

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 MS	FIRST dianne	MI	OFFICE USE ONLY Date Received 		
	NICKNAME gibson	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 76470 75376~4701 Dallas Texas					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 335~9915	EXTENSION	Date Hand-delivered or Date Postmarked 06/01/2026		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Clara	FIRST	MI	Receipt #: 4414	Amount \$ 27	
	NICKNAME Brown Tribble	LAST	SUFFIX	Date Processed 06/01/2026		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 4541 Crown Knoll Dallas Texas 75232			STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 505~3412	EXTENSION			
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 7	Day 1	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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		16 Filer ID (Ethics Commission Filers)
		20817
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)	\$ 6,440.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,480.47
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

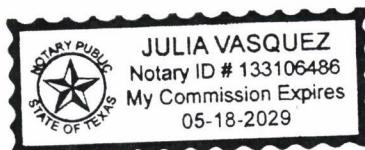
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dianne Gibson this the 15th day of January, 20 20, to certify which, witness my hand and seal of office.

Julia Vasquez Signature of officer administering oath

Julia Vasquez Printed name of officer administering oath

Notary Public 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**

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

4 of 17

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/25	5 Payee name Signage Systems		
6 Amount (\$) 1,184.50	7 Payee address; 7900 Ferguson Rd	City; Dallas State; Zip Code Texas 75228	
	Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Yard Signs & Rods	(b) Description Yard signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 10/17/25	Payee name Sankofa		
Amount (\$) 300.00	Payee address; 4141 W. Wheatland Rd	City; Duncanville State; Zip Code Texas 75232	
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Food venue for Campaign Kick off	
	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	Candidate / Officeholder name	Office sought	Office held
Date 10/17/25	Payee name Artistic Embodiment		
Amount (\$) 500.00	Payee address; 2938 Bahia	City; Grand Prairie State; Zip Code Texas 75054-5518	
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Art work	Description Art work for campaign signs	
	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	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>dianne gibson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Payee name <i>Cemone Harris</i>	
6 Amount (\$) <i>400.00</i> Reimbursement from political contributions intended	7 Payee address: <i>2706 Peabody Ave</i> Check if individual's residence address.	City: <i>Dallas</i> State: <i>TX</i> Zip Code: <i>75215</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11/17/25</i>	Payee name <i>Alicia Brown Young</i>	
Amount (\$) <i>200.00</i> Reimbursement from political contributions intended	Payee address: <i>1811 Beaver Creek Dr</i> Check if individual's residence address.	City: <i>Duncanville</i> State: <i>TX</i> Zip Code: <i>75115</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11/17/25</i>	Payee name <i>Kathy Nealy</i>	
Amount (\$) <i>600.00</i> Reimbursement from political contributions intended	Payee address: <i>6745 Keswick Dr</i> Check if individual's residence address.	City: <i>Dallas</i> State: <i>TX</i> Zip Code: <i>75232</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

60f17

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>dianne gibson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Payee name <i>Executive Press</i>	
6 Amount (\$) <i>635.97</i> Reimbursement from political contributions intended	7 Payee address; <i>1400 Presidential Dr #110</i>	City: <i>Richardson</i> State: <i>TX</i> Zip Code <i>75081</i>
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Print T-Shirts</i>	(b) Description <i>T-Shirts</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1:</p>
<p>2 FILER NAME</p> <p><i>dianne gibson</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>10/21/25</i></p>	<p>5 Full name of contributor</p> <p><i>Michael L. Davis, Jr.</i></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>7 Amount of contribution (\$)</p> <p><i>\$100.00</i></p>
<p>6 Contributor address;</p> <p><i>Box 151434 DS, TX 75315</i></p>				<p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>
<p>8 Contributor's principal occupation</p> <p><i>Consulting</i></p>		<p>9 Contributor's job title</p> <p><i>Consultant</i></p>		
<p>10 Contributor's employer/law firm</p> <p><i>Self Employed</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date</p> <p><i>10/21/25</i></p>	<p>Full name of contributor</p> <p><i>Cynthia Moore</i></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>Amount of contribution (\$)</p> <p><i>\$150.00</i></p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p> <p><i>Retiree</i></p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date</p> <p><i>10/21/25</i></p>	<p>Full name of contributor</p> <p><i>Debra Guess</i></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>Amount of contribution (\$)</p> <p><i>\$150.00</i></p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				

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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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1:</p>
<p>2 FILER NAME</p> <p><i>Dianne Gibson</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>12/12/25</i></p>	<p>5 Full name of contributor</p> <p><i>Fred Davis</i></p> <p>6 Contributor address;</p> <p><i>1332 Creek Hill Ct Duncanville, TX 75115</i></p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>			<p>7 Amount of contribution (\$)</p> <p><i>\$100,00</i></p>
<p>8 Contributor's principal occupation</p>		<p>9 Contributor's job title</p> <p><i>Retiree</i></p>		
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date</p> <p><i>12/15/25</i></p> <p>Full name of contributor</p> <p><i>Conrad Wilson</i></p> <p>Contributor address;</p> <p>City;</p> <p>State; Zip Code</p>				<p>Amount of contribution (\$)</p> <p><i>100,00</i></p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date</p> <p><i>12/15/25</i></p> <p>Full name of contributor</p> <p><i>SAC Foundation</i></p> <p>Contributor address;</p> <p>City;</p> <p>State; Zip Code</p>				<p>Amount of contribution (\$)</p> <p><i>\$500,00</i></p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

