

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: 31		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Julia</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Hayes</i>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE; ZIP CODE <i>Dallas TX P.O. Box 224402 75222-4402</i>		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>727-2605</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>2026 JAN 15</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Jennifer</i>	MI	Receipt # <i>REPL 8</i> Amount \$ <i>10:02</i>		
	NICKNAME	LAST <i>Farmer</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;			STATE; ZIP CODE <i>901 Main St. Ste 5330 Dallas, TX 75202</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>948-8333</i>	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 <i>07</i>	Day <i>01</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 03 / 2026</i>		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) <i>Judge, Dallas Co.Crim Ct #2</i>			13 OFFICE SOUGHT (if known) <i>Judge, Dallas Co.Crim Ct #2</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

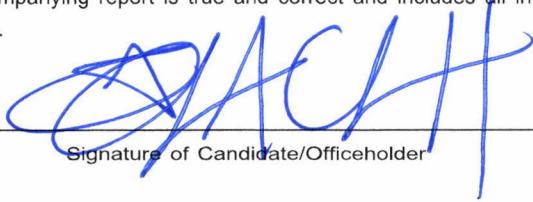
15 JC/OH NAME

Julia Hayes

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,161.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,033.95
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	\$ 6,646.87
OUTSTANDING LOAN TOTALS		

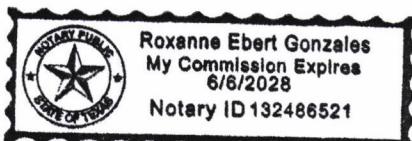
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julia Hayes this the 15th day of January, 2026

to certify which, witness my hand and seal of office.

Roxanne Gonzales Roxanne Gonzales notary

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)

21. SCHEDULE SUBTOTALS		NAME OF SCHEDULE
19. FILER NAME	Julia Hayes	
20. File ID (Ethics Commission File#)		
SUBTOTALS - JC/OH		
COVER SHEET PG 3		
FORM JC/OH		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,061.67	AMOUNT
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00	AMOUNT
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	AMOUNT
4. SCHEDULE E: LOANS	\$	AMOUNT
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,199.39	AMOUNT
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	AMOUNT
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	AMOUNT
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,498.86	AMOUNT
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 300.00	AMOUNT
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	AMOUNT
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	AMOUNT
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$	AMOUNT

SUBTOTALS - JC/OH

COVER SHEET PG 3

FORM JC/OH

**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: 16</p>
<p>2 FILER NAME Julia Hayes</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 7/12/25</p>	<p>5 Full name of contributor Randell Cross</p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>7 Amount of contribution (\$) \$ 1,000</p>
<p>6 Contributor address: 3500 Oaklawn Ave Dallas TX 75219</p>		<p>City: #530</p>	<p>State: TX</p>	<p>Zip Code</p>
<p>8 Contributor's principal occupation Attorney</p>		<p>9 Contributor's job title Attorney</p>		
<p>10 Contributor's employer/law firm Law Office of Randell Cross</p>		<p>11 Law firm of contributor's spouse (if any) N/A</p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date 8/20/25</p>				
<p>Full name of contributor Russell Wilson II</p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>				
<p>Contributor address: 1910 Pacific Ave #12050</p> <p>City: Dallas</p> <p>State: TX</p> <p>Zip Code: 75201</p>				
<p>Amount of contribution (\$) \$ 1,000.00</p>				
<p>Contributor's principal occupation Attorney</p>				
<p>Contributor's job title Attorney</p>				
<p>Contributor's employer/law firm Russell Wilson II Law Office</p>				
<p>Law firm of contributor's spouse (if any) N/A</p>				
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date 8/26/25</p>				
<p>Full name of contributor Adam Seidel</p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>				
<p>Contributor address: 8150 N. Central Ewy #250</p> <p>City: Dallas</p> <p>State: TX</p> <p>Zip Code: 75206</p>				
<p>Amount of contribution (\$) \$ 150.00</p>				
<p>Contributor's principal occupation Attorney</p>				
<p>Contributor's job title Attorney</p>				
<p>Contributor's employer/law firm Adam Seidel, P.C.</p>				
<p>Law firm of contributor's spouse (if any) N/A</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.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: 16
2 FILER NAME Julia Hayes				3 Filer ID (Ethics Commission Filers) 16
4 Date 9/2/25	5 Full name of contributor Randall Isenberg 6 Contributor address; 4303 N. Central Exwy City: Dallas TX State: 75205			7 Amount of contribution (\$) \$ 1,000.00
8 Contributor's principal occupation Attorney	9 Contributor's job title Attorney			
10 Contributor's employer/law firm Law Office of Randall Isenberg	11 Law firm of contributor's spouse (if any) N/A			
12 If contributor is a child, law firm of parent(s) (if any)				
Date 9/2/25	Full name of contributor Charlie Humphreys Contributor address; 11300 N. Central Exwy City: Dallas TX State: 75243			Amount of contribution (\$) \$ 250.00
Contributor's principal occupation Attorney	Contributor's job title Attorney			
Contributor's employer/law firm Humphreys & Peterson PLLC	Law firm of contributor's spouse (if any) N/A			
If contributor is a child, law firm of parent(s) (if any)				
Date 9/15/25	Full name of contributor David Burrows Contributor address; 100 N. Central Exwy City: #805 Richardson State: TX Zip Code: 75080			Amount of contribution (\$) \$ 250.00
Contributor's principal occupation Attorney	Contributor's job title Attorney			
Contributor's employer/law firm Self	Law firm of contributor's spouse (if any) N/A			
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>16</i>
2 FILER NAME <i>Julia Hayes</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/30/25</i>	5 Full name of contributor <i>James Burnham</i>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; <i>6116 N. Central Ewy #515</i>	City; <i>Dallas TX</i>	State; <i>75206</i>		
8 Contributor's principal occupation <i>Attorney</i>	9 Contributor's job title <i>Attorney</i>			
10 Contributor's employer/law firm <i>Law Offices of Jim Burnham</i>	11 Law firm of contributor's spouse (if any) <i>N/A</i>			
12 If contributor is a child, law firm of parent(s) (if any)				

Date <i>9/16/25</i>	Full name of contributor <i>Channie Hopkins</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$25.00</i>	
Contributor address; <i>120 Wild River Ct. DeSoto TX 75115</i>	City; <i></i>	State; <i></i>		
Contributor's principal occupation <i>University Devel Counselor</i>	Contributor's job title <i>University Devel Counselor</i>			
Contributor's employer/law firm <i>Grand Canyon Univ</i>	Law firm of contributor's spouse (if any) <i>N/A</i>			
If contributor is a child, law firm of parent(s) (if any)				

Date	Full name of contributor <i></i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; <i></i>	City; <i></i>	State; <i></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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>16</i>
2 FILER NAME <i>Julia Hayes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/25</i>	5 Full name of contributor <i>Raymond William S</i>	6 Contributor address; City; State; Zip Code <i>8150 N. Central Expy #M101 Dallas TX 75206</i>
7 Amount of contribution (\$) <i>\$129.22</i>		
8 Contributor's principal occupation <i>Sheriff Deputy</i>		9 Contributor's job title <i>Sheriff Deputy</i>
10 Contributor's employer/law firm <i>Dallas Co. Sheriff's Dept.</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/16/25</i>	Full name of contributor <i>Sheridan Lewis</i>	□ out-of-state PAC ID# Contributor address; City; State; Zip Code <i>8150 N. Central Expy #M101 Dallas TX 75206</i>
Amount of contribution (\$) <i>\$205.00</i>		Contributor's job title <i>Attorney</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Udashen Anton Law Firm</i>		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/16/25</i>	Full name of contributor <i>Afra Cobb</i>	□ out-of-state PAC ID# Contributor address; City; State; Zip Code <i>8150 N. Central Expy #M101 Dallas TX 75206</i>
Amount of contribution (\$) <i>\$151.99</i>		Contributor's job title
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>N/A</i>
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: <i>16</i></p>
<p>2 FILER NAME <i>Julia Hayes</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>9/17/25</i></p>	<p>5 Full name of contributor <i>Charles Maduka</i></p> <p>6 Contributor address: <i>2201 Main St #800</i> City: <i>Dallas</i> State: <i>TX</i> Zip Code: <i>75201-4378</i></p>			<p>7 Amount of contribution (\$) <i>\$250.00</i></p>
<p>8 Contributor's principal occupation <i>Attorney</i></p>		<p>9 Contributor's job title <i>Attorney</i></p>		
<p>10 Contributor's employer/law firm <i>Law Ofcs of Charles Maduka</i></p>		<p>11 Law firm of contributor's spouse (if any) <i>N/A</i></p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/11/25</i></p>	<p>Full name of contributor <i>Ex Martin, III</i></p> <p>Contributor address: <i>8828 Greenville Ave.</i> City: <i>Dallas</i> State: <i>TX</i> Zip Code: <i>75243</i></p>			<p>Amount of contribution (\$) <i>\$100.00</i></p>
<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Attorney</i></p>		
<p>Contributor's employer/law firm <i>Self</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/16/25</i></p>	<p>Full name of contributor <i>Heath Harris</i></p> <p>Contributor address: <i>1910 Pacific Ave Dallas</i> City: <i>TX</i> State: <i>75201</i></p>			<p>Amount of contribution (\$) <i>\$300.00</i></p>
<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Attorney</i></p>		
<p>Contributor's employer/law firm <i>Law Office of Heath Harris</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 16	
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)	
4 Date 9/16/25	5 Full name of contributor Eric Puent	6 Contributor address; 601 Haines Ave City; Dallas, TX State; 75208-4030 Zip Code	7 Amount of contribution (\$) \$ 500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney	
10 Contributor's employer/law firm B		11 Law firm of contributor's spouse (if any)	

