

# 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:

26

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MS.

REMEKO

TRANISHA

NICKNAME

LAST

SUFFIX

EDWARDS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 1402

DESOTO, TEXAS 75123

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

403 - 9689

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

OLEGARIO

NICKNAME

LAST

SUFFIX

"OLE"

ESTRADA

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5224 W. JEFFERSON BLVD.,

DALLAS, TEXAS 75211

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 469 ) 231 - 8880

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01

01

2025

THROUGH

Month

Day

Year

06

30

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

2026

ELECTION TYPE

☒

Primary

☐

Runoff

☒

Other  
Description

☐

General

☐

Special

July 2025 Semiannual Report

12 OFFICE

OFFICE HELD (if any)

JUDGE, DALLAS COUNTY CRIMINAL COURT NO. 7

13 OFFICE SOUGHT (if known)

JUDGE, DALLAS COUNTY CRIMINAL COURT NO. 7

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

<b>15 JC/OH NAME</b> REMEKO TRANISHA EDWARDS		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 335.58
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$14,915.21
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$400.14
	4. TOTAL POLITICAL EXPENDITURES	\$9,404.76
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,698.22
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$8,335.00

**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 Edwards this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$14,579.63
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	\$1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$816.85
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$4,169.34
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$3,443.40
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$575.75
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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages, Schedule A(J)1: 13
<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Valerie Baston <b>6</b> Contributor address; City; State; Zip Code 603 N. Cedar Ridge Dr. #300, Duncanville, Texas 75116	<b>7</b> Amount of contribution (\$) \$350.00
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Baston Law		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lloyd Harrelson, Jr. Contributor address; City; State; Zip Code 2626 Cole Ave., Ste. 300, Dallas, Texas 75204	Amount of contribution (\$) \$261.28
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Harrelson Law Firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Warren Abrams Contributor address; City; State; Zip Code 10300 N. Central Expressway, Ste. 283, Dallas, Texas 75231	Amount of contribution (\$) \$522.24
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Warren N. Abrams, P.C.		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/25/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tulani Washington</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>2626 Cole Ave., #300, Dallas, Texas 75204</b>	<b>7</b> Amount of contribution (\$) <b>\$365.66</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Attorney</b>
<b>10</b> Contributor's employer/law firm <b>Self Employed</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Charles Maduka</b> <hr/> Contributor address; City; State; Zip Code <b>2201 Main St., Ste. 800, Dallas, Texas 75201</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Charles U. Maduka, PLLC</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>John David Reyna</b> <hr/> Contributor address; City; State; Zip Code <b>1018 Anita Dr., Arlington, Texas 76012</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/26/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Semaj Garrett</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>325 N. St. Paul St., Ste. 3100 #8104, Dallas, Texas 76012</b>	<b>7</b> Amount of contribution (\$)  <b>\$500.00</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Attorney</b>
<b>10</b> Contributor's employer/law firm <b>Self Employed</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael J. Todd</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>700 N. Pearl St., Ste. 2170, Dallas, Texas 75201</b>	<b>Amount of contribution (\$)</b>  <b>\$1,250.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Law Office of Michael J. Todd</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>LaShonda Dennis</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2214 Main St., Dallas, Texas 75201</b>	<b>Amount of contribution (\$)</b>  <b>\$500.00</b>
<b>Contributor's principal occupation</b> <b>Certified Public Accountant</b>		<b>Contributor's job title</b> <b>Certified Public Accountant</b>
<b>Contributor's employer/law firm</b> <b>Pegue - Dennis, CPA PC</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



