

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

1 of 17

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

MS dianne

NICKNAME LAST SUFFIX

gibson

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

P.O. Box 76470 Dallas Texas  
75376~4701

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214 ) 335~9915

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Clara

NICKNAME LAST SUFFIX

Brown Tribble

7 CAMPAIGN  
TREASURER  
ADDRESS

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

4541 Crown Knoll Dallas Texas 75232

(Residence or Business)

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  
7 / 1 / 25 THROUGH 12 / 31 / 25

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

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 Filers)<br><u>20817</u> |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>6,440.00</u>                                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>4,480.47</u>                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$   |
| 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]

Signature of Candidate/Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dianne Gibson this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

Julia Vasquez Julia Vasquez Notary Public  
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)

**LOANS****SCHEDULE E**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 E:<br>3 of 17  |
| 2 FILER NAME<br>dianne gibson   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$ 1,000.00   |
| 5 Date of loan<br>12/05/2025  | 7 Name of lender<br>dianne gibson<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)<br>1,000.00  |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br>2027 Chevella Dr Dallas Texas 75235              | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br>Greeter                             |   | 13 Employer (See Instructions)<br>Golden Gate Funeral Home                          |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                      |   | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable  | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|   | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)  |   | 21 Employer (See Instructions)  |
| Date of loan  | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____)                    | Loan Amount (\$)  |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Lender address; City; State; Zip Code   | Interest rate   |
|   |   | Maturity date   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Description of Collateral<br>none   |   | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable   | Name of guarantor   | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code  |   |
| Principal Occupation (See Instructions)   |   | Employer (See Instructions)   |

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |                               |                                       |  |
|---|---|--|-------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1:                            |   | 2 FILER NAME   |                               | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>11/17/25                                    |   | 5 Payee name<br>Signage Systems  |                               |                                       |  |
| 6 Amount (\$)<br>1,184.50                             |   | 7 Payee address; City; State; Zip Code<br>7900 Ferguson Rd Dallas Texas 75228<br><small>Check if individual's residence address.</small> |                               |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br>Yard Signs & Rods   |  | (b) Description<br>Yard signs |                                       |  |
|   | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |  |                               |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   | Candidate / Officeholder name  |                               | Office sought Office held             |  |

  

|   |   |   |   |                           |  |
|---|---|---|---|---------------------------|--|
| Date<br>11/17/25                                    |   | Payee name<br>Sankofa   |   |                           |  |
| Amount (\$)<br>300.00                               |   | Payee address; City; State; Zip Code<br>4141 W. Wheatland Rd Duncanville Texas 75232<br><small>Check if individual's residence address.</small> |   |                           |  |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)  |   | Description<br>Food venue for Campaign Kick off |                           |  |
|   | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |   |   |                           |  |
| Complete ONLY if direct expenditure to benefit C/OH |   | Candidate / Officeholder name   |   | Office sought Office held |  |

  

|   |   |  |  |                           |  |
|---|---|--|--|---------------------------|--|
| Date<br>11/17/25                                    |   | Payee name<br>Artistic Embodiment  |  |                           |  |
| Amount (\$)<br>500.00                               |   | Payee address; City; State; Zip Code<br>2938 Bahia Grand Prairie Texas 75054~5518<br><small>Check if individual's residence address.</small> |  |                           |  |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)<br>Art work  |  | Description<br>Art work for campaign signs |                           |  |
|   | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |  |  |                           |  |
| Complete ONLY if direct expenditure to benefit C/OH |   | Candidate / Officeholder name  |  | Office sought Office held |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

5pf17

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:  | <b>2</b> FILER NAME<br>dianne gibson   |             | <b>3</b> Filer ID (Ethics Commission Filers)     |                                |                               |               |             |
| <b>4</b> Date<br>11/17/25   | <b>5</b> Payee name<br>Cemone Harris   |             |  |                                |                               |               |             |
| <b>6</b> Amount (\$)<br>460.00<br><small>Reimbursement from political contributions intended</small>  | <b>7</b> Payee address:<br>2706 Peabody Ave<br><small>Check if individual's residence address.</small> |             | City;<br>Dallas                                  | State;<br>TX Zip Code<br>75215 |                               |               |             |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                |             | <b>(b)</b> Description                           |                                |                               |               |             |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                                      |             | Check if Austin, TX, officeholder living expense |                                |                               |               |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table> |  |             |  |                                | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held |  |                                |                               |               |             |
| Date<br>11/17/25  | Payee name<br>Alicia Brown Young   |             |  |                                |                               |               |             |
| Amount (\$)<br>200.00<br><small>Reimbursement from political contributions intended</small>   | Payee address;<br>1811 Beaver Creek Dr<br><small>Check if individual's residence address.</small>      |             | City;<br>Duncanville                             | State;<br>TX Zip Code<br>75115 |                               |               |             |
| <b>PURPOSE OF EXPENDITURE</b>   | 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 <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table>          |  |             |  |                                | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held |  |                                |                               |               |             |
| Date<br>11/17/25  | Payee name<br>Kathy Nealy  |             |  |                                |                               |               |             |
| Amount (\$)<br>600.00<br><small>Reimbursement from political contributions intended</small>   | Payee address;<br>6745 Keswick Dr<br><small>Check if individual's residence address.</small>           |             | City;<br>Dallas                                  | State;<br>TX Zip Code<br>75232 |                               |               |             |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Consultant                             |             | Description                                      |                                |                               |               |             |
|   | Check if travel outside of Texas. Complete Schedule T.   |             | Check if Austin, TX, officeholder living expense |                                |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table>          |  |             |  |                                | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held |  |                                |                               |               |             |

**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.

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## 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:   | <b>2</b> FILER NAME<br>dianne gibson  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>11/17/25  | <b>5</b> Payee name<br>Executive Press  |  |  |
| <b>6</b> Amount (\$)<br>635.97<br><small>Reimbursement from political contributions intended</small>                           | <b>7</b> Payee address:<br>1400 Presidential Dr #110 Richardson TX 75081<br><small>City; State; Zip Code</small><br><small>Check if individual's residence address.</small> |  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Print T-Shirts   |  | <b>(b)</b> Description<br>T-Shirts           |
|  | <b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                            |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |  |  |
| Date   | Payee name  |  |  |
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small>  | Payee address; City; State; Zip Code<br><small>Check if individual's residence address.</small>   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  |  | Description                                  |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                                       |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |   |  |  |
| Date   | Payee name  |  |  |
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small>  | Payee address; City; State; Zip Code<br><small>Check if individual's residence address.</small>   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  |  | Description                                  |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                                       |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |   |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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:                   |
| 2 FILER NAME<br><i>dianne gibson</i>  |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>10/21/25</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Michael L. Davis, Jr.</i> | 7 Amount of contribution (\$)<br><i>100.00</i>  |
| 6 Contributor address; City; State; Zip Code<br><i>Box 151434<br/>DK, TX 75315</i>  |   |   |
| 8 Contributor's principal occupation<br><i>Consulting</i>   |   | 9 Contributor's job title<br><i>Consultant</i>  |
| 10 Contributor's employer/law firm<br><i>Self Employed</i>  |   | 11 Law firm of contributor's spouse (if any)    |
| 12 If contributor is a child, law firm of parent(s) (if any)  |   |   |
| Date<br><i>10/21/25</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Cynthia Munn</i>            | Amount of contribution (\$)<br><i>150.00</i>    |
| Contributor address; City; State; Zip Code  |   |   |
| Contributor's principal occupation  |   | Contributor's job title<br><i>Retiree</i>       |
| 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<br><i>10/21/25</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Delora Guess</i>            | Amount of contribution (\$)<br><i>\$ 150.00</i> |
| Contributor address; City; State; Zip Code  |   |   |
| 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><br>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:                    |
| 2 FILER NAME<br><i>Dianne Gibson</i>  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>12/12/25</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Fred Davis</i>    | 7 Amount of contribution (\$)<br><i>\$100.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>1332 Green Hill Ct<br/>Duncanville, TX 75115</i>   |   |  |
| 8 Contributor's principal occupation  |   | 9 Contributor's job title<br><i>Retiree</i>      |
| 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<br><i>12/15/25</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Cowen Uhlirson</i>  | Amount of contribution (\$)<br><i>100.00</i>     |
| Contributor address; City; State; Zip Code  |   |  |
| 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<br><i>12/15/25</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>SAIC Foundation</i> | Amount of contribution (\$)<br><i>\$500.00</i>   |
| Contributor address; City; State; Zip Code  |   |  |
| 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><br>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:<br>9 of 17     |
| 2 FILER NAME<br>dianne gibson  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>12/16/25   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Opal Hoskins                             | 7 Amount of contribution (\$)<br>\$180.00    |
| 6 Contributor address; City; State; Zip Code<br>5171 Ivy Ln<br>D13 75232   |   |  |
| 8 Contributor's principal occupation   |   | 9 Contributor's job title<br>Retiree         |
| 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#:<br>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#:<br>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<br>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:<br>10 of 17 |
| 2 FILER NAME<br>Dianne Gibson   |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>10/04/25  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Eleanor J. Campbell | 7 Amount of contribution (\$)<br>\$500.00 |
| 6 Contributor address; City; State; Zip Code<br>11803 Sterling Rd<br>The Woodlands, TX 77380  |  |   |
| 8 Contributor's principal occupation<br>Retiree   | 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<br>10/23/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Lynn McBee            | Amount of contribution (\$)<br>1000.00    |
| Contributor address; City; State; Zip Code<br>3925 Stonebridge Dr<br>Dallas, TX 75204         |  |   |
| Contributor's principal occupation<br>Philanthropist  | Contributor's job title<br>CEO   |   |
| Contributor's employer/law firm<br>Self employed  | Law firm of contributor's spouse (if any)  |   |
| If contributor is a child, law firm of parent(s) (if any)                                     |  |   |
| Date<br>10/21/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Cynthia Ross          | Amount of contribution (\$)<br>\$50.00    |
| Contributor address; City; State; Zip Code<br>302 West Palestine Street<br>Hutchins, TX 75141 |  |   |
| Contributor's principal occupation<br>Exec. Director  | Contributor's job title<br>Director  |   |
| Contributor's employer/law firm<br>N/A  | Law firm of contributor's spouse (if any)  |   |
| If contributor is a child, law firm of parent(s) (if any)                                     |  |   |

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# 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:<br>11 of 17                |
| 2 FILER NAME<br>Dianne Gibson   |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br>10/21/25  | 5 Full name of contributor<br>Kimberly Vaughn<br><input checked="" type="checkbox"/> out-of-state PAC ID#: | 7 Amount of contribution (\$)<br>\$200.00                |
| 6 Contributor address; City; State; Zip Code<br>1909 Nelson Court<br>Desoto, TX 75115 |  |  |
| 8 Contributor's principal occupation<br>Engineer                                      |  | 9 Contributor's job title<br>Sr. Director of Engineering |
| 10 Contributor's employer/law firm<br>Liberty Mutual                                  |  | 11 Law firm of contributor's spouse (if any)             |
| 12 If contributor is a child, law firm of parent(s) (if any)                          |  |  |

|  |   |   |
|--|---|---|
| Date<br>10/27/25   | Full name of contributor<br>Melody Loui's<br><input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$)<br>\$300.00   |
| Contributor address; City; State; Zip Code<br>3533 Orchard Drive<br>Mesquite, TX 75181 |   |   |
| Contributor's principal occupation<br>Attorney @ Law                                   |   | Contributor's job title<br>Magistrate     |
| Contributor's employer/law firm<br>DLS Cty   |   | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any)                              |   |   |

|   |  |   |
|---|--|---|
| Date<br>11/04/25  | Full name of contributor<br>Beverly Maddox<br><input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$)<br>\$200.00   |
| Contributor address; City; State; Zip Code                |  |   |
| 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) |  |   |

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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|---|---|--|
| The Instruction Guide explains how to complete this form.                                   |   | 1 Total pages Schedule A(J)1:<br>12 of 17    |
| 2 FILER NAME<br>Dianne G. Buxton  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/10/25  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Zachary Thompson | 7 Amount of contribution (\$)<br>\$150.00    |
| 6 Contributor address; City; State; Zip Code<br>1041 Hampshire Lane<br>Cedar Hill, TX 75104 |   |  |
| 8 Contributor's principal occupation<br>Retiree   |   | 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<br>11/12/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Dr. Lisa King      | Amount of contribution (\$)<br>\$50.00       |
| Contributor address; City; State; Zip Code<br>1441 N. Beekley Ave<br>Dallas, TX 75232       |   |  |
| Contributor's principal occupation<br>Physician   |   | Contributor's job title<br>Gynecologist      |
| Contributor's employer/law firm<br>The Women's Place  |   | Law firm of contributor's spouse (if any)    |
| If contributor is a child, law firm of parent(s) (if any)                                   |   |  |
| Date<br>11/12/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Faye Houston       | Amount of contribution (\$)<br>\$50.00       |
| Contributor address; City; State; Zip Code  |   |  |
| 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)                                   |   |  |

