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. 14 MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MS. REMEKO TRANISHA NAME Date Received NICKNAME LAST SUFFIX **EDWARDS** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #, CITY: STATE ZIP CODE **OFFICEHOLDER** MAILING P.O. BOX 1402, DESOTO, TEXAS 75123 **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)403-9689 PHONE Amount \$ Receipt MS / MRS / MR FIRST CAMPAIGN **TREASURER** MR. **OLEGARIO** Date Processed NAME (2) NICKNAME LAST SUFFIX Date Imaged **ESTRADA** CI "OLE" on STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN TREASURER 5224 W. JEFFERSON BLVD., DALLAS, TEXAS 75211 **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER 231-8880 PHONE (469 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Month Day Year COVERED 30 2023 2023 06 THROUGH FLECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Description July 2023 Semiannual General Special 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 THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	REMEKO TRANISHA 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) 	١	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$0
	4. TOTAL POLITICAL EXPENDITURES		\$590.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 4.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 6375.00
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	v:	
(1) Affidavit	Julia Jaramitlo My Commission Expires 05/18/2025 ID No. 133106486		
NOTARY STAMP/SEAL			
2	before me by REMEKO EdwardS this the	17m	day of Tuly
20 2 , to certify Signature of officer administer	which, witness my hand and seal of office. \[\lambda \rightarrow \lambda \rightarrow \ri		NOTAY U
	OR	1275	
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
NEX (6			
Executed in			(zip code) (country)
LAGGUEG III	County, State of , on the day of (month	٦)	(year)
	Signature of Candi	date/Office	eholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

REMEKO TRANISHA EDWARDS	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4. SCHEDULE E: LOANS	\$ 380.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$590.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	» н
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Remeko Tranisha Edwards			
4 TOTAL OF UNI	TEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ut-of-state PAC (ID#:)	9 Loan Amount (\$)	
04/04/2023	Remeko Tranisha Edwards		\$50.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
□ Y ⊠ N	PO Box 1402, Desoto, Texas	75123	11 Maturity date	
12 Lender's Principal	Occupation	13 Lender's Job Title		
Judge		Judge of County Crir	minal Court 7	
14 Lender's Employer/	Law Firm	15 Law Firm of lender's spous		
Dallas Count	y	N/A		
	law firm of parent(s) (if any)			
N/A				
17 Description of Colla	ateral	18		
⊠ none		Check if personal account (See In	al funds were deposited into political structions)	
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)	
not applicable 21 Guarantor address; City; State; Zip Code				
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title		
25 Guarantor's Employ	ver/Law Firm	26 Law Firm of guarantor's sp	pouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The Instruction Guide explains how to complete this form.				
, *			3	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Remeko Tranisha Edwards			
	Tremero Transna Edwards			
4 TOTAL OF UNI	TEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ut-of-state PAC ((ID#:	9 Loan Amount (\$)	
05/05/2023 and	Remeko Tranisha Edwards		\$50.00 and	
05/12/2023	Remeko Franisha Edwards		\$200.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
	PO Box 1402, Desoto, Texas	75123	11 Maturity date	
□ Y ⋈ N				
12 Lender's Principal	Occupation	13 Lender's Job Title		
560 10	Occupation			
Judge		Judge of County Crir		
14 Lender's Employer		15 Law Firm of lender's spous	se (if any)	
Dallas Count	y	N/A		
16 If lender is a child,	law firm of parent(s) (if any)			
N/A				
17 Description of Colla	staral	18		
17 Description of Colla	tterai		al funds were deposited into political	
None none		account (See In	structions)	
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)	
INFORMATION				
	21 Guarantor address; City;	State; Zip Code		
not applicable	Zi ddarano address, ony,	State, E.p. Sees		
23 Guarantor's Princip	al Occupation	24 0		
2 Guarantors i inicip	al Occupation	24 Guarantor's Job Title		
25 Guarantor's Employ	ver/Law Firm	26 Law Firm of guarantor's sp	pouse (if any)	
27 If guarantor is a ch	ild, law firm of parent(s) (if any)			
	50-77-€ 1999/199 2003/2000 1800 * 0.020558-0.0000 * 0.0 * 0.0000000000 * 0.4*			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDING AS ME	EDED	
If le	ATTACH ADDITIONAL COPIES C		993	