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<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/26/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>George Milner, III</b> <b>6</b> Contributor address; City; State; Zip Code <b>31845 Woodall Rodgers Fwy., Ste. 1500, Dallas, Texas 75201</b>	<b>7</b> Amount of contribution (\$) <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Attorney</b>
<b>10</b> Contributor's employer/law firm <b>Self Employed</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: <b>Taylor Johnson</b> <b>Contributor address; City; State; Zip Code</b> <b>900 Jackson St., Ste. 650, Dallas, Texas 75202</b>	<b>Amount of contribution (\$)</b> <b>\$500.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Taylor R. Johnson Attorney At Law</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: <b>Ed Spears</b> <b>Contributor address; City; State; Zip Code</b> <b>5729 Lebanon Rd., Ste. 144, Frisco, Texas 75034</b>	<b>Amount of contribution (\$)</b> <b>\$750.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Law Office of Ed Spears</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/26/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lakisha Lee</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>313 S. Willomet Ave., Dallas, Texas 75208</b>	<b>7</b> Amount of contribution (\$) <b>\$104.70</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Assistant Public Defender</b>
<b>10</b> Contributor's employer/law firm <b>Dallas County</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Olegario Estrada</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>5224 W. Jefferson Blvd., Dallas, Texas 75211</b>	<b>Amount of contribution (\$)</b> <b>\$1,000.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Law Office of Olegario Estrada</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Russell Wilson</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>1910 Pacific #15100, Dallas, Texas 75201</b>	<b>Amount of contribution (\$)</b> <b>\$1,044.16</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Self Employed</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Shasta Brown</b> 6 Contributor address; City; State; Zip Code <b>5801 Marvin D. Love Freeway, Dallas, Texas 75237</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Law Firm</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Yolanda Harris</b> Contributor address; City; State; Zip Code <b>542 Chambers Way Dr., Red Oak, Texas 75154</b>	Amount of contribution (\$) <b>\$52.51</b>
Contributor's principal occupation <b>Educator</b>		Contributor's job title <b>Educator</b>
Contributor's employer/law firm <b>Desoto ISD</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Maria Marquez</b> Contributor address; City; State; Zip Code <b>3061 Silverton Dr., Dallas, Texas 75229</b>	Amount of contribution (\$) <b>\$522.24</b>
Contributor's principal occupation <b>Legal</b>		Contributor's job title <b>Legal</b>
Contributor's employer/law firm <b>Law Office of Jesus Marquez</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/26/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Absalom Lane</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>305 W. Commerce St., #130, Dallas, Texas 75208</b>	<b>7</b> Amount of contribution (\$)  <b>\$52.51</b>
<b>8</b> Contributor's principal occupation <b>Road Driver</b>		<b>9</b> Contributor's job title <b>Road Driver</b>
<b>10</b> Contributor's employer/law firm <b>Old Dominion Freight</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kay Brown-Patrick</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>421 Castle St., Desoto, Texas 75115</b>	<b>Amount of contribution (\$)</b>  <b>\$100.00</b>
<b>Contributor's principal occupation</b> <b>Consulting</b>		<b>Contributor's job title</b> <b>Consulting</b>
<b>Contributor's employer/law firm</b> <b>Self Employed</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>Date</b> <b>06/26/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ryan Jenkins</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2629 White Plain Dr., Midlothian, Texas 76065</b>	<b>Amount of contribution (\$)</b>  <b>\$104.70</b>
<b>Contributor's principal occupation</b> <b>Government</b>		<b>Contributor's job title</b> <b>Government</b>
<b>Contributor's employer/law firm</b> <b>Government</b>		<b>Law firm of contributor's spouse (if any)</b> <b>N/A</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b> <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 13
<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Eric Puente <b>6</b> Contributor address; City; State; Zip Code 601 Haines Ave., Dallas, Texas 75208	<b>7</b> Amount of contribution (\$) \$522.24
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Puente Law Firm		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kimberly Campbell Contributor address; City; State; Zip Code 617 Magnolia Trail, Desoto, Texas 75115	Amount of contribution (\$) \$261.28
Contributor's principal occupation Educator		Contributor's job title Educator
Contributor's employer/law firm Lancaster ISD		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Calvin Johnson Contributor address; City; State; Zip Code 2223 Pine St., Dallas, Texas 75215	Amount of contribution (\$) \$104.70
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) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>13</b>
2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Debra Warner</b> 6 Contributor address; City; State; Zip Code <b>1128 Hidden Ridge Irving, Texas 75038</b>	7 Amount of contribution (\$) <b>\$150.00</b>
8 Contributor's principal occupation <b>Labatory Director</b>		9 Contributor's job title <b>Labatory Director</b>
10 Contributor's employer/law firm <b>Christus Health</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Geraldine Gonzalez</b> Contributor address; City; State; Zip Code <b>211 Clydesdale St., Waxahachie, Texas 75165</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Assistant District Attorney</b>
Contributor's employer/law firm <b>Ellis County District Attorney Office</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Barbara Lewis</b> Contributor address; City; State; Zip Code <b>1901 Post Oak Park Dr., #11201 Houston, Texas 77027</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor's principal occupation <b>Human Resource</b>		Contributor's job title <b>HR District Transformation Lead</b>
Contributor's employer/law firm <b>Golden Pass LNG</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>13</b>
2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/27/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Sandra Beal</b> 6 Contributor address; City; State; Zip Code <b>2915 Valley Circle Ln., Lancaster, Texas 75134</b>	7 Amount of contribution (\$) <b>\$52.51</b>