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A(J)1:<br>13 of 17    |
| 2 FILER NAME<br>Dianne Gibson   |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/13   | 5 Full name of contributor<br>Twana Warner<br><input type="checkbox"/> out-of-state PAC ID#: | 7 Amount of contribution (\$)<br>\$50.00     |
| 6 Contributor address; City; State; Zip Code  |  |  |
| 8 Contributor's principal occupation  |  | 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<br>11/15/25  | Full name of contributor<br>Elarryo Mukes<br><input type="checkbox"/> out-of-state PAC ID#:  | Amount of contribution (\$)<br>\$50.00       |
| Contributor address; City; State; Zip Code  |  |  |
| 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<br>11/13/25  | Full name of contributor<br>Kim Olusanya<br><input type="checkbox"/> out-of-state PAC ID#:   | Amount of contribution (\$)<br>\$50.00       |
| Contributor address; City; State; Zip Code<br>707 Sleepy Hollow Dr<br>Cedar Hill, TX 75104  |  |  |
| 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)   |  |  |
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A(J)1:<br>14 of 17    |
| 2 FILER NAME<br>dianne gibson   |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/13/25  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Faith Jenkins | 7 Amount of contribution (\$)<br>\$100.00    |
| 6 Contributor address; City; State; Zip Code<br>906 Redmond Dr<br>D13   |  |  |
| 8 Contributor's principal occupation  |  | 9 Contributor's job title<br>Retired         |
| 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<br>11/13/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Chandra Quarles | Amount of contribution (\$)<br>100.00        |
| Contributor address; City; State; Zip Code  |  |  |
| 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<br>11/13/25  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Dorise DeYoung  | Amount of contribution (\$)<br>\$150.00      |
| Contributor address; City; State; Zip Code  |  |  |
| 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)   |  |  |
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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| The Instruction Guide explains how to complete this form.                            |   | 1 Total pages Schedule A(J)1:<br>15 of 17    |
| 2 FILER NAME<br>Dianne Gibson  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/14/25   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Donna Sheron Patterson | 7 Amount of contribution (\$)<br>\$50.00     |
| 6 Contributor address; City; State; Zip Code<br>5520 Cedar Ridge Dr. Dallas TX 75236 |   |  |
| 8 Contributor's principal occupation   |   | 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<br>11/14/25   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Tamika Harrison          | Amount of contribution (\$)<br>\$180.00      |
| Contributor address; City; State; Zip Code   |   |  |
| 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<br>11/14/25   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Sonia Cook               | Amount of contribution (\$)<br>100.00        |
| Contributor address; City; State; Zip Code   |   |  |
| 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)                            |   |  |

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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| The Instruction Guide explains how to complete this form.                        |   | 1 Total pages Schedule A(J)1:<br>16 of 17    |
| 2 FILER NAME<br>Dianne Gibson  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/17/25   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Built Modern Homes LLC | 7 Amount of contribution (\$)<br>\$200.00    |
| 6 Contributor address; City; State; Zip Code                                     |   |  |
| 8 Contributor's principal occupation   |   | 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<br>11-17-25   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Carol Ann Ross           | Amount of contribution (\$)<br>\$500.00      |
| Contributor address; City; State; Zip Code<br>604 W. Colorado<br>D13 TX 75224    |   |  |
| Contributor's principal occupation<br>Retiree                                    |   | 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<br>11-17-25   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Mark Tolocko             | Amount of contribution (\$)<br>\$500.00      |
| Contributor address; City; State; Zip Code<br>2814 Maple Springs<br>D15 TX 75115 |   |  |
| Contributor's principal occupation   |   | Contributor's job title<br>Retiree           |
| 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)                        |   |  |

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| 2 FILER NAME<br>dianne gibson                                |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>11/17/25   | 5 Full name of contributor<br>Michael Conley<br><input checked="" type="checkbox"/> out-of-state PAC ID#: | 7 Amount of contribution (\$)<br>\$ 50.00    |
| 6 Contributor address; City; State; Zip Code                 |   |  |
| 8 Contributor's principal occupation                         |   | 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<br><input type="checkbox"/> out-of-state PAC ID#:                                | Amount of contribution (\$)                  |
|  | Contributor address; City; State; Zip Code  |  |
| 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<br><input type="checkbox"/> out-of-state PAC ID#:                                | Amount of contribution (\$)                  |
|  | Contributor address; City; State; Zip Code  |  |
| 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)    |   |  |

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