouse (if any)
	LAW GROUP / SELF-EMPLOYED	N/A	
	s a child, law firm of parent(s) (if any)		
N/A			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/14/2021	ALBERT MARTIN		
	Contributor address; City; State; Zip Code		\$52.23
	510 CENTRAL DR., APT. 604, CHATTA		
Contributor's r	principal occupation	Contributor's job title	
UNEMPLO	AND LEADING MACHINES AND A CONTRACT OF THE PROPERTY OF THE PRO	UNEMPLOYED	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
N/A		N/A	
	s a child, law firm of parent(s) (if any)		
N/A			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/17/2021	SAHEED LAWAL-SOLARIN	1011.	, ,
			\$500.00
	Contributor address; City;	State: Zip Code	
	8629 GRANVILLE DR., DALLAS, TEX		
	principal occupation	Contributor's job title DENTIST	
DENTIST Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
	DENTAL / SELF-EMPLOYED	N/A	
	is a child, law firm of parent(s) (if any)		
N/A			

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SCHEDULE A(J)1

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Т	he Instruction Guide explains how to complete this f	orm.		1	Total pages Schedule A(J)1:
2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	REMEKO TRANISHA EDWARDS				
4 Date 09/20/2021	Date 5 Full name of contributor out-of-state PAC ID#:		7	Amount of contribution (\$) \$200.00	
8 Contributor's principal occupation 9 Contributor's job title					
JUDGE			PRESIDING JUDG	GE	
10 Contributor's e	employer/law firm	11	Law firm of contributor's	s sp	ouse (if any)
DALLAS C	OUNTY		N/A		
12 If contributor is	s a child, law firm of parent(s) (if any)				
N/A					
Date Full name of contributor out-of-state PAC ID DARLENE ROBINSON					Amount of contribution (\$) \$26.27
Contributor address; City; State; Zip Code 1016 Marisa Lane, Desoto, Texas 75115				φ20.27	
Contributor's p	principal occupation		Contributor's job title		
UNEMPLO	YED		UNEMPLOYED		
Contributor's e	employer/law firm		Law firm of contributor's	s sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	-			
N/A					
Date	Full name of contributor Out-of-state PAC	ID#:)		Amount of contribution (\$)
09/22/2021	DONNA SCOTT				\$26.27
	Contributor address; City; 4909 HAVERWOOD LANE, APT. #107, DAL		State: Zip Code , TEXAS 75287		
Contributor's p	principal occupation	T	Contributor's job title		
CARE ADV	OCATE		CARE ADVOCAT	Ε	
I CONTRACTOR CONTRACTOR	employer/law firm R DIRECT HEALTHCARE		Law firm of contributor'	s sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	-		-	
N/A					

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SCHEDULE A(J)1

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2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2021	5 Full name of contributor ☐ out-of-state PAC IDAVID REYNA 6 Contributor address; City; 300 CENTRE ST., DALLAS, TEXAS	7 Amount of contribution (\$) \$311.84	
8 Contributor's principal occupation ATTORNEY AT LAW 9 Contributor's job title ATTORNEY AT LAW ATTORNEY AT			ΑW
10 Contributor's e SELF-EN	employer/law firm	11 Law firm of contributor's N/A	spouse (if any)
12 If contributor is N/A	s a child, law firm of parent(s) (if any)		
Date 09/22/2021	ELIZABETH COFFEY	State; Zip Code	Amount of contribution (\$) \$300.00
Contributor's p	orincipal occupation YAT LAW	Contributor's job title ATTORNEY AT L	AW
	employer/law firm FEY FIRM / SELF-EMPLOYED	Law firm of contributor's spouse (if any) N/A	
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/22/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$519.52
09/22/2021	CASS CALLAWAY Contributor address; City; PO BOX 570722, DALLAS, TEXAS 7	State: Zip Code	\$519.52
Contributor's ATTORNE Contributor's SELF-EMF	CASS CALLAWAY Contributor address; City; PO BOX 570722, DALLAS, TEXAS 7 principal occupation Y AT LAW employer/law firm	State: Zip Code 75357 Contributor's job title	\$519.52 .AW