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The In	The Instruction Guide explains how to complete this form.				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Control of the Contro	Remeko Tranisha Edwards				
4 TOTAL OF UNI	TEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ut-of-state PAC ((ID#:)	9 Loan Amount (\$)		
06/14/2023	Remeko Tranisha Edwards		\$70.00		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
□ Y 🛛 N	PO Box 1402, Desoto, Texas	75123	11 Maturity date		
12 Lender's Principal	Occupation	13 Lender's Job Title			
Judge		Judge of County Crir	ninal Court 7		
14 Lender's Employer/	Law Firm	15 Law Firm of lender's spous			
Dallas Count		N/A			
	law firm of parent(s) (if any)				
N/A	an in or parametry (ii any)	v			
17 Description of Colla	ateral	Check if personal account (See In	al funds were deposited into political structions)		
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)		
not applicable 21 Guarantor address; City; State; Zip Code					
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title			
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's sp	couse (if any)		
27 If guarantor is a chi	ild, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

y Gift/Awards/Memorials Expense Printle Legal Services Sala	aries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
2 FILER NAME REMEKO TRANISHA E	EDWARDS	3 Filer ID (Ethics Commission Filers)
5 Payee name		
Goggle GSuite		
7 Payee address; Mountain View, California	City;	State; Zip Code
(a) Category (See Categories listed at the top of this sched Fee	(b) Description Online Adv Fee	е
(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	tin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name Bank of America		
Payee address; P.O. Box 15284	city; Wilming	State; Zip Code ton, DE 19850
Category (See Categories listed at the top of this schedul Acct/ Bank Fee		siness Acct Bank Fee
Check if travel outside of Texas. Complete Scheduli	e T. Check if Aust	tin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name GoDaddy		
Payee address; 2155 E. GoDaddy Way	City; Tempe,	State; Zip Code AZ 85284
Category (See Categories listed at the top of this schedul Adv. Fee	Description Adv. Fee	
Check if travel outside of Texas, Complete Schedule	eT. Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	The Instruction Guide explains ho 2 FILER NAME REMEKO TRANISHA F 5 Payee name Goggle GSuite 7 Payee address; Mountain View, California (a) Category (See Categories listed at the top of this schedule of Texas. Complete Schedule Candidate / Officeholder name Payee name Bank of America Payee address; P.O. Box 15284 Category (See Categories listed at the top of this schedule of Texas. Complete Schedule of Texas. Com	Committee Commit

