

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Ms	Tifanee				
	NICKNAME	LAST	SUFFIX	Date Received		
		Baker				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	3300 Oak Lawn Ave	700	Dallas	TX	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	Date Hand-delivered or Date Postmarked		
	Mr	Jacob				
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$		
		Ginsberg		Date Processed		
				Date Imaged		
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 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2025	THROUGH	12	31 / 2025
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	03	03	2026	<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. 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				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
<input type="checkbox"/> Additional Pages						

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

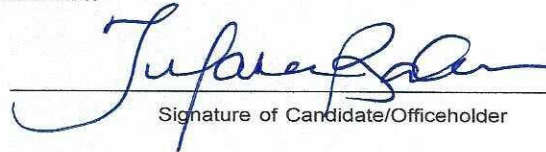
FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME **Tifanee Baker**

16 Filer ID (Ethics Commission Filers)

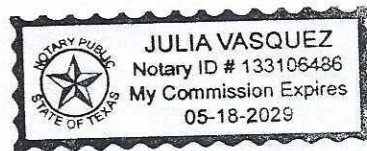
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$18,137.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,637.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$18,954.45
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.


Signature of Candidate/Officeholder

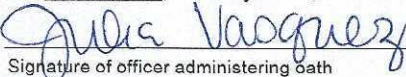
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tifanee Baker this the 14th day of January, 2026, to certify which, witness my hand and seal of office.


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**

Tifanee Baker

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$15,663.52
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,474.31
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	\$9,637.35
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: 16
2 FILER NAME Tiifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 7/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jennifer Castillo <hr/> 6 Contributor address; City; State; Zip Code 6934 Rocky Top Cir Dallas TX 75252	7 Amount of contribution (\$) \$100.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Elizabeth Pryor <hr/> Contributor address; City; State; Zip Code 332 Squirebrook Drive DeSoto TX 75115	Amount of contribution (\$) \$105.72
Contributor's principal occupation Attorney		Contributor's job title ADA
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Julia Drue <hr/> Contributor address; City; State; Zip Code 2750 N Haskell Ave #605 Dallas TX 75204	Amount of contribution (\$) \$100.00
Contributor's principal occupation Brand and Retail Go-to-Market		Contributor's job title Manager
Contributor's employer/law firm FedEx		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 7/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Charles Maduka 6 Contributor address; City; State; Zip Code 2201 Main St., Ste. 800 Dallas TX 75201	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Charles U. Maduka, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Arlinda Turner Contributor address; City; State; Zip Code 13507 Sable Lane Houston TX 77014	Amount of contribution (\$) \$50.00
Contributor's principal occupation Retired		Contributor's job title Retired
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 7/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Angela Neville Contributor address; City; State; Zip Code 2220 Belvedere Carrollton TX 75006	Amount of contribution (\$) \$53.12
Contributor's principal occupation Rancher and Lawyer		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tony Martin	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 1800 Main St., Ste. 460 Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Theda Redwine	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code 4912 Rockport Drive Dallas TX 75232		
Contributor's principal occupation Faculty		Contributor's job title Instructor
Contributor's employer/law firm Dallas College		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DarlaJanae Landis	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 1037 NE 65th St 81470 Seattle WA 98115		
Contributor's principal occupation unemployed		Contributor's job title unemployed
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 7/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Christina Martin	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 11122 San Pedro Street Frisco TX 75035		
8 Contributor's principal occupation Real Estate		9 Contributor's job title Realtor
10 Contributor's employer/law firm DHS Realty		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Danielle Uher	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 4915 Rosehill Road Garland TX 75043		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Toby Shook	Amount of contribution (\$) \$526.50
Contributor address; City; State; Zip Code 717 N Harwood Ste 2750 Dallas TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 7/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shaterri Casteel	7 Amount of contribution (\$) \$263.51
6 Contributor address; City; State; Zip Code 7607 Old Georgetown Rd Apt 705 Bethesda MD 20814		
8 Contributor's principal occupation Consulting		9 Contributor's job title Consultant
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 8/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ John Price	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 810 E 5th St Dallas TX 75203		
Contributor's principal occupation County Commissioner		Contributor's job title County Commissioner
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randel Cross	Amount of contribution (\$) \$263.51
Contributor address; City; State; Zip Code 3 Brookside Ct Dallas TX 76063		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 8/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Thompson Jr.	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 301 W Sanford St Arlington TX 76011		
8 Contributor's principal occupation Pastor		9 Contributor's job title Pastor
10 Contributor's employer/law firm Mount Olive Baptist Church		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 8/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Cox III	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code PO Box 192198 Dallas TX 75219		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shirley Ephram-Neal	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 4901 Alicia Drive Fort Worth TX 76133		
Contributor's principal occupation Real Estate and Financial Consultant		Contributor's job title Realtor
Contributor's employer/law firm Ephram-Neal Enterprises Inc		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Betsy Holton	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 2820 Abundant Ct Forney TX 75126		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Holton Law Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Erin Kelley	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2221 Justin Rd, Ste119-135 Flower Mound TX 75208		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Knox Fitzpatrick	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 500 N. Akard St, Ste 2150 Dallas TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Blake Flores	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 600 Broadway Apt 2803 Nashville TN 37203		
8 Contributor's principal occupation Physician		9 Contributor's job title Physician
10 Contributor's employer/law firm HCA		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Johnny Lanzillo	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code 529 Salem Dr Richardson TX 75080		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Crowder Law Firm, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sarah Clark	Amount of contribution (\$) \$263.51
Contributor address; City; State; Zip Code 4157 Mendenhall Drive Dallas TX 75244		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm MDMKH		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.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Paul Wingo	7 Amount of contribution (\$) \$526.50
6 Contributor address; City; State; Zip Code 325 N Saint Paul Street 3600 Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney/Partner
10 Contributor's employer/law firm Hamilton Wingo		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Valerie Batson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 603 N Cedar Ridge Dr #300 Duncanville TX 75116		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Baston Law PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brandon Birmingham	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 133 N Riverfront Blvd Dallas TX 75207		
Contributor's principal occupation Judge		Contributor's job title Judge
Contributor's employer/law firm State of Texas		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Lewis	7 Amount of contribution (\$) \$526.50
6 Contributor address; City; State; Zip Code 6431 Highgate Dallas TX 75214		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Duffee+Eitzen		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Geoffrey Keller	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5910 N Central Expway Dallas TX 75206		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Khirallah Trial Attorneys		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Todd Hill	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 604 Fort Worth Ave 3013 Dallas TX 75208		
Contributor's principal occupation Manager		Contributor's job title Sr. Policy Program Manger
Contributor's employer/law firm Urban Institute		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.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mai Mullen Milton 6 Contributor address; City; State; Zip Code 1506 Grey Willow Lane Arlington TX 76002	7 Amount of contribution (\$) \$26.82
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Bailey & Galyen		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tamra Williams Contributor address; City; State; Zip Code 5518 Miller Heights Dr Rowlett TX 75088	Amount of contribution (\$) \$53.12
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mark Lassiter Contributor address; City; State; Zip Code 3300 Oak Lawn Ave Dallas TX 75219	Amount of contribution (\$) \$105.72
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sakinna Thomas 6 Contributor address; City; State; Zip Code 600 E Carpenter Fwy Ste 226 Irving TX 75062	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Thomas Hunter Law Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Douglas Huff Contributor address; City; State; Zip Code 3300 Oak Lawn Ave Dallas TX 75219	Amount of contribution (\$) \$200.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Deandra Grant Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert Hinton Jr Contributor address; City; State; Zip Code 3300 Oak Lawn Ave Dallas TX 75219	Amount of contribution (\$) \$150.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		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.		

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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sarah Tennent	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3413 Hilton Drive Mesquite TX 75150		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Dallas County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Krisi Kastl	Amount of contribution (\$) \$1052.49
Contributor address; City; State; Zip Code 4144 N Central Expway Ste 1000 Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Kastl Law, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert Gregg	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2024 Commerce Street Dallas TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Robert Gregg, PC		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.		