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SCHEDULE A(J)1

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TI	ne Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	REMEKO TRANISHA EDWARDS			
4 Date 5 Full name of contributorout-of-state PAC ID#: 09/23/2021 5 Full name of contributorout-of-state PAC ID#: ROBBIE MIDDLETON 6 Contributor address; City; State; Zip Code			7 Amount of contribution (\$) \$104.15	
	3 JULY OAK COURT, MANSFIELD,	TEYAS 76063		
8 Contributor's p	rincipal occupation	9 Contributor's job title		
MANAGER		MANAGER		
10 Contributor's e	mployer/law firm	11 Law firm of contributor's	s snouse (if any)	
ONCOR		N/A	o opeded (ii diriy)	
12 If contributor is	a child, law firm of parent(s) (if any)			
N/A				
Date 09/23/2021; 10/23/2021;	Full name of contributor	state PAC ID#:		
11/23/2021;	Contributor address; City; State; Zip Code		\$208.92	
12/23/2021.	3152 SANCTUARY DR., CEDAR HI	The second secon		
Contributor's p	rincipal occupation	Contributor's job title		
PASTOR		SENIOR PASTOR	3	
Contributor's e	mployer/law firm	Law firm of contributor's		
ANTIOCH	FELLOWSHIP MBC	N/A	The second of th	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
09/23/2021	ASHLEY BRIGHT		\$26.27	
	Contributor address; City;	State: Zip Code	Ψ20.21	
	943 ZACHARY DR., ARLINGTON, T	The state of the s		
	rincipal occupation	Contributor's job title		
OWNER		OWNER		
	mployer/law firm	Law firm of contributor	s spouse (if any)	
	S HOME REPAIRS / SELF-EMPLOYED	N/A		
If contributor is	a child, law firm of parent(s) (if any)		The state of the s	
N/A				

SCHEDULE A(J)1

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Т	he Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	REMEKO TRANISHA EDWARDS			
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)	
09/23/2021	DEMARCUS WARD	\$519.52		
00/20/2021	6 Contributor address; City;	State; Zip Code	φ519.52	
	1111 W. MOCKINGBIRD LANE, STE. 1480, I	DALLAS, TEXAS 75247		
8 Contributor's p	I principal occupation			
ATTORNE	Y AT LAW	ATTORNEY AT L	AW	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)	
SELF-EMF	PLOYED	N/A		
12 If contributor is	s a child, law firm of parent(s) (if any)			
N/A				
Date	Full name of contributor	ID#:	Amount of contribution (\$)	
09/23/2021	JERRY WALKER			
	Contributor address; City;	State: 7in Code	\$52.23	
= =	1021 BUMBLE BEE DR., LANCASTER, TEX	State; Zip Code		
Contributor's r	principal occupation	•		
UNEMPLOYE		Contributor's job title UNEMPLOYED		
Contributor's e	employer/law firm	Law firm of contributor'	e enouse (if any)	
N/A		N/A	o spouse (ii arry)	
If contributor is	s a child, law firm of parent(s) (if any)			
N/A				
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)	
09/23/2021	BRANDI BARNETT		\$10.70	
	Contributor address; City;	State: Zip Code	Ψ10.70	
	823 KATY ST., LANCASTER, TEXAS 75146	CONTRACTOR THE THREE BOOK AND		
The state of the s	orincipal occupation	Contributor's job title		
TEACHER	Quantum mengan August 11 (September 1997)	TEACHER		
	employer/law firm	Law firm of contributor	's spouse (if any)	
DALLAS IS		N/A		
If contributor is N/A	s a child, law firm of parent(s) (if any)			
IN/A				

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2021	5 Full name of contributor	7 Amount of contribution (\$) \$52.23	
8 Contributor's principal occupation 9 Contributor's job title HAIRSTYLIST HAIRSTYLIST			
10 Contributor's 6		11 Law firm of contributor's N/A	s spouse (if any)
Date 09/23/2021 Full name of contributor out-of-state PAC ID#: ASSIBI YENTOMANE Contributor address; City; State; Zip Code 12831 BURNINGLOG LANE, DALLAS, TEXAS 75243			Amount of contribution (\$) \$52.23
Contributor's p	principal occupation Y	Contributor's job title ATTORNEY	
Contributor's e	employer/law firm OUNTY	Law firm of contributor's	s spouse (if any)
If contributor is N/A	s a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full Harne of Contributor		Amount of contribution (\$) \$26.27
ANALI		Contributor's job title	
DALLAS C	employer/law firm OUNTY s a child, law firm of parent(s) (if any)	Law firm of contributor's N/A	s spouse (if any)
N/A	, and an parameter (in arry)		

