

# 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: *10 of 17*

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

*dianne gibson*

OFFICE USE ONLY

Date Received

FEB 26 PM 4:04

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

*P.O. Box 764701*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(214) 335 9915*

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

*Clara Browne Trimble  
4541 Crown Knoll*

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

*4541 Crown Knoll*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(214) 505 3412*

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

*1 / 1 / 26    2-2-26 THROUGH 1-13-26*

11 ELECTION

ELECTION DATE

Month Day Year

*3 / 3 / 26*

ELECTION TYPE

Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Justice of the Peace, 1/1*

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

15 JC/OH NAME		16 Filer ID (Ethics Commission Filer)
		20 of 07
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6,150.15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,328.83
	4. TOTAL POLITICAL EXPENDITURES	\$ N/A
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,000
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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)

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

# SCHEDULE A(J)1

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

FEB 2 2006 PM 1:04

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3 of 7</b>
2 FILER NAME <i>Dianne Gibson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/1/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Adam Mc Gough</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>9827 Clewledge Dr 75315 Texas</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>unemployed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>2/1/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lynn Mc Bee</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>3925 Stonebridge Dr TX 75207</i>		
Contributor's principal occupation <i>Philanthropist</i>		Contributor's job title
Contributor's employer/law firm <i>self employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/9/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Charlotte Beckwith Jarvis</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4155 J.R.L. Thornton Fwy</i>		
Contributor's principal occupation <i>Manager</i>		Contributor's job title <i>Pec Need Manager</i>
Contributor's employer/law firm <i>Coldenagate Funeral Home</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>dianne gibson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>David Burrows</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>100 N. Central Expressway TX 75080</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney@ Law</i>
10 Contributor's employer/law firm <i>David Burrows, Attorney DWI</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Carrie Ann Holley</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>118 Reddin Ln, Dallas TX 75154</i>		
Contributor's principal occupation <i>Retired</i>		Contributor's job title <i>Educator</i>
Contributor's employer/law firm <i>DISD</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>1/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Darla Spencer</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1588 Rebecca Ln Lancaster TX 75134</i>		
Contributor's principal occupation <i>CEAP Coordinator</i>		Contributor's job title <i>Manager</i>
Contributor's employer/law firm <i>DCHHS</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 4 of 8
2 FILER NAME dianne gibson		3 Filer ID (Ethics Commission Filers)
4 Date 2/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rodney Trevittling	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1811 Beaver Creek Drucaville TX 75137		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Terry Smith	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1246 Essex Dr, Desoto, TX 75115		
Contributor's principal occupation Realtor self employed		Contributor's job title
Contributor's employer/law firm <del>Global America</del>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2/1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maureen Milligan	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 5918 Williamstown Dr TX 75227		
Contributor's principal occupation Attorney		Contributor's job title Director
Contributor's employer/law firm Global America		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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: <b>5 of 07</b>
2 FILER NAME <i>Dianne Gibson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Oletha Barnett</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 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)		
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)		

**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.

6 of 7

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>dianne gibson</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>dianne gibson Campaign</i>	
6 Amount (\$) <i>\$61.94</i>	7 Payee address; <i>2020 W. Wheatland Rd, D15</i>	City; State; Zip Code <i>D15 TX 75232</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Push Cards For Campaign</i>	(b) Description <i>Push Cards Campaign</i>
	(c) <input type="checkbox"/> Check if individual's residence address.	<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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Date <i>1/7/26</i>	Payee name <i>Southern Dallas Magazine</i>		
Amount (\$) <i>\$1,500.00</i>	Payee address; <i>1716 White Cap Court Desoto Tx</i>	City; State; Zip Code <i>Desoto Tx 75115</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Campaign Ad Advertisement</i>	
	<input type="checkbox"/> Check if individual's residence address.	<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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Date <i>1/26/26</i>	Payee name <i>Texas Democratic Party</i>		
Amount (\$) <i>1,341.00</i>	Payee address; <i>314 Highland Blvd</i>	City; State; Zip Code <i>Austin TX 78752</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>VAN</i>	Description <i>soft wake equipment For Political Campaign</i>	
	<input type="checkbox"/> Check if individual's residence address.	<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*

**UNPAID INCURRED OBLIGATIONS**

*From Political Contributions*

**SCHEDULE F2**

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

*F1*

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

*7 of 7*

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | 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> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> <del>TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS</del>	<i>paid Expenditures</i>	\$ <i>126.09</i>
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<b>5</b> Date <i>4/30/2016</i>	<b>6</b> Payee name <i>Fed Ex Office</i>
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Push Cards</i>	(b) Description <i>Push Cards For Campaign</i>
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

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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