8 Contributor's principal occupation <b>Unemployed</b>		9 Contributor's job title <b>Unemployed</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>James Doyle</b> Contributor address; City; State; Zip Code <b>3001 Thornberry Circle Phenix City, Alabama 36867</b>	Amount of contribution (\$) <b>\$156.89</b>
Contributor's principal occupation <b>Unemployed</b>		Contributor's job title <b>Unemployed</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Robert Gregg</b> Contributor address; City; State; Zip Code <b>2024 Commerce St., Dallas, Texas 75201</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 13
<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Schelly Lewis <b>6</b> Contributor address; City; State; Zip Code 1819 Radcliffe St., Houston, Texas 77007	<b>7</b> Amount of contribution (\$) \$104.70
<b>8</b> Contributor's principal occupation Audit Director		<b>9</b> Contributor's job title audit Director
<b>10</b> Contributor's employer/law firm Talos Energy		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Anthony Farmer Contributor address; City; State; Zip Code 3001 Thornberry Circle Phenix City, Alabama 36867	Amount of contribution (\$) \$1,000.00
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) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Desiree Freeman Contributor address; City; State; Zip Code 113 Crestbrook Dr., Rockwall, Texas 75087	Amount of contribution (\$) \$209.09
Contributor's principal occupation Flight Attendant		Contributor's job title Flight Attendant
Contributor's employer/law firm Southwest Airlines		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>13</b>
<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/28/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Will Edwards</b> <b>6</b> Contributor address; City; State; Zip Code <b>205 Water Tank Rd., Toney, Alabama 35773</b>	<b>7</b> Amount of contribution (\$) <b>\$261.28</b>
<b>8</b> Contributor's principal occupation <b>Department of Defense</b>		<b>9</b> Contributor's job title <b>Department of Defense</b>
<b>10</b> Contributor's employer/law firm <b>Department of Defense</b>		<b>11</b> Law firm of contributor's spouse (if any) <b>N/A</b>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Natasha Hoy</b> Contributor address; City; State; Zip Code <b>P.O. Box 4646 Dallas, Texas 75208</b>	Amount of contribution (\$) <b>\$522.24</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>06/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Okey Anyiam</b> Contributor address; City; State; Zip Code <b>1615 Forest Central Dr. #102 Dallas, Texas 75243</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Okey Anyiam</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**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: <div style="font-size: 1.5em; margin-left: 100px;">13</div>
2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/29/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Horace &amp; Marie Edwards</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>737 Havencrest Dr., Desoto, Texas 75115</b>		
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
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)		
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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): <div style="text-align: center; font-weight: bold;">1</div>
<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0
<b>5</b> Date of loan 06/01/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Remeko Tranisha Edwards	<b>9</b> Loan Amount (\$) \$1,000.00
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code P.O. Box 1402 Desoto, Texas 75123	<b>10</b> Interest rate N/A
		<b>11</b> Maturity date N/A
<b>12</b> Lender's Principal Occupation Judge		<b>13</b> Lender's Job Title Judge
<b>14</b> Lender's Employer/Law Firm Dallas County		<b>15</b> Law Firm of lender's spouse (if any) N/A
<b>16</b> If lender is a child, law firm of parent(s) (if any) N/A		
<b>17</b> Description of Collateral  <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: <b>2</b>	2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>06/15/2025</b>	5 Payee name <b>Drop Box, Inc.</b>	
6 Amount (\$) <b>\$23.45</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 77767, San Francisco, CA 94107</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fee</b>	(b) Description <b>Advertising Fee</b>
	(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 <b>06/25/2025</b>	Payee name <b>Walmart</b>	
Amount (\$) <b>\$28.19</b>	Payee address; City; State; Zip Code <b>150 N. Interstate 35E, Lancaster, Texas 75146</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Event Expense</b>
	<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 <b>06/01/2025 to 06/30/2025</b>	Payee name <b>STRIPE</b>	
Amount (\$) <b>\$462.84</b>	Payee address; City; State; Zip Code <b>354 Oyster Point Blvd., San Francisco, CA 94080</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions</b>	Description <b>Service Fee for Danations Made via STRIPE</b>
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>2</b>	2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2025 to 06/04/2025	5 Payee name <b>Goggle GSuite</b>	
6 Amount (\$) <b>\$30.70 X 6 = \$184.20</b>	7 Payee address; City; State; Zip Code <b>Mountain View California</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fee</b>	(b) Description <b>Monthly Subscription Fee for G Suites/Email</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/02/2025 to 06/01/2025	Payee name <b>Bank of America</b>	
Amount (\$) <b>\$16.00 X 6 = \$96.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 15284 Wilmington, DE 19850</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Banking Fee</b>	Description <b>Monthly Business Acct Service Fee</b>
	<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 <b>01/13/2025</b>	Payee name <b>Go Daddy</b>	
Amount (\$) <b>\$22.17</b>	Payee address; City; State; Zip Code <b>2155 East GoDaddy Way, Tempe, AZ 85284</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Fee</b>	Description <b>Website / Service Fee</b>
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**UNPAID INCURRED OBLIGATIONS****SCHEDULE F2**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F2: <b>2</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>
<b>5</b> Date <b>07/02/2025</b>	<b>6</b> Payee name <b>Americas</b>	
<b>7</b> Amount (\$) <b>\$1,455.34</b>	<b>8</b> Payee address; City; State; Zip Code <b>PO Box 671149, Dallas, Texas 75367</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Event Expense</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>07/12/2025</b>	Payee name <b>AMEX</b>	
Amount (\$) <b>\$204.70</b>	Payee address; City; State; Zip Code <b>PO Box 6031, Carol Stream, IL 60197</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertising Expense</b>
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME REMEKO TRANISHA EDWARDS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 07/17/2025	6 Payee name Navy Federal			
7 Amount (\$) \$2509.30	8 Payee address: P.O. Box 3500, Merrifield, VA 22119	City:	State:	Zip Code