SCHEDULE A(J)1

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	REMEKO TRANISHA EDWARDS			
4 Date 09/23/2021	5 Full name of contributor Out-of-state PAC COREY SCOTT	7 Amount of contribution (\$)		
	6 Contributor address; City; 200 JELLISON BLVD., APT. #1012, DUNCAN	State; Zip Code	\$208.00	
8 Contributor's p	principal occupation			
TRUCK DRIV	/ER	9 Contributor's job title TRUCK DRIVER		
10 Contributor's e	employer/law firm	11 Law firm of contributor	s enouse (if any)	
	TRUCKING, LLC / SELF-EMPLOYED	N/A	o apouse (ii arry)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
N/A				
Date	Full name of contributor ut-of-state PAC	ID#:)	Amount of contribution (\$)	
09/23/2021	ROBERTO ALONZO		\$404.4F	
	Contributor address; City; 400 S. ZANG BLVD., DALLAS, TEXA			
Contributor's p	principal occupation	Contributor's job title		
ATTORNE	Y AT LAW	ATTORNEY AT I	_AW	
	employer/law firm AW FIRM / SELF-EMPLOYED	Law firm of contributor	's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	1		
N/A				
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)	
09/23/2021	CHERYL WESLEY		\$519.52	
	Contributor address; City;	State: Zip Code	43.0.0	
	935 BENTLE BRANCH LN., CEDAR	N. Charles and Construction of the Constructio		
Contributor's	principal occupation	Contributor's job title		
UNEMPLO		UNEMPLOYED		
12 15 15 15 15 15 15 15 15 15 15 15 15 15	employer/law firm	Law firm of contributor	's spouse (if any)	
N/A		N/A		
If contributor is	s a child, law firm of parent(s) (if any)			
N/A				

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SCHEDULE A(J)1

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	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2021	5 Full name of contributor out-of-state PAC RAMON RINCON 6 Contributor address; City; 6060 N. CENTRAL EXPWY, STE 306, DALLA	State; Zip Code AS, TEXAS 75206	7 Amount of contribution (\$) \$250.00
8 Contributor's	principal occupation	9 Contributor's job title	
	Y AT LAW	ATTORNEY AT L	_AW
10 Contributor's SELF-EM	employer/law firm PLOYED	11 Law firm of contributor N/A	's spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$500.00
	principal occupation EY AT LAW	Contributor's job title ATTORNEY AT L	_AW
E-S-E-S-TO MONOR - MONOR OF THE SEC	employer/law firm LAW FIRM	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$1,500.00
NV COLANDONOMIC HOLAN AND AND	principal occupation EY AT LAW	Contributor's job title ATTORNEY AT L	AW
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
SELF-EM	PLOYED	N/A	
If contributor	is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

8	The Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2021	5 Full name of contributor out-of-state PAC ERIC PUENTE 6 Contributor address; City; 3201 LAKESIDE DR., ROCKWALL,	State; Zip Code TEXAS 75087	7 Amount of contribution (\$) \$150.00
	principal occupation	9 Contributor's job title	
	EY AT LAW	ATTORNEY AT L	.AW
SELF-EM	employer/law firm IPLOYED	11 Law firm of contributor' N/A	s spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		
N/A			
Date 09/24/2021	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; 405 BUFFALO CREEK DR., DESO	State; Zip Code TO, TEXAS 75115	\$130.11
TO A STATE OF THE	principal occupation EY AT LAW	Contributor's job title ATTORNEY AT L	AW
Contributor's SELF-EM	employer/law firm PLOYED	Law firm of contributor* N/A	s spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 09/24/2021	Full name of contributor		Amount of contribution (\$) \$36.66
	Contributor address; City; 1635 HIGH POINTE LN., CEDAR HI	State: Zip Code	
	principal occupation / LITIGATION	Contributor's job title FATALITY LITIG	ATION
Contributor's STATE FA	employer/law firm RM	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
N/A			
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDILLE ACA	ICCDCD

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:
2 FILER NAME REMEKO TRANISHA EDWARDS	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: 09/27/2021 5 Full name of contributor out-of-state PAC ID#: CHALON CLARK 6 Contributor address; City; State; Zip Code 5001 PURDUE AVE., DALLAS, TEXAS 75209	7 Amount of contribution (\$) . \$200.00
8 Contributor's principal occupation 9 Contributor's job title ATTORNEY ATTORNEY	
10 Contributor's employer/law firm HUSCH BLACKWELL 11 Law firm of contributo	or's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) N/A	
Date 09/27/2021 Full name of contributor out-of-state PAC D#:	Amount of contribution (\$) . \$104.15
Contributor's principal occupation REAL ESTATE AGENT Contributor's job title REAL ESTATE A	AGENT
Contributor's employer/law firm KELLER WILLIAMS BEST SOUTHWEST N/A	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) N/A	
Date Full name of contributor out-of-state PAC ID#: OKEY ANYIAM Contributor address; City; State: Zip Code 11615 FOREST CENTRAL DR. #102, DALLAS, TEXAS 75243	Amount of contribution (\$) \$104.15
Contributor's principal occupation ATTORNEY AT LAW Contributor's job title ATTORNEY AT	LAW
Contributor's employer/law firm SELF-EMPLOYED Law firm of contributor N/A	
If contributor is a child, law firm of parent(s) (if any) N/A	

SCHEDULE A(J)1

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

Th	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
1 Date 09/30/2021	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$52.23
8 Contributor's p	rincipal occupation	9 Contributor's job title	
	JCATION COORDINATOR	SPECIAL EDUCATIO	N COORDINATOR
10 Contributor's e		11 Law firm of contributor's	s spouse (if any)
LANCASTI		N/A	
	a child, law firm of parent(s) (if any)		
N/A			
Date 09/30/2021	SHAMI ALI	ID#:)	Amount of contribution (\$)
	Contributor address; City; 2214 OWENS BLVD., RICHARDSON, TEXA	State; Zip Code	\$104.15
Contributor's p	orincipal occupation	Contributor's job title VICE PRESIDEN	Т
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
	s a child, law firm of parent(s) (if any)		
N/A			
Date 09/30/2021	NATALIE COLLINS	ID#:)	Amount of contribution (\$) \$52.23
	Contributor address; City; 2049 N. ORANGE OLIVE RD., ORA	State: Zip Code	
Contributor's	principal occupation	Contributor's job title	18
CONSULT		CONSULTANT	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
	DI LIE ODOGO DI LIE CHIELD	11//7	
	BLUE CROSS BLUE SHIELD s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

TI	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
Date 09/30/2021	 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$10.70
3 Contributor's p	rincipal occupation	9 Contributor's job title	
BUDGET MA	NAGER	BUDGET MANAGER	
O Contributor's e	mployer/law firm	11 Law firm of contributor's	spouse (if any)
CITY OF II		N/A	
2 If contributor is	a child, law firm of parent(s) (if any)		
N/A			
Date 10/01/2021	Date Full name of contributor out-of-state PAC ID#:		Amount of contribution (\$) \$10.70
	Contributor address; City; 5318 MEADOW NEST DR., DALLAS, TEXAS	State; Zip Code	ψ10.70
Contributor's p	YED	Contributor's job title UNEMPLOYED	
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date 10/01/2021	Full name of contributor	ID#:)	Amount of contribution (\$) \$300.00
	Contributor address; City; 115 COUNTRY RIDGE RD., RED (State: Zip Code DAK, TEXAS 75114	
	principal occupation COIRECTOR	Contributor's job title ATHLETIC DIREC	CTOR
ATHLETIC		Laur firm of contributor	's spouse (if any)
* * * * * * * * * * * * * * * * * * * *	employer/law firm		o opened (d)/
		N/A	
Contributor's			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2021	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$52.23
8 Contributor's p	rincipal occupation	9 Contributor's job title UNEMPLOYED	
10 Contributor's e	employer/law firm	11 Law firm of contributor' N/A	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/01/2021	MONICA TURNER	State; Zip Code	Amount of contribution (\$) \$104.15
Contributor's p	I orincipal occupation	Contributor's job title CAPTAIN	
DALLAS F	employer/law firm IRE RESCUE s a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)
Date 10/01/2021	Full name of contributor out-of-state PAC BETTY CULBREATH Contributor address; City; 630 VILLA CREEK DR., DUNCANVI	State: Zip Code	Amount of contribution (\$) \$104.15
Contributor's	orincipal occupation	Contributor's job title UNEMPLOYED	
OLATIAL TO			's spouse (if any)
Contributor's (s a child, law firm of parent(s) (if any)	N/A	