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not	t listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDV	VARDS 3 Filer ID (Ethics Con	nmission Filers)
4 Date 02/1/2023	5 Payee name Goggle GSuite	,	
6 Amount (\$) \$25.58	7 Payee address; Mountain View, California	City; State; Z	ip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Online Adv Fee	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living exper	nse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office	ce held
Date 02/1/2023	Payee name Bank of America		
Amount (\$) \$16.00	Payee address; P.O. Box 15284	City: State; z Wilmington, DE 19850	ip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Acct/ Bank Fee	Description Monthly Business Acct Bank F	ee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	e held
Date 02/13/2023	Payee name Community Missionary Baptist Church		
Amount (\$) \$100.00	Payee address; 115 W. Beltline Rd.	City; State; z Desoto, Texas 75115	ip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution/Donation	Contribution for 30th year Chu	rch Ann.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contra		Travel In District Travel Out Of Distr Other (enter a cate	rict gory not listed above)
	_		s now to complete th	iis ioiiii.		
1 Total pages Schedule F1:	2 FILER NA	REMEKO TRANISH	A EDWARDS		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na					
03/1/2023	Goggle	GSuite				
6 Amount (\$) \$25.58	7 Payee ad Mounta	^{dress;} in View, California	(City;	State;	Zip Code
8	(a) Category	(See Categories listed at the top of this	schedule) (b) Desc	cription		
PURPOSE	Fee		Online	Adv Fee		
OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	ı, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office	e sought		Office held
Date	Payee na	me				
03/1/2023	Bank of	America				
Amount (\$)	Payee ad		(City;	State;	Zip Code
\$16.00	P.O. Bo	x 15284	1	Wilmingto	on, DE 1985	50
		(See Categories listed at the top of this so		cription		
PURPOSE OF EXPENDITURE	Acct/ B	ank Fee	Mo	nthly Busi	iness Acct Ba	ank Fee
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name	Office	e sought		Office held
Date	Payee na	me				
04/3/2023	Goggle	GSuite				
Amount (\$)	Payee ad	dress;	C	City;	State;	Zip Code
\$25.58	Mounta	in View, California				
	Category	(See Categories listed at the top of this so		cription	_	
PURPOSE OF EXPENDITURE	Fee		Onl	line Adv I	Fee	
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name	Office	e sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEL	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out Of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract Labor Travel Out of District Other (enter a category not listed above the contract District Other (enter a category not listed above the contract District Other (enter a category not listed above the contract District Other (enter a category not listed above the contract District Other (enter a category not listed above the contract District Other (enter a category not listed above the category not listed ab	ve)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDV	WARDS 3 Filer ID (Ethics Commission F	Filers)
4 Date 04/3/2023	5 Payee name Bank of America	1	
6 Amount (\$) \$16.00	7 Payee address; P.O. Box 15284	City: State; Zip Code Wilmington, DE 19850	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Acct/ Bank Fee	(b) Description Monthly Business Acct Bank Fee	
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name	Check if Austin, TX, officeholder living expense Office sought Office held	
Date 05/1/2023	Payee name Bank of America		
Amount (\$) \$16.00	Payee address; P.O. Box 15284	City: State: Zip Code Wilmington, DE 19850	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Acct/ Bank Fee	Monthly Business Acct Bank Fee	
	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 05/2/2023	Payee name Goggle GSuite		
Amount (\$) \$25.58	Payee address; Mountain View, California	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Online Adv Fee	
	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	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME REMEKO TRANISHA EDWARDS 7 4 Date 5 Payee name Bank of America 05/2/2023 7 Pavee address: 6 Amount (\$) City: State: Zip Code P.O. Box 15284 Wilmington, DE 19850 \$10.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Acct Bank Fee Acct/ Bank Fee **PURPOSE** 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 9 Complete ONLY if direct expenditure to benefit C/OH Date 05/16/2023 United States Postal Service Amount (\$) City: State: Zip Code Payee address; \$97.00 229 S. Hampton Rd. Desoto, Texas 75115 Description Category (See Categories listed at the top of this schedule) 6 Month Campaignn PO Box Fee Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Bank of America 06/1/2023 Amount (\$) Payee address; State; Zip Code \$16.00 Wilmington, DE 19850 P.O. Box 15284 Category (See Categories listed at the top of this schedule) Description Acct/ Monthly Bank Fee Fee **PURPOSE** 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

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 Loan Repayment/Reimburseme

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDV	VARDS	3 Filer ID (Ethics Commission Filers)
4 Date 06/2/2023	5 Payee name Goggle GSuite		
6 Amount (\$) \$25.58	7 Payee address; Mountain View, California	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Online Adv Fe	ee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/5/2023	Payee name GoDaddy		
Amount (\$) \$30.16	Payee address; 2155 E. GoDaddy Way	city; Tempe, .	State; Zip Code AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Fee	Description Adv. Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/12/2023	Payee name GoDaddy		
Amount (\$) \$76.62	Payee address; 2155 E. GoDaddy Way	City; Tempe,	State; Zip Code AZ 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Fee	Description Adv. Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (see the seed seed and listed shows)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME REMEKO TRANISHA EDV	/ARDS 3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2023	5 Payee name Bank of America	
6 Amount (\$) \$10.00	7 Payee address; P.O. Box 15284	City: State; Zip Code Wilmington, DE 19850
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Acct/Bank Fee	(b) Description Acct Bank Fee
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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 ONLY 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule L: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) REMEKO TRANISHA EDWARDS LENDER 4 Name of lender INFORMATION REMEKO TRANISHA EDWARDS 5 Lender address; City; State: Zip Code P.O. BOX 1402, DESOTO, TEXAS 75123 **GUARANTOR** 6 Name of guarantor INFORMATION 7 Guarantor address; City; State: Zip Code not applicable Name of lender LENDER INFORMATION Zip Code City; State: Lender address: **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State: Zip Code not applicable LENDER Name of lender INFORMATION Lender address; City; Zip Code **GUARANTOR** Name of guarantor INFORMATION Zip Code Guarantor address: City; State not applicable Name of lender LENDER INFORMATION Lender address; City: State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED