

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 MI Ms Tifanee <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Baker | <div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <p style="text-align: center; font-size: 1.2em;">2026 JAN 29 PM 2:46</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3300 Oak Lawn Ave 700 Dallas Texas 75219 <input type="checkbox"/> Change of Address | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 343-8288 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr Jacob <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Ginsberg | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4502 W Lovers Ln Dallas TX 75209 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 369-9871 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01 / 01 / 2026 THROUGH 01 / 22 / 2026 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 / 03 / 2026 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Judge, County Criminal Court 1 | |
| 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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

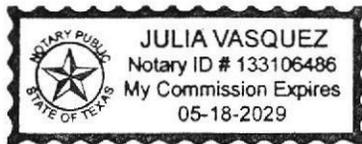
| | | |
|-------------------------|---|--|
| 15 JC/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,132.22 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 178.63 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 21,908.04 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Julia Vasquez
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tifanee Baker this the 29th day of January, 2020, to certify which, witness my hand and seal of office.

Julia Vasquez Signature of officer administering oath
Julia Vasquez Printed name of officer administering oath
Notary Public 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

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,132.22 |
| 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 | \$ 178.63 |
| 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 Tifanee Baker | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/14/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Patrick Simon | 7 Amount of contribution (\$) \$105.72 |
| 6 Contributor address; City; State; Zip Code 712 Dry Creek Cir. Desoto TX 75115 | | |
| 8 Contributor's principal occupation unemployed | | 9 Contributor's job title N/A |
| 10 Contributor's employer/law firm N/A | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Errol Phipps | Amount of contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code 208 S. Akard Street Dallas TX 75202 | | |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney |
| Contributor's employer/law firm AT&T | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Glenn Lewis | Amount of contribution (\$) \$526.50 |
| Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth TX 76112 | | |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney/Partner |
| Contributor's employer/law firm Linebarger LLP | | 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 | 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: 1 | 2 FILER NAME Tifanee Baker | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 01/17/2026 | 5 Payee name Oak Cliff Print | | | |
| 6 Amount (\$) \$140.72 | 7 Payee address; 734 W Jefferson Blvd | City; Dallas | State; TX | Zip Code 75208 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Push Cards | |
| | (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 |

| | | | | |
|---|---|---------------------|---|-------------------|
| Date 01/22/2026 | Payee name Donorbox | | | |
| Amount (\$) \$18.65 | Payee address; 1520 Belle View Blvd #4106 | City; Alexandria | State; VA | Zip Code 22307 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description Donation Processing Fee | |
| | <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 |

| | | | | |
|---|---|----------------|---|-------------------|
| Date 01/22/2026 | Payee name Paypal | | | |
| Amount (\$) \$19.26 | Payee address; PO Box 45950 | City; Omaha | State; NE | Zip Code 68145 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description Donation Processing Fee | |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED