

# 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:

15

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2026 JAN 15 PM 3:29  
JOHN F. WARRICK  
COUNTY CLERK  
DALLAS COUNTY  
BY SD

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MS.

FIRST

REMEKO

MI

TRANISHA

NICKNAME

LAST

EDWARDS

SUFFIX

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

MR.

FIRST

OLEGARIO

MI

NICKNAME

LAST

ESTRADA

SUFFIX

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

Month

Day

Year

07

01

2025

THROUGH

12

31

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

2026

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

January 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

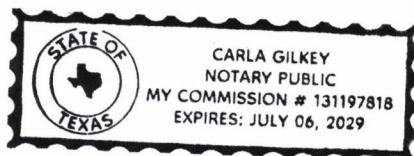
<b>15 JC/OH NAME</b> REMEKO TRANISHA EDWARDS		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$50.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2569.96
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$208.05
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$8661.09
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$7607.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$8335.00

**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 15<sup>th</sup> day of January, 2026, 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**

<b>19 FILER NAME</b> <b>REMEKO TRANISHA EDWARDS</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$2519.96</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$0</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$0</b>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	<b>\$0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 8453.04</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$0</b>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$0</b>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$0</b>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$0</b>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$0</b>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$0</b>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$0</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:  
**4****2** FILER NAME

REMEKO TRANISHA EDWARDS

**3** Filer ID (Ethics Commission Filers)**4** Date

07/01/2025

**5** Full name of contributor☐ out-of-state PAC ID#: \_\_\_\_\_

Kenneth Coleman

**7** Amount of contribution (\$)

\$52.51

**6** Contributor address;

City;

State;

Zip Code

108 Red Pine Dr.

Red Oak, Texas 75154

**8** Contributor's principal occupation

Self-Employed

**9** Contributor's job title

Paralegal

**10** Contributor's employer/law firm

Self-Employed

**11** Law firm of contributor's spouse (if any)

N/A

**12** If contributor is a child, law firm of parent(s) (if any)

N/A

Date

07/02/2025

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Karen Brooks

Amount of contribution (\$)

\$104.70

Contributor address;

City;

State;

Zip Code

5825 Logan Dr.

Plano, Texas 75094

Contributor's principal occupation

Agent Performance Manager

Contributor's job title

Agent Performance Manager

Contributor's employer/law firm

Toyota Insurance

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

07/03/2025

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Linus Okahia

Amount of contribution (\$)

\$104.70

Contributor address;

City;

State;

Zip Code

1126 Mackey St.

Garland, Texas

75040

Contributor's principal occupation

Unemployed

Contributor's job title

Retired

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>4</b>
<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Demetria Allen <hr/> <b>6</b> Contributor address; City; State; Zip Code 2024 Rock Ridge Ave. Bryan, Texas 77807	<b>7</b> Amount of contribution (\$)  \$26.41
<b>8</b> Contributor's principal occupation Correctional Officer - Hamilton Unit		<b>9</b> Contributor's job title Correctional Officer - Hamilton Unit
<b>10</b> Contributor's employer/law firm State of Texas		<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  07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LaTasha Edwards Caldwell <hr/> Contributor address; City; State; Zip Code 5238 Montague Loop Bryan, Texas 77807	Amount of contribution (\$)  \$104.70
Contributor's principal occupation Unemployed		Contributor's job title Retired
Contributor's employer/law firm Retired		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  07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jaime Resendez <hr/> Contributor address; City; State; Zip Code 3710 Rawlins St. Dallas, Texas 75219	Amount of contribution (\$)  \$200.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Jaime Resendez		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>4</b>
<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/15/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Orlanda Powell</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>5162 Freestone Circle Dallas, Texas 75227</b>	<b>7</b> Amount of contribution (\$) <b>\$104.70</b>
<b>8</b> Contributor's principal occupation <b>Realtor</b>		<b>9</b> Contributor's job title <b>Realtor</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>07/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Heath Harris</b> <hr/> Contributor address; City; State; Zip Code <b>1910 Pacific, Ste. 12050 Dallas, Texas 75201</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>Law Office of Heath Harris</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>07/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jim Burnham</b> <hr/> Contributor address; City; State; Zip Code <b>6116 N. Central Expressway, Dallas, Texas 75206</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>Law Office of Jim Burnham</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:  
**4****2** FILER NAME**REMEKO TRANISHA EDWARDS****3** Filer ID (Ethics Commission Filers)**4** Date

07/19/2025

**5** Full name of contributor☐ out-of-state PAC ID#: \_\_\_\_\_**Anthony D. Lyons****7** Amount of contribution (\$)**\$1000.00****6** Contributor address; City; State; Zip Code

320 S.R.L. Thornton Frwy., Ste. 300 Dallas, Texas 75203

**8** Contributor's principal occupation**Attorney****9** Contributor's job title**Attorney****10** Contributor's employer/law firm**Self-Employed****11** Law firm of contributor's spouse (if any)**N/A****12** If contributor is a child, law firm of parent(s) (if any)**N/A**

Date

09/25/2025

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_**Jeffrey Rosefield**

Amount of contribution (\$)

**\$104.70**

Contributor address; City; State; Zip Code

7812 Glenneagle Dr. Dallas, Texas 75248

Contributor's principal occupation

**Retired Judge**

Contributor's job title

**Retired Judge**

Contributor's employer/law firm

**Dallas County**

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

10/25/2025

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_**Keisha Nixon**

Amount of contribution (\$)

**\$104.70**

Contributor address; City; State; Zip Code

926 Place Louie Desoto, Texas 75115

Contributor's principal occupation

**Realtor**

Contributor's job title

**Realtor**

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****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/2025 - 12/01/2025	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) \$16.00 X 6 = \$96.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 15284 Wilmington, DE 19850 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Bank Fee	<b>(b)</b> Description Acct/ Monthly Bank Fee
	<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 07/02/2025 - 12/02/2025	Payee name Google GSuite	
Amount (\$) \$35.82 X 6 = \$214.92	Payee address; City; State; Zip Code Mountain View, California <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	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 07/02/2025	Payee name RamWeb Design	
Amount (\$) \$250.00	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<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		
<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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/08/2025	<b>5</b> Payee name IContact via USAA CC	
<b>6</b> Amount (\$) \$37.88	<b>7</b> Payee address; City; State; Zip Code 8000 Regency Parkway, Suite 600, Cary, NC 27518 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description Advertising Expense
	<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 07/18/2025	Payee name Navy Federal	
Amount (\$) \$2509.30	Payee address; City; State; Zip Code P.O. Box 3500 Merrifield, VA 22119 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Event 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 07/25/2025	Payee name MABA-DALLAS	
Amount (\$) \$100.00	Payee address; City; State; Zip Code MABA.DTX@GMAIL.COM <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Back to School Fair;Contribution
	<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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/25/2025	<b>5</b> Payee name MABA-DALLAS	
<b>6</b> Amount (\$) \$330.00	<b>7</b> Payee address; City; State; Zip Code MABA.DTX@GMAIL.COM <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Gala Tickets
	<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 07/28/2025	Payee name Kroger	
Amount (\$) \$224.55	Payee address; City; State; Zip Code 1001 N35E, Desoto, Texas 75115 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Event 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 08/08/2025	Payee name Office Depot	
Amount (\$) \$295.09	Payee address; City; State; Zip Code 39759 Lyndon B Johnson Fwy., Suite 400, Dallas, Texas 75237 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Office Overhead/Printing 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		
<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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/13/2025	<b>5</b> Payee name Elite News	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 380017, Duncanville, Texas 75138 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertising Expense
	<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 08/14/2025	Payee name JL Turner Legal Association	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2101 Ross Ave., Dallas, Texas 75201 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad/Sponsorship JLTA - LA Bedford Award Luncheon
	<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 08/28/2025	Payee name Dallas County Democratic Party	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1414 N. Washington Ave., Dallas, Texas 75204 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution Event Expense	Description Labor Day Event 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		
<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	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 F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/24/2025</b>	<b>5</b> Payee name <b>Act Blue - Texas Coalition of Black Democrats</b>	
<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 441146 Sumerville, MA 02144</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contribution/Donation</b>	
	<b>(b)</b> Description <b>TCBD</b>	
	<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 <b>10/13/2025</b>	Payee name <b>Walgreens</b>	
Amount (\$) <b>\$121.74</b>	Payee address; City; State; Zip Code <b>731 W. Beltline Rd. Desoto, Texas 75115</b> <input type="checkbox"/> Check if individual's residence address.	
<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>10/13/2025</b>	Payee name <b>Taco Cabana</b>	
Amount (\$) <b>\$68.76</b>	Payee address; City; State; Zip Code <b>786 I-35E Lancaster, Texas 75146</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	
	Description <b>Food/Beverage 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		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/19/2025		<b>5</b> Payee name New Mt. Zion Baptist Church			
<b>6</b> Amount (\$) \$100.00		<b>7</b> Payee address; 9550 Shepherd Rd. <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code Dallas, Texas 75243	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contribution/Donation		<b>(b)</b> Description Contribution/Donation		
	<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 10/30/2025		Payee name Community Missionary Baptist Church			
Amount (\$) \$100.00		Payee address; 820 E. Wintergreen Rd. <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code Cedar Hill, Texas 75104	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description Pastor/Wife Anniversary 2025		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/19/2025		Payee name Charles Maduka on Behalf of William "Bill" Rink Family			
Amount (\$) \$100.00		Payee address; 2201 Main St., Ste. 800 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code Dallas, Texas 75201	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description Contribution/Donation		
	<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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# 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:  
7

2 FILER NAME  
REMEKO TRANISHA EDWARDS

3 Filer ID (Ethics Commission Filers)

4 Date  
12/08/2025

5 Payee name  
Dallas County Democratic Party

6 Amount (\$)  
\$2500.00

7 Payee address; City; State; Zip Code  
1414 N. Washington Ave. Dallas, Texas 75204  
☐ Check if individual's residence address.

8  
PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
Fees

(b) Description  
Filing Fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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  
12/22/2025

Payee name  
Glorias

Amount (\$)  
\$154.80

Payee address; City; State; Zip Code  
600 N. Bishop Ave. Dallas, Texas 75208  
☐ Check if individual's residence address.

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)  
Food/Beverage Expense

Description  
Staff Luncheon

☐ 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  
☐ Check if individual's residence address.

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

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# 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.		<b>1</b> Total pages Schedule L: 1	
<b>2</b> FILER NAME REMEKO TRANISHA EDWARDS		<b>3</b> Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	<b>4</b> Name of lender Remeko Tranisha Edwards		
	<b>5</b> Lender address; City; State; Zip Code P.O. Box 1402 Desoto, Texas 75123		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor		
	<b>7</b> 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			