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SCHEDULE A(J)1

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

1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2021	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Contributor's CEO	principal occupation	9 Contributor's job title CEO	
DIOR 8	employer/law firm CO., LLC / SELF-EMPLOYED is a child, law firm of parent(s) (if any)	11 Law firm of contributor N/A	's spouse (if any)
N/A	, , , , , , , , , , , , , , , , , , , ,		
Date 10/5/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$52.23
	principal occupation EY AT LAW	Contributor's job title ATTORNEY A	T LAW
	employer/law firm MPLOYED	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 10/11/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$100.00
Contributor's	principal occupation	Contributor's job title CONTRACTOR	
Contributor's ELITE & D	employer/law firm AUGHTERS, LLC / SELF-EMPLOYED	Law firm of contributor	's spouse (if any)
N/A	is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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

T 2 FILER NAME	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			
	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2021	5 Full name of contributor ☐ out-of-state PAC I MARK SCOTT 6 Contributor address; City; 11300 N. CENTRAL EXPWY., STE. 370, DALLA	State; Zip Code	7 Amount of contribution (\$) \$519.52
8 Contributor's p	orincipal occupation	9 Contributor's job title ATTORNEY AT LA	WA
10 Contributor's e SELF-EMF	99 - Facility (1990)	11 Law firm of contributor's N/A	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/15/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Contributor's RETIRED	orincipal occupation	Contributor's job title RETIRED	
Contributor's 6	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor in N/A	s a child, law firm of parent(s) (if any)		
Date 10/20/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$50.00
Contributor's RETIRED	principal occupation	Contributor's job title RETIRED	
	employer/law firm	Law firm of contributor's	s spouse (if any)
N/A			

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SCHEDULE A(J)1

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

ТІ	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor ☐ out-of-state PAC ID PAMELA BENNETT 6 Contributor address; City; 816 WOOD GLEN LANE, DESOTO, TEX	State; Zip Code	7 Amount of contribution (\$) \$25.00
BANKER	rincipal occupation	9 Contributor's job title BANKER	
OMERICA	500 - 100 -	11 Law firm of contributor's N/A	s spouse (if any)
2 If contributor is N/A	s a child, law firm of parent(s) (if any)		
Date 11/01/2021	GEORGE & CAROLYN WILLIAMS Contributor address; City;	D#:) State; Zip Code	Amount of contribution (\$) \$1,000.00
Contributor's p	471 OVERLAND TRAIL, CEDAR H	Contributor's job title ANALYST	
Contributor's e	employer/law firm TAL	Law firm of contributor'	s spouse (if any)
If contributor is N/A	s a child, law firm of parent(s) (if any)		
Date 12/07/2021	Full name of contributor out-of-state PAC in BOBBYE SANDERS Contributor address; City; 2214 ELDEROAKS LN., DALLAS, TE	State: Zip Code	Amount of contribution (\$) \$26.27
Contributor's UNEMPLO	principal occupation OYED	Contributor's job title UNEMPLOYED	
	employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