2017

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A(J)1: 9 of 17</p>
<p>2 FILER NAME <i>Dianne Gibson</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
4 Date 12/16/25	<p>5 Full name of contributor <i>Opal Hopkins</i></p> <p>6 Contributor address; <i>5171 Ivy Ln DIS 75232</i></p>		<p>7 Amount of contribution (\$) <i>\$180.00</i></p>
<p>8 Contributor's principal occupation</p>		<p>9 Contributor's job title <i>Retiree</i></p>	
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>	
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date</p>		<p>Full name of contributor</p> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>	
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date</p>		<p>Full name of contributor</p> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>	
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: <u>10 of 17</u>
2 FILER NAME <u>dianne gibson</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>10/04/25</u>	5 Full name of contributor <u>Eleara F. Campbell</u>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; <u>11803 Sterling Rd</u>	City: <u>Thonotosassa</u>	State; Zip Code <u>Fla 33592</u>	
8 Contributor's principal occupation <u>Retiree</u>	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 <u>10/23/25</u>	Full name of contributor <u>Wynn McBee</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>1000.00</u>
Contributor address; <u>3925 Stonebridge Dr</u>	City: <u>DIS, TX</u>	State; Zip Code <u>75204</u>	
Contributor's principal occupation <u>Philanthropist</u>	Contributor's job title <u>CEO</u>		
Contributor's employer/law firm <u>self employed</u>	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date <u>10/21/25</u>	Full name of contributor <u>Cynthia Ross</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; <u>302 West Palestine Street</u>	City: <u>Hutchins, TX</u>	State; Zip Code <u>75141</u>	
Contributor's principal occupation <u>Exec. Director</u>	Contributor's job title <u>Director</u>		
Contributor's employer/law firm <u>NA</u>	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 <i>11 of 17</i>
2 FILER NAME <i>Dianne Gibbs</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/21/25</i>	5 Full name of contributor <i>Kimberly Vaughn</i>	6 Contributor address; City; State; Zip Code <i>1909 Altonose Court Desoto, TX 75115</i>
7 Amount of contribution (\$) <i>\$200.00</i>		
8 Contributor's principal occupation <i>Engineer</i>		9 Contributor's job title <i>SR. Director of Engineering</i>
10 Contributor's employer/law firm <i>Liberty Mutual</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>10/27/25</i>	Full name of contributor <i>Melody Louis</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>3533 Orchard Drive Mesquite, TX 75181</i>
Amount of contribution (\$) <i>\$300.00</i>		
Contributor's principal occupation <i>Attorney@Law</i>		Contributor's job title <i>Magistrate</i>
Contributor's employer/law firm <i>DLS City</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/04/25</i>	Full name of contributor <i>Beverly Maddox</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code
Amount of contribution (\$) <i>\$200.00</i>		
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)

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: <i>12 of 17</i>
2 FILER NAME <i>Dianne gibson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/10/25</i>	5 Full name of contributor <i>Zachary Thompson</i>	6 Contributor address; City, State, Zip Code <i>1841 Hampshire Lane, Cedar Hill, TX 75104</i>
7 Amount of contribution (\$) <i>\$ 150.00</i>		
8 Contributor's principal occupation <i>Retiree</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 <i>11/12/25</i>		Full name of contributor <i>Dr. Lisa King</i>
		Contributor address; City, State, Zip Code <i>1441 N. Beckley Ave, Dallas, TX 75232</i>
Amount of contribution (\$) <i>\$ 50.00</i>		
Contributor's principal occupation <i>Physician</i>		Contributor's job title <i>Gynecologist</i>
Contributor's employer/law firm <i>The Women's Place</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/12/25</i>		Full name of contributor <i>Faye Houston</i>
		Contributor address; City, State, Zip Code
Amount of contribution (\$) <i>\$ 50.00</i>		
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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A(J)1: <u>13 of 17</u></p>																				
<p>2 FILER NAME <i>Dianne Gibson</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>																				
<p>4 Date <u>11/13</u></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____</p> <p><i>Twana Walker</i></p>		<p>7 Amount of contribution (\$) <u>\$50.00</u></p>																				
<p>8 Contributor's principal occupation</p>			<p>9 Contributor's job title</p>																				
<p>10 Contributor's employer/law firm</p>			<p>11 Law firm of contributor's spouse (if any)</p>																				
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td>Date <u>11/13/25</u></td> <td>Full name of contributor <i>Elarryo Mukes</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) <u>\$50.00</u></td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				Date <u>11/13/25</u>	Full name of contributor <i>Elarryo Mukes</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <u>\$50.00</u>	Contributor address; City; State; Zip Code												<p>If contributor is a child, law firm of parent(s) (if any)</p>			
Date <u>11/13/25</u>	Full name of contributor <i>Elarryo Mukes</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <u>\$50.00</u>																				
Contributor address; City; State; Zip Code																							
<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td>Date <u>11/13/25</u></td> <td>Full name of contributor <i>Kim Susana</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) <u>\$50.00</u></td> </tr> <tr> <td colspan="2">Contributor address; <i>707 Sleepy Hollow Dr Cedar Hill, TX 75104</i></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				Date <u>11/13/25</u>	Full name of contributor <i>Kim Susana</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <u>\$50.00</u>	Contributor address; <i>707 Sleepy Hollow Dr Cedar Hill, TX 75104</i>												<p>If contributor is a child, law firm of parent(s) (if any)</p>			
Date <u>11/13/25</u>	Full name of contributor <i>Kim Susana</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <u>\$50.00</u>																				
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**MONETARY POLITICAL CONTRIBUTIONS
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SCHEDULE A(J)1

