

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: <div style="text-align: center; font-size: 1.2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST REMEKO	MI TRANISHA
	NICKNAME	LAST EDWARDS	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1402, DESOTO, TEXAS 75123		
	AREA CODE PHONE NUMBER EXTENSION (214) 403-9689		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI MR. OLEGARIO		
	NICKNAME LAST SUFFIX "OLE" ESTRADA		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5224 W. JEFFERSON BLVD., DALLAS, TEXAS 75211		
	AREA CODE PHONE NUMBER EXTENSION (469) 231-8880		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div> <input 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) </div> <div> <input checked="" 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) </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 2024 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 2024 </div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
	JULY 15TH SEMMIANNUAL REPORT		
9 REPORT TYPE	12 OFFICE OFFICE HELD (if any) JUDGE, DALLAS COUNTY CRIMINAL COURT NO. 7		
	13 OFFICE SOUGHT (if known)		
10 PERIOD COVERED	<div style="display: flex;"> <div style="flex: 1;"> 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages </div> <div style="flex: 2;"> 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. </div> </div>		
	<div style="display: flex;"> <div style="flex: 1;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="flex: 2;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </div> </div>		

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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)	\$0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$563.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$12.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$6945.00

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:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Remeko Tranisha Edwards this the 15th day of July, 2024, 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 570.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 563.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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.						1 Total pages Schedule E(J): 1
2 FILER NAME REMEKO TRANISHA EDWARDS						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$ 0
5 Date of loan 01/02/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REMEKO TRANISHA EDWARDS			9 Loan Amount (\$) \$570.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code P.O. BOX 1402, DESOTO, TEXAS 75123			10 Interest rate N/A	
					11 Maturity date N/A	
12 Lender's Principal Occupation PRESIDING JUDGE				13 Lender's Job Title JUDGE OF DALLAS COUNTY CRIMINAL COURT 7		
14 Lender's Employer/Law Firm DALLAS COUNTY				15 Law Firm of lender's spouse (if any) N/A		
16 If lender is a child, law firm of parent(s) (if any) N/A						
17 Description of Collateral <input checked="" type="checkbox"/> none				18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		20 Name of guarantor N/A			22 Amount Guaranteed (\$) N/A	
		21 Guarantor address; City; State; Zip Code N/A				
23 Guarantor's Principal Occupation N/A				24 Guarantor's Job Title N/A		
25 Guarantor's Employer/Law Firm N/A				26 Law Firm of guarantor's spouse (if any) N/A		
27 If guarantor is a child, law firm of parent(s) (if any) N/A						
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>						

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: 3	2 FILER NAME REMEKO TRANISHA EDWARDS	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2024 / 02/01/2024	5 Payee name GOGGLE SUITE	
6 Amount (\$) \$51.00	7 Payee address; City; State; Zip Code MOUNTAIN VIEW, CALIFORNIA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description MONTHLY SUBSCRIPTION 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/02/2024 / 02/01/2024 03/01/2024 / 04/01/2024 05/01/2024 / 06/03/2024	Payee name BANK OF AMERICA	
Amount (\$) \$16.00 x 6 = \$96.00	Payee address; City; State; Zip Code P.O. BOX 15284 Wilmington DE 19850	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCT / BANKING	Description MONTHLY BUSINESS ACCT BANK FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/12/2024	Payee name GO DADDY	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 100 S. MILL AVE., SUITE 1600 TEMPE AZ 85281	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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.	2 FILER NAME REMEKO TRANISHA EDWARDS	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2024	5 Payee name BANK OF AMERICA	
6 Amount (\$) \$20.00	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 / BANKING	(b) Description MONTHLY BANK BUSINESS ACCT 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 03/01/2024	Payee name GOGGLE SUITES	
Amount (\$) \$28.00	Payee address; MOUNTAIN VIEW, CALIFORNIA	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MONTHLY SUBSCRIPTION 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 04/02/2024	Payee name GOGGLE SUITES	
Amount (\$) \$31.00	Payee address; MOUNTAIN VIEW, CALIFORNIA	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MONTHLY SUBSCRIPTION 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	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:	2 FILER NAME REMEKO TRANISHA EDWARDS	3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2024 / 06/03/2024	5 Payee name GOOGLE SUITES	
6 Amount (\$) \$31.00 x 2 = \$62.00	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) FEES	(b) Description MONTHLY SUBSCRIPTION 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 05/16/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$100.00	Payee address; 229 S. HAMPTON RD., DESOT TEXAS 75115	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description 6 MONTH CAMPAIGN PO BOX 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 06/03/2024 / 06/11/2024	Payee name GO DADDY	
Amount (\$) \$137.00	Payee address; 100 S. MILL AVE., SUITE 1600	City; State; Zip Code TEMPE AZ 85281
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description Yearly Domain Renewal 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		

OUTSTANDING LOANS

SCHEDULE L

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 L: 1	
2 FILER NAME REMEKO TRANISHA EDWARDS		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender REMEKO TRANISHA EDWARDS		
	5 Lender address; City; State; Zip Code P.O. BOX 1402, DESOTO, TEXAS 75123		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor N/A		
	7 Guarantor address; City; State; Zip Code N/A		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED