

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 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MS. | | FIRST REMEKO | MI TRANISHA | | |
| | NICKNAME EDWARDS | | LAST EDWARDS | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE P.O. BOX 1402 DESOTO, TEXAS 75123 | | | | | |
| | <input type="checkbox"/> 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 "OLE" | | LAST ESTRADA | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, | | CITY; | STATE; ZIP CODE | | |
| | 5224 W. JEFFERSON BLVD., | | DALLAS, TEXAS 75211 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | | EXTENSION | | |
| | (469) | 231 -8880 | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | |
| | <input type="checkbox"/> July 15 | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month 07 | Day 01 | Year 2025 | Month 12 | Day 31 | Year 2025 |
| | | | | THROUGH | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | | |
| | Month 03 | Day 03 | Year 2026 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> Other Description 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. | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

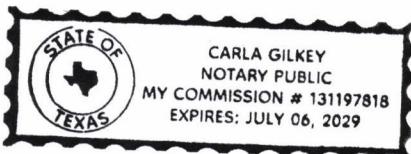
| | |
|--|--|
| 15 JC/OH NAME REMEKO TRANISHA EDWARDS | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$50.00 |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL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

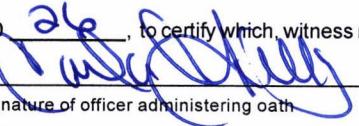
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Remeko Edwards this the 15th day of January,
20 2020, 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)

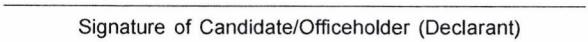
(city)

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

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 Kenneth Coleman 6 Contributor address; 108 Red Pine Dr. | 7 Amount of contribution (\$) \$52.51 |
| 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 Karen Brooks Contributor address; 5825 Logan Dr. | Amount of contribution (\$) \$104.70 |
| 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 Linus Okahia Contributor address; 1126 Mackey St. | Amount of contribution (\$) \$104.70 |
| 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

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| | | |
|---|--|--|
| 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 07/12/2025 | 5 Full name of contributor Demetria Allen | 7 Amount of contribution (\$) \$26.41 |
| | 6 Contributor address; 2024 Rock Ridge Ave. Bryan, Texas 77807 | City; State; Zip Code |
| 8 Contributor's principal occupation Correctional Officer - Hamilton Unit | | 9 Contributor's job title Correctional Officer - Hamilton Unit |
| 10 Contributor's employer/law firm State of Texas | | 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 07/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LaTasha Edwards Caldwell | Amount of contribution (\$) \$104.70 |
| | Contributor address; 5238 Montague Loop Bryan, Texas 77807 | City; State; Zip Code |
| 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 | Amount of contribution (\$) \$200.00 |
| | Contributor address; 3710 Rawlins St. Dallas, Texas 75219 | City; State; Zip Code |
| 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 | | |
| 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.

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| 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 07/15/2025 | 5 Full name of contributor Orlinda Powell | 7 Amount of contribution (\$) \$104.70 |
| 6 Contributor address; 5162 Freestone Circle Dallas, Texas 75227 | | 8 Contributor's principal occupation Realtor |
| 10 Contributor's employer/law firm Self-Employed | | 9 Contributor's job title Realtor |
| 12 If contributor is a child, law firm of parent(s) (if any) N/A | | |
| Date 07/17/2025 | Full name of contributor Heath Harris | Amount of contribution (\$) \$522.24 |
| Contributor address; 1910 Pacific, Ste. 12050 Dallas, Texas 75201 | | Contributor's principal occupation Attorney |
| Contributor's employer/law firm Law Office of Heath Harris | | Contributor's job title Attorney |
| If contributor is a child, law firm of parent(s) (if any) N/A | | |
| Date 07/17/2025 | Full name of contributor Jim Burnham | Amount of contribution (\$) \$300.00 |
| Contributor address; 6116 N. Central Expressway, Dallas, Texas 75206 | | Contributor's principal occupation Attorney |
| Contributor's employer/law firm Law Office of Jim Burnham | | Contributor's job title Attorney |
| 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