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Venue / Food / Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME REMEKO TRANISHA EDWARDS	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 CREDIT CARD ISSUER	Name of financial institution Americas
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6 PAYMENT	(a) Amount Charged \$ 731.25	(b) Date Expenditure Charged 06/04/2025	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Winsome Prime	(b) Payee address; City, State, Zip Code 331 Singleton Blvd., Dallas, Texas 75212
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Expense
	(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
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PAYMENT	(a) Amount Charged \$ 75.00	(b) Date Expenditure Charged 06/06/2025	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Ram WebDesign	(b) Payee address; City, State, Zip Code 7537 Gayglen Dr., Dallas, Texas 75217
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Expense
	(c) <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
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME REMEKO TRANISHA EDWARDS	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 CREDIT CARD ISSUER	Name of financial institution AMEX
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6 PAYMENT	(a) Amount Charged \$ 106.09	(b) Date Expenditure Charged 06/11/2025	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Chick Fil A	(b) Payee address; City, State, Zip Code Desoto FSU #05438 Desotp, Texas 75115
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description Volunteer Event
	(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
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PAYMENT	(a) Amount Charged \$ 75.76	(b) Date Expenditure Charged 06/27/2025	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Google Services / Adobe	(b) Payee address; City, State, Zip Code 345 Park Avenue, San Jose CA 95110-2704
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website / Email Services Microsoft
	(c) <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
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME REMEKO TRANISHA EDWARDS	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 CREDIT CARD ISSUER	Name of financial institution Navy Federal
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6 PAYMENT	(a) Amount Charged \$ 1880.30	(b) Date Expenditure Charged 06/26/2025	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Winsome Prime	(b) Payee address; City, State, Zip Code 331 Singleton Blvd., Dallas, Texas 75212
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Expense
	(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
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PAYMENT	(a) Amount Charged \$275.00	(b) Date Expenditure Charged 05/30/2025	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Millie's Phenomenal Photography	(b) Payee address; City, State, Zip Code P.O. Box 1111, Desoto, Texas 75115
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Expense
	(c) <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
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PAYMENT	(a) Amount Charged \$ 300.00	(b) Date Expenditure Charged 06/25/2025	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Millie's Phenomenal Photography	(b) Payee address; City, State, Zip Code P.O. Box 1111, Desoto, Texas 75115
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Expense
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 1		<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/03/2025		<b>5</b> Payee name Bank of America			
<b>6</b> Amount (\$) 375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 15284, Wilmington, DE 19850			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking Fee		<b>(b)</b> Description Monthly Service Fees for Business Acct		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 06/23/2025		Payee name IContact			
Amount (\$) \$37.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8000 Regency Parkway, Suite 600, Cary, NC 27518			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising Expense		
	<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 06/27/2025		Payee name Touchdown			
Amount (\$) \$162.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1409 N. Cockrell Hill Rd., Desoto, Texas 75115			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food/Beverage Expense / Volunteers		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

## 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		
	7 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			