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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 con	mplete this form. 1 Total pages Schedule A(J)1:
2 FILER NAME REMEKO TRANISHA EDWAI	RDS Filer ID (Ethics Commission Filers)
NATALIE REED PLUMMER	Dity; State; Zip Code
8 Contributor's principal occupation ATTORNEY AT LAW	9 Contributor's job title ATTORNEY AT LAW
10 Contributor's employer/law firm NATALIE REED PLUMMER LAW, PLLC / SELF-EM	IPLOYED 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 Full name of contributor out-	-of-state PAC ID#: Amount of contribution (\$)
Contributor address; C	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 PAC ID#:) Amount of contribution (\$)
Contributor address; Ci	ity; 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)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

te this form.	1 Total pages Sched	lule A2:
	3 Filer ID (Ethics Co	ommission Filers)
CONTRIBUTIONS	\$ 0	
		9 In-kind contribution description VENUE; CAMPAIGN KICKOFF dide of Texas. Complete Schedule T.
structions) 11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
13 Contril ACQ	outor's job title (FOR JU	JDICIAL) (See Instructions)
N/A	m of contributor's spou	se (if any) (FOR JUDICIAL)
PICIAL)		
(ID#:State; Zip Code	Amount of Contribution \$	- In-kind contribution description
structions) Employ	- I	
Contrik	outor's job title (FOR JU	JDICIAL) (See Instructions)
Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)
PICIAL)	,	
PIES OF THIS SCHED	ULE AS NEEDED	
	State; Zip Code AS, TEXAS 75247 Structions) 11 Employ 13 Contrib ACQ 15 Law fir N/A ICIAL) State; Zip Code Structions) Employ Contrib Law fir	3 Filer ID (Ethics Contribution S) CONTRIBUTIONS \$ 0 (ID#:

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 REMEKO TRANISHA EDWARDS 4 Date 5 Payee name 07/02/2021 RAMWEB DESIGN 6 Amount (\$) 7 Payee address; City; State; Zip Code \$216.24 7537 GAYLEN DR., DALLAS, TEXAS 75217 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVERTISING EXPENSE POLITICAL AD DESIGN OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date RAMWEB DESIGN 07/06/2021 City; Amount (\$) Pavee address: State: Zip Code \$447.83 7537 GAYLEN DR., DALLAS, TEXAS 75217 Category (See Categories listed at the top of this schedule) Description PURPOSE **BUSINESS/PUSH CARDS** PRINTING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/16/2021 DIMENSIONAL DESIGNS Amount (\$) Pavee address: City: State; Zip Code 2550 W. RED BIRD LANE, #35, DALLAS, TEXAS 75237 \$226.00 Category (See Categories listed at the top of this schedule) Description PURPOSE CAMPAIGN TSHIRTS PRINTING EXPENSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Consulting Expense

Credit Card Payment

07/19/2021

6 Amount (\$)

\$618.27

4 Date

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) REMEKO TRANISHA EDWARDS 5 Payee name RAMWEB DESIGN 7 Payee address; City; State; Zip Code 7537 GAYLEN DR., DALLAS, TEXAS 75217

DUDDOOF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN ADVERTI	SING MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	er living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
07/30/2021	MEXICAN AMERICAN BAR ASSOCIA	TION-DALLAS (MABA)	
Amount (\$)	Payee address;	City; Stat	te; Zip Code
\$430.88	2001 ROSS AVENUE, STE. 700-198,	DALLAS, TEXAS 75201	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	MABA GALA-TABLE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	er living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
	7		
Date	Payee name		
Date 08/01/2021	RAMWEB DESIGN		
		City; Stat 75217	te; Zip Code
08/01/2021 Amount (\$)	RAMWEB DESIGN Payee address;	11-010-10-10-10-10-10-10-10-10-10-10-10-	ie; Zip Code
08/01/2021 Amount (\$)	Payee address; 7537 GAYLEN DR., DALLAS, TEXAS	75217	
08/01/2021 Amount (\$) \$200.00 PURPOSE OF	Payee address; 7537 GAYLEN DR., DALLAS, TEXAS Category (See Categories listed at the top of this schedule)	75217 Description	IEDIA

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	V	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:		AME KO TRANISHA EDWAR	DS		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/10/2021	5 Payee na DALLA	ame AS AFL-CIO			L	
6 Amount (\$) \$250.00	7 Payee at 1408 N	ddress; . WASHINGTON, STE.	240, DA	City; LLAS, TEXAS 7	State; '5204	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVEN	T / ADVERTISING EXF	PENSE	2021 LABOI	R DAY BREAK	(FAST AD
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	nme				
08/10/2021	RAMW	EB DESIGN				
Amount (\$) \$150.00	7537 G	ddress; AYLEN DR., DALLAS,	TEXAS 7	City; 75217	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	schedule)	Description AFL-CIO / BLACK DALLAS ADS		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date 08/31/2021	Payee n	ame /EB DESIGN				
Amount (\$) \$200.00	7537 G	ddress; BAYLEN DR., DALLAS,	TEXAS	City; 75217	State;	Zip Code
	Category	/ (See Categories listed at the top of this	schedule)	Description	TO THE RESERVE OF THE PARTY OF	
PURPOSE OF EXPENDITURE	ADVE	RTISING EXPENSE		MONTHLY	SOCIAL MEDI	A
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested infor	mation is not applicable, DO NOT inclu	ide this page in the rep	ort.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME REMEKO TRANISHA EDWARI	os	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2021	5 Payee name RAMWEB DESIGN		
6 Amount (\$) \$322.83	7 Payee address; 7537 GAYLEN DR., DALLAS, T	City; EXAS 75217	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so		ADVERTISING MATERIAL
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/07/2021	Payee name RAMWEB DESIGN		
Amount (\$) \$329.00	Payee address; 7537 GAYLEN DR., DALLAS, T	City; EXAS 75217	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch ADVERTISING EXPENSE		/EB SERVICE FEE
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/08/2021	Payee name RAMWEB DESIGN		
Amount (\$) \$175.00	Payee address; 7537 GAYLEN DR., DALLAS, T	City; EXAS 75217	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch ADVERTISING EXPENSE		I KICKOFF PUSH CARDS
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement office Overhead/Rental Expense colling Expense rinting Expense salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARD	S	3 Filer ID (Ethics Commission Filers)		
4 Date 09/10/2021	5 Payee name RAMWEB DESIGN				
6 Amount (\$) \$481.81	7 Payee address; 7537 GAYLEN DR., DALLAS, TE	City; XAS 75217	State; Zip Code		
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	CAMPAIGN	KICKOFF ADV.		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 09/20/2021	Payee name GARY HALSTIED				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$400.00	Category (See Categories listed at the top of this sche	dule) Description	EXPENSE - KICKOFF / FOOD		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CATERING	EXPENSE - NICKOFF / FOOD		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/23/2021	TOTAL WINE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$365.71	428 FM 1382, CEDAR HILL, TEX	(AS 75104			
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CAMPAIGN	KICKOFF / BREVERAGE		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

If the requested inform	mation is not applicable, DO NOT includ	de this page in the rep	ort.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Cod/Beverage Expense P Gift/Awards/Memorials Expense P	coan Repayment/Reimbursement office Overhead/Rental Expense Polling Expense Printing Expense Balaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARDS	S	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2021	5 Payee name ELITE NEWS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$450.00	3155 S. LANCASTER RD., STE. 2	240, DALLAS, TEXAS	3 75216
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	EVENT / ADVERTISING EXPEN	NSE WOW AD	
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/23/2021	JEFF AYCOCK		
Amount (\$)	Payee address;	City;	State; Zip Code
\$350.00 PURPOSE OF EXPENDITURE	917 ASPEN CT., DESOTO, TEXA Category (See Categories listed at the top of this sched EVENT EXPENSE	dule) Description	NTERTAINMENT
EX ENDITORE	Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/23/2021	RAMWEB DESIGN		
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.00	7537 GAYLEN DR., DALLAS, TEX	KAS 75217	
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	PHOTOGRA	APHY KICKOFF EVENT
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense (Gift/Awards/Memorials Expense (Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARD	S	3 Filer ID (Ethics Commission Filers)		
4 Date 10/01/2021	5 Payee name RAMWEB DESIGN				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$325.00	7537 GAYLEN DR., DALLAS, TE	EXAS 75217			
8	(a) Category (See Categories listed at the top of this sol	hedule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	MONTHLY	SOCIAL MEDIA		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought			
Date	Payee name				
10/18/2021	RAMWEB DESIGN				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$75.00	7537 GAYLEN DR., DALLAS, TI	EXAS 75217			
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	ALPHA PHI	ALPHA SCHOLARSHIP AD		
	Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/25/2021	SUM DANG GOO				
Amount (\$) \$217.69	Payee address;	City;	State; Zip Code		
	3011 GULDEN LAN., DALLAS, TE	EXAS 75212			
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	VOLUNTEERS	VOLUNTEERS FOOD / BEVERAGES		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	-
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2021	5 Payee name WALGREEN #10193		
6 Amount (\$) \$254.18	7 Payee address; 713 W. BELTLINE RD., DESOTO,	City; FEXAS 75115	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule EVENT EXPENSE	EVENT EX	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
Date 11/01/2021	Payee name DELTA XI CHAPTER OF OMEGA I	PSI PHI	
Amount (\$) \$207.00	Payee address; P.O. BOX 828, ROWLETT, TEXAS	City; 75030	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description DOMESTIC	VIOLENCE AWARNESS
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/01/2021	Payee name RAMWEB DESIGN		
Amount (\$) \$200.00	Payee address; 7537 GAYLEN DR., DALLAS, TEXA	City; S 75217	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MONTHLY	SOCIAL MEDIA
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