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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeff Tillotson	7 Amount of contribution (\$) \$2630.44
6 Contributor address; City; State; Zip Code 1201 Main Street Dallas TX 75202		
8 Contributor's principal occupation Attorney		9 Contributor's job title Owner/Partner
10 Contributor's employer/law firm Tillotson Johnson & Patton		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jaishal Dhimar	Amount of contribution (\$) \$21.56
Contributor address; City; State; Zip Code 1707 N Hall St #321 Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's 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 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Deandra Grant	Amount of contribution (\$) \$263.51
Contributor address; City; State; Zip Code 3300 Oak Lawn Ave Dallas TX 75219		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Deandra Grant Law		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.		

**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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: August Doyle	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2125 Washington Dr Douglasville GA 30135		
8 Contributor's principal occupation Retired		9 Contributor's job title Retired
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jennifer Willis	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1200 Main Street 1407 Dallas TX 75202		
Contributor's principal occupation unemployed		Contributor's job title unemployed
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 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tre Black	Amount of contribution (\$) \$1052.49
Contributor address; City; State; Zip Code 751 Kessler Lake Drive Dallas TX 75208		
Contributor's principal occupation Executive		Contributor's job title Executive
Contributor's employer/law firm On-target		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.		

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:
2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kandace Walter	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 117 Ocean Drive Richardson TX 75081		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Walter Legal PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bridgette Williams	Amount of contribution (\$) \$526.50
Contributor address; City; State; Zip Code 2626 Cole Ave Suite 300 Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm BLW Legal Group		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 (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

1 Total pages Schedule A2: **1**

3 Filer ID (Ethics Commission Filers)

\$

Revise 1/1/2026

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Tifanee Baker	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/2025	5 Payee name Democracy Toolbox	
6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code PO Box 6250 McKinney Texas 75071 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management Service Fee
	(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 8/18/2025	Payee name Democracy Toolbox	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 6250 McKinney Texas 75071 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Planning Service 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 7/22/2025	Payee name Reilly Echols Printing, Inc.	
Amount (\$) \$171.04	Payee address; City; State; Zip Code 1710 S Harwood St Dallas Texas 75215 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Postcards
	<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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Tifanee Baker	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/2025	5 Payee name Democracy Toolbox	
6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code PO Box 6250 McKinney Texas 75071 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management Service Fee
	(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 8/18/2025	Payee name Democracy Toolbox	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 6250 McKinney Texas 75071 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Planning Service 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 7/22/2025	Payee name Reilly Echols Printing, Inc.	
Amount (\$) \$171.04	Payee address; City; State; Zip Code 1710 S Harwood St Dallas Texas 75215 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Postcards
	<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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 7/28/2025	5 Payee name Dallas AFL-CIO			
6 Amount (\$) \$40.00	7 Payee address; 1408 N. Washington, 240		City; Dallas	State; Texas
			Zip Code 75204	
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Quarter Page Ad	
	(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 8/06/2025	Payee name Beyond The Slogan Consulting			
Amount (\$) \$85.00	Payee address; 2710 Routh Creek #1102		City; Richardson	State; Texas
			Zip Code 75082	
<input checked="" type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting/Communication Services	
	<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 7/07/2025	Payee name Tifanee Baker			
Amount (\$) \$100	Payee address; 3300 Oak Lawn Ave, Ste 700		City; Dallas	State; Texas
			Zip Code 75219	
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Reimbursement for opening campaign acct	
	<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				

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 9/04/2025		5 Payee name Stonewall Democrats of Dallas			
6 Amount (\$) \$125.00		7 Payee address; PO Box 192305		City; Dallas	State; Texas
				Zip Code 75219	
		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship		
	(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					
Date 9/04/2025		Payee name Planned Parenthood Texas Votes Victory Fund			
Amount (\$) \$125.00		Payee address; PO Box 41646		City; Austin	State; Texas
				Zip Code 78704	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sponsorship		
	<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					
Date 9/18/2025		Payee name Reilly Echols Printing, Inc.			
Amount (\$) \$750.00		Payee address; 1710 S Harwood St		City; Dallas	State; Texas
				Zip Code 75215	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hangers		
	<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					

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10/01/2025		5 Payee name North Texas Asian Democrats			
6 Amount (\$) \$100.00		7 Payee address; 2201 Main Street, Ste 1140		City; Dallas	State; Texas
				Zip Code 75201	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship		
	(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 10/09/2025		Payee name Alpha Merit Group Committee, Inc.			
Amount (\$) \$125.00		Payee address; P.O. Box 150303		City; Dallas	State; Texas
				Zip Code 75215	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Entry Ticket 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 10/12/2025		Payee name Lake Highlands/White Rock Democrats			
Amount (\$) \$100.00		Payee address; PO Box 180598		City; Dallas	State; Texas
				Zip Code 75218	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sponsorship		
	<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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/2025		5 Payee name Alpha Merit Group Committee, Inc.			
6 Amount (\$) \$100.00		7 Payee address; PO Box 150303 <input type="checkbox"/> Check if individual's residence address.		City; Dallas	State; Texas
				Zip Code 75215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Event Ad		
	(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 10/17/2025		Payee name iPROMOTEu			
Amount (\$) \$297.69		Payee address; Dept 2419 PO Box 122419 <input type="checkbox"/> Check if individual's residence address.		City; Dallas	State; Texas
				Zip Code 75312	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Tshirts		
	<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 10/21/2025		Payee name Democracy Toolbox			
Amount (\$) \$2275.00		Payee address; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.		City; McKinney	State; Texas
				Zip Code 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management Service 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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2025		5 Payee name Ilise Lipton			
6 Amount (\$) \$90.00		7 Payee address; 6945 Walling Lane		City; Dallas	State; Texas
				Zip Code 75231	
		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Petiton Signature Collection		
	(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 11/16/2025		Payee name Democracy Toolbox			
Amount (\$) \$150.00		Payee address; PO Box 6250		City; Dallas	State; Texas
				Zip Code 75071	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Brochures		
	<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 11/28/2025		Payee name Dallas Founders Lions Club			
Amount (\$) \$250.00		Payee address; 8251 Ranchview Dr. #3096		City; Irving	State; Texas
				Zip Code 75063	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sponsorship		
	<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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/2025		5 Payee name Williams Chicken Partners in Education			
6 Amount (\$) \$375.00		7 Payee address; 2831 E Ledbetter Dr		City; Dallas	State; Texas
				Zip Code 75216	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship		
	(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 12/05/2025		Payee name Dallas Criminal Defense Lawyers Association			
Amount (\$) \$250		Payee address; 1408 N. Riverfront Blvd. #525		City; Dallas	State; Texas
				Zip Code 75207	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sponsorship		
	<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 12/11/2025		Payee name JL Turner Legal Association			
Amount (\$) \$250		Payee address; 2101 Ross Ave		City; Dallas	State; Texas
				Zip Code 75201	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sponsorship		
	<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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tifanee Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2025	5 Payee name Democracy Toolbox			
6 Amount (\$) \$1510.00	7 Payee address; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.		City; McKinney	State; Texas
			Zip Code 75071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign Management Service Fee	
	(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 12/24/2025	Payee name Donorbox			
Amount (\$) \$304.27	Payee address; 1520 Belle View Blvd #4106 <input type="checkbox"/> Check if individual's residence address.		City; Alexandria	State; Virginia
			Zip Code 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Donation Processing Fees	
	<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 12/24/2025	Payee name Paypal			
Amount (\$) \$314.35	Payee address; PO Box 45950 <input type="checkbox"/> Check if individual's residence address.		City; Omaha	State; NE
			Zip Code 68145	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Donation Processing Fees	
	<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				