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<p>2 FILER NAME <i>Dianne Gibbs</i></p>		<p>1 Total pages Schedule A(J)1: <i>14 of 17</i></p>																					
<p>4 Date <i>11/13/25</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>East Jeffeks</i></p>		<p>7 Amount of contribution (\$) <i>\$100.00</i></p>																				
<p>6 Contributor address: <i>900 Redmond Dr D15</i></p>		<p>City: _____</p>	<p>State: _____ Zip Code: _____</p>																				
<p>8 Contributor's principal occupation</p>		<p>9 Contributor's job title <i>Retired</i></p>																					
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>																					
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td> <p>Date <i>11/13/25</i></p> </td> <td> <p>Full name of contributor <i>Chandrea Awakes</i></p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p> </td> <td> <p>Amount of contribution (\$) <i>100.00</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; City: _____</p> </td> <td colspan="2"> <p>State: _____ Zip Code: _____</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation</p> </td> <td colspan="2"> <p>Contributor's job title</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm</p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				<p>Date <i>11/13/25</i></p>	<p>Full name of contributor <i>Chandrea Awakes</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>	<p>Amount of contribution (\$) <i>100.00</i></p>	<p>Contributor address; City: _____</p>		<p>State: _____ Zip Code: _____</p>		<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date <i>11/13/25</i></p>	<p>Full name of contributor <i>Chandrea Awakes</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>	<p>Amount of contribution (\$) <i>100.00</i></p>																				
<p>Contributor address; City: _____</p>		<p>State: _____ Zip Code: _____</p>																					
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<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>																					
<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td> <p>Date <i>11/13/25</i></p> </td> <td> <p>Full name of contributor <i>Denise Degrange</i></p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p> </td> <td> <p>Amount of contribution (\$) <i>\$150.00</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; City: _____</p> </td> <td colspan="2"> <p>State: _____ Zip Code: _____</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation</p> </td> <td colspan="2"> <p>Contributor's job title</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm</p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				<p>Date <i>11/13/25</i></p>	<p>Full name of contributor <i>Denise Degrange</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>	<p>Amount of contribution (\$) <i>\$150.00</i></p>	<p>Contributor address; City: _____</p>		<p>State: _____ Zip Code: _____</p>		<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date <i>11/13/25</i></p>	<p>Full name of contributor <i>Denise Degrange</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>	<p>Amount of contribution (\$) <i>\$150.00</i></p>																				
<p>Contributor address; City: _____</p>		<p>State: _____ Zip Code: _____</p>																					
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>																					
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<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
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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: <i>15 of 17</i>
2 FILER NAME <i>Dianne Gibbs</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>De Shereen Patterson</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address: <i>5520 Cedar Ridge Dr. Dallas TX 75236</i>	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 <i>11/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tamika Harrison</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$180.00</i>
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 <i>11/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sonia Cook</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>100.00</i>
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)

SCHEDULE A(J)1

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2 FILER NAME <i>Dianne gibson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Built Modern Homes LLC</i>	6 Contributor address; City; State; Zip Code <i>604 W. Colorado DIS TX 75224</i>
7 Amount of contribution (\$) <i>\$200.00</i>		
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 <i>11/17/25</i>	Full name of contributor <i>Carlyle Ross</i>	□ out-of-state PAC ID# <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>604 W. Colorado DIS TX 75224</i>	Amount of contribution (\$) <i>\$500.00</i>	
Contributor's principal occupation <i>Retiree</i>	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 <i>11/17/25</i>	Full name of contributor <i>Mark Tolocko</i>	□ out-of-state PAC ID# <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2814 Maple Springs DIS TX 75115</i>	Amount of contribution (\$) <i>\$500.00</i>	
Contributor's principal occupation	Contributor's job title <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)		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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2 FILER NAME <i>Dianne Gibbs</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Michelle Conley</i>	6 out-of-state PAC ID#: 7 Amount of contribution (\$) <i>\$ 50.00</i>
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 <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 (\$)
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