ii trie requested inform	nation is not applicable, DO NOT Include	e this page in the repo	ort.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2021	5 Payee name USAA CREDIT CARD PAYMENT	•	
6 Amount (\$) \$2,051.35	7 Payee address; 10750 MCDERMOTT FWY., SAN	ANTONIO, TEXAS 7	State; Zip Code 8288
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	CAMPAIGN TS	SHIRTS FROM DIMENSIONAL RCHASED 09/15/2021 WITH).
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/25/2021	Payee name DALLAS COUNTY DEMOCRATION	PARTY	
Amount (\$) \$2,500.00	Payee address; 1414 N. WASHINGTON AVE., DA	City: ALLAS, TEXAS 75204	State; Zip Code
PURPOSE OF EXPENDITURE	FEES Description 2022 DEMOCRATIC FILING FEE		
	Check if travel outside of Texas. Complete Schedul	le T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/29/2021	Payee name RAMWEB DESIGN		
Amount (\$) \$150.00	Payee address; 7537 GAYLEN DR., DALLAS, TEX	City; (AS 75217	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled ADVERTISING EXPENSE		SOCIAL MEDIA
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested inform	mation is not applicable, DO NOT includ	le this page in the rep	ort.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense Pr By Gift/Awards/Memorials Expense Pr	pan Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDWARDS	3	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2021	5 Payee name CHRISTIANS IN PUBLIC SERVIO	CE	
6 Amount (\$) \$500.00	7 Payee address; 1910 PACIFIC AVE., STE. 14050	City; , DALLAS, TEXAS 75	State; Zip Code 5201
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	DONATION EXPENSE		SOR FOR 2021 RJA SERVICE HEON
	(c) Check if travel outside of Texas. Complete Schede	ule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 12/17/2021	Payee name THE WOOLWORTH		
Amount (\$) \$473.24	Payee address; 1520 ELM ST., STE. 201, DALLAS	City; S, TEXAS 75201	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE Description FOOD/BEVERAGE CHRISTMAS LUNCHEON EXPENSE		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/31/2021	Payee name RAMWEB DESIGN		
Amount (\$) \$150.00	Payee address; 7537 GAYLEN DR., DALLAS, TEX	City;	State; Zip Code
	Category (See Categories listed at the top of this schedi	ule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	MONTHLY S	OCIAL MEDIA
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested inform	nation is not applicable, DO NOT include this page in the report.			
	EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice				
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME REMEKO TRANISHA EDWARDS 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0			
5 Date 09/15/2021	6 Payee name DIMENSIONAL DESIGNS			
7 Amount (\$) \$2,021.35	ony, State, Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (b) Description OFFICIAL CAMPAIGN TSHIRTS			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description			
	Check if travel outside of Texas. Complete Schedule T. 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			

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.		1 Total p	ages Sched	ule L:
2 FILER NAME	REMEKO TRANISHA EDWARDS		3 Filer	ID (Ethics C	Commission Filers)
LENDER INFORMATION	4 Name of lender REMEKO TRANISHA EDWARDS				
	5 Lender address; P.O. BOX 1402, DESOTO, TEXAS 75123	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				And the state of t
	Lender address;	City;		State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor	***************************************			
not applicable	Guarantor address;	City;		State;	Zip Code
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					