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| | | |
|--|---|--|
| 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 Anthony D. Lyons <input type="checkbox"/> out-of-state PAC ID#: _____ 6 Contributor address; 320 S.R.L. Thornton Frwy., Ste. 300 Dallas, Texas 75203 | 7 Amount of contribution (\$) \$1000.00 |
| 8 Contributor's principal occupation Attorney | | 9 Contributor's job title Attorney |
| 10 Contributor's employer/law firm Self-Employed | | 11 Law firm of contributor's spouse (if any) 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 Jeffrey Rosefield <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; 7812 Glenneagle Dr. Dallas, Texas 75248 | Amount of contribution (\$) \$104.70 |
| 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 Keisha Nixon <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; 926 Place Louie Desoto, Texas 75115 | Amount of contribution (\$) \$104.70 |
| 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 | | |

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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/01/2025 - 12/01/2025 | 5 Payee name Bank of America | | |
| 6 Amount (\$) \$16.00 X 6 = \$96.00 | 7 Payee address; P.O. Box 15284 Wilmington, DE 19850 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Fee | (b) Description Acct/ Monthly Bank Fee | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 07/02/2025 - 12/02/2025 | Payee name Google GSuite | | |
| Amount (\$) \$35.82 X 6 = \$214.92 | Payee address; Mountain View, California <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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; <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/08/2025 | 5 Payee name IContact via USAA CC | | |
| 6 Amount (\$) \$37.88 | 7 Payee address; 8000 Regency Parkway, Suite 600, Cary, NC 275188 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (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 | |
| 9 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; P.O. Box 3500 Merrifield, VA 22119 <input type="checkbox"/> Check if individual's residence address. | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | 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; MABA.DTX@GMAIL.COM <input type="checkbox"/> Check if individual's residence address. | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/25/2025 | 5 Payee name MABA-DALLAS | | |
| 6 Amount (\$) \$330.00 | 7 Payee address; MABA.DTX@GMAIL.COM <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Gala Tickets | |
| | (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 07/28/2025 | Payee name Kroger | | |
| Amount (\$) \$224.55 | Payee address; 1001 N35E, Desoto, Texas 75115 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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; 39759 Lyndon B Johnson Fwy., Suite 400, Dallas, Texas 75237 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/13/2025 | 5 Payee name Elite News | | |
| 6 Amount (\$) \$500.00 | 7 Payee address; P.O. BOX 380017, Duncanville, Texas 75138 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (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 | |
| 9 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; 2101 Ross Ave., Dallas, Texas 75201 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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; 1414 N. Washington Ave., Dallas, Texas 75204 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 |

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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/24/2025 | 5 Payee name Act Blue - Texas Coalition of Black Democrats | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; P.O. Box 441146 <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Sumerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution/Donation | (b) Description TCBD | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 10/13/2025 | Payee name Walgreens | | |
| Amount (\$) \$121.74 | Payee address; 731 W. Beltline Rd. <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Desoto, Texas 75115 | |
| PURPOSE OF EXPENDITURE | 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 10/13/2025 | Payee name Taco Cabana | | |
| Amount (\$) \$68.76 | Payee address; 786 I-35E <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Lancaster, Texas 75146 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Food/Beverage 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 7 | 2 FILER NAME REMEKO TRANISHA EDWARDS | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/19/2025 | 5 Payee name New Mt. Zion Baptist Church | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; 9550 Shepherd Rd. <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Dallas, Texas 75243 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution/Donation | (b) Description Contribution/Donation | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 10/30/2025 | 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 | |
| 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 | |
| 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 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; 1414 N. Washington Ave. <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Dallas, Texas 75204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Filing Fee | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 12/22/2025 | Payee name Glorias | | |
| Amount (\$) \$154.80 | Payee address; 600 N. Bishop Ave. <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Dallas, Texas 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Staff 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 | Payee name | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: 1 |
| 2 FILER NAME REMEKO TRANISHA EDWARDS | | 3 Filer ID (Ethics Commission Filers) |
| LENDER INFORMATION | 4 Name of lender Remeko Tranisha Edwards | |
| | 5 Lender address; P.O. Box 1402 | City; State; Zip Code 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