Date 9/16/25	Full name of contributor Brady T. Wyatt, III Contributor address; 3300 Oak Lawn Ave #600 Dallas TX 75219	out-of-state PAC ID#: _____ City: State; Zip Code TX 75219	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney	Contributor's job title Attorney		
Contributor's employer/law firm Law Office of Brady T. Wyatt, III	Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor Robert C. Hinton, Jr.	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$1,000.00
9/16/25	Contributor address: 4810 N. Central Ewy Dallas TX 75204-3103	City: #81P State: TX Zip Code: 75204-3103	
Contributor's principal occupation Attorney	Contributor's job title Attorney		
Contributor's employer/law firm Self	Law firm of contributor's spouse (if any) N/A		
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>16</i>
2 FILER NAME <i>Julia Hayes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/25</i>	5 Full name of contributor <i>Reed Prospero</i>	6 Contributor address; City; State; Zip Code <i>8111 Preston Rd, #500, Dallas TX 75225</i>
7 Amount of contribution (\$) <i>\$ 50.00</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Self</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/16/25</i>		Full name of contributor <i>Danyale K. Holland</i>
Contributor address; City; State; Zip Code <i>309 Centre St. Dallas TX 75208</i>		Amount of contribution (\$) <i>\$ 250.00</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/16/25</i>		Full name of contributor <i>Michael J. Todd</i>
Contributor address; City; State; Zip Code <i>700 N. Pearl St #2170 Dallas TX 75201-7441</i>		Amount of contribution (\$) <i>\$ 250.00</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Michael J. Todd</i>		Law firm of contributor's spouse (if any) <i>N/A</i>
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>16</i>
2 FILER NAME <i>Julia Hayes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/25</i>	5 Full name of contributor <i>Jennifer Castillo</i>	6 Contributor address; City; State; Zip Code <i>6934 Rocky Top Cir Dallas TX 75252</i>
7 Amount of contribution (\$) <i>\$1200.00</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Self</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/14/25</i>	Full name of contributor <i>Sakinna Thomas</i>	□ out-of-state PAC ID# <i>#27677</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>600 W. John Carpenter Hwy #276 Irving TX 75062</i>	Contributor's job title <i>Attorney</i>		
Contributor's principal occupation <i>Attorney</i>	Contributor's employer/law firm <i>Thomas Hunter Law Group PLLC</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>100.00</i>	Full name of contributor <i>Ken Molberg</i>	□ out-of-state PAC ID# <i></i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i></i>	Contributor's job title <i>Judge (Ret)</i>		
Contributor's principal occupation <i>Judge (Ret)</i>	Contributor's employer/law firm <i>State of Texas</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
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>14</i>
2 FILER NAME <i>Julia Hayes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/25</i>	5 Full name of contributor <i>David Reyna</i>	6 Contributor address; City: State; Zip Code <i>300 Centre St. Dallas TX 75208</i>
7 Amount of contribution (\$)		<i>\$1300.00</i>
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>David Reyna Lawfirm</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
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# _____ Amount of contribution (\$)		
9/16/25 Ramon Rincon Contributor address; City; State; Zip Code <i>6060 N Central Ewy #306 Dallas TX 75206-3275</i> \$1500.00		
Contributor's principal occupation <i>Attorney</i> Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm <i>Ramon Rincon Atty Law</i> Law firm of contributor's spouse (if any) <i>N/A</i>		
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# _____ Amount of contribution (\$)		
9/16/25 Anthony Farmer Contributor address; City; State; Zip Code <i>901 Main St. #5330 Dallas TX 75202-3720</i> \$1500.00		
Contributor's principal occupation <i>Attorney</i> Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm <i>Farmer Law Group PLLC</i> Law firm of contributor's spouse (if any) <i>N/A</i>		
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>				1 Total pages Schedule A(J)1: 16
2 FILER NAME <i>Julia Hayes</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/25</i>	5 Full name of contributor <i>Taylor Johnson</i>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; <i>900 Jackson St #650</i>	City: <i>Dallas</i> State: <i>TX</i> Zip Code: <i>75202-4461</i>	9 Contributor's job title <i>Attorney</i>		
8 Contributor's principal occupation <i>Attorney</i>		10 Contributor's employer/law firm <i>Self</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>9/16/25</i>	Full name of contributor <i>Thomas Cox III</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$ 1,000.00</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any) <i>N/A</i>		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>9/16/25</i>	Full name of contributor <i>Olegario Estrada</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$ 500.00</i>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any) <i>N/A</i>		
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>16</u></p>
<p>2 FILER NAME <u>Julia Hayes</u></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>9/16/25</u></p>	<p>5 Full name of contributor <u>Okey Anyiam</u></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>7 Amount of contribution (\$) <u>\$ 200.00</u></p>
<p>6 Contributor address; <u>P.O. Box 143201 Dallas TX 75374</u></p>		<p>City:</p>	<p>State:</p>	<p>Zip Code</p>
<p>8 Contributor's principal occupation <u>Attorney</u></p>		<p>9 Contributor's job title <u>Attorney</u></p>		
<p>10 Contributor's employer/law firm <u>Law Office of Okey Anyiam</u></p>		<p>11 Law firm of contributor's spouse (if any) <u>N/A</u></p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <u>10/6/25</u></p>		<p>Full name of contributor <u>Mimi Coffey</u></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p>Contributor address; <u>10742 White Settlement Rd</u></p>		<p>Amount of contribution (\$) <u>\$ 500.00</u></p>
<p>Contributor's principal occupation <u>Attorney</u></p>		<p>Contributor's job title <u>Attorney</u></p>		
<p>Contributor's employer/law firm <u>The Coffey Firm</u></p>		<p>Law firm of contributor's spouse (if any) <u>N/A</u></p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <u>10/23/25</u></p>		<p>Full name of contributor <u>Monique Walters</u></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p>Contributor address; <u>4627 N. Central Ewy Dallas TX 75205</u></p>		<p>Amount of contribution (\$) <u>\$ 500.00</u></p>
<p>Contributor's principal occupation <u>Attorney</u></p>		<p>Contributor's job title <u>Attorney</u></p>		
<p>Contributor's employer/law firm <u>Walters Law Office</u></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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14

2 FILER NAME

Julia Hayes

3 Filer ID (Ethics Commission Filers)

4 Date

9/16/25

5 Full name of contributor

Lou Bryant

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

6 Contributor address:

107

City:

State: Zip Code

McKenzie St Waxahachie TX 75165

\$103.48

8 Contributor's principal occupation

Retired

9 Contributor's job title

Retired

10 Contributor's employer/law firm

N/A

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

N/A

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

Date

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

9/16/25

Kent Paynor

Contributor address:

City:

State: Zip Code

2501 Oak Lawn Ave #350

Dallas TX 75219

\$ 365.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

N/A

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

Date

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

9/16/25

Sharita Blacknall

Contributor address:

City:

State: Zip Code

5465 Legacy Dr. #650

Plano TX 75024

\$ 257.94

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

The Blacknall Firm

Law firm of contributor's spouse (if any)

N/A

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>14</u></p>																									
<p>2 FILER NAME <i>Julia Hayes</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date <u>9/16/25</u></p>	<p>5 Full name of contributor <i>Roichelle White</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>		<p>7 Amount of contribution (\$) <i>\$1103.48</i></p>																									
<p>6 Contributor address; City; State; Zip Code <i>539 W. Commerce St #1035 Dallas TX 75207</i></p>																													
<p>8 Contributor's principal occupation <i>Realtor</i></p>		<p>9 Contributor's job title <i>Realtor</i></p>																											
<p>10 Contributor's employer/law firm <i>Alexander Realty Group</i></p>		<p>11 Law firm of contributor's spouse (if any) <i>N/A</i></p>																											
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <u>9/16/25</u></p> </td> <td> <p>Full name of contributor <i>FaCheryl Dixon</i></p> </td> <td colspan="2"> <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; State; Zip Code <i>7610 N. Stemmons Fwy #375 Dallas TX 75247</i></p> </td> <td colspan="3"></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Attorney</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Attorney</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Self</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any) <i>N/A</i></p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <u>9/16/25</u></p>	<p>Full name of contributor <i>FaCheryl Dixon</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; State; Zip Code <i>7610 N. Stemmons Fwy #375 Dallas TX 75247</i></p>					<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Attorney</i></p>			<p>Contributor's employer/law firm <i>Self</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <u>9/16/25</u></p>	<p>Full name of contributor <i>FaCheryl Dixon</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; State; Zip Code <i>7610 N. Stemmons Fwy #375 Dallas TX 75247</i></p>																													
<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Attorney</i></p>																											
<p>Contributor's employer/law firm <i>Self</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <u>9/16/25</u></p> </td> <td> <p>Full name of contributor <i>Helen Harris Allen</i></p> </td> <td colspan="2"> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p> </td> <td> <p>Amount of contribution (\$) <i>\$151.99</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; City; State; Zip Code <i>8640 Forest Glen Dr. Irving TX 75063</i></p> </td> <td colspan="3"></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Sales</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Sales Associate</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Associated Bank</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any) <i>N/A</i></p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <u>9/16/25</u></p>	<p>Full name of contributor <i>Helen Harris Allen</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>		<p>Amount of contribution (\$) <i>\$151.99</i></p>	<p>Contributor address; City; State; Zip Code <i>8640 Forest Glen Dr. Irving TX 75063</i></p>					<p>Contributor's principal occupation <i>Sales</i></p>		<p>Contributor's job title <i>Sales Associate</i></p>			<p>Contributor's employer/law firm <i>Associated Bank</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <u>9/16/25</u></p>	<p>Full name of contributor <i>Helen Harris Allen</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#: _____</p>		<p>Amount of contribution (\$) <i>\$151.99</i></p>																									
<p>Contributor address; City; State; Zip Code <i>8640 Forest Glen Dr. Irving TX 75063</i></p>																													
<p>Contributor's principal occupation <i>Sales</i></p>		<p>Contributor's job title <i>Sales Associate</i></p>																											
<p>Contributor's employer/law firm <i>Associated Bank</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>14</i></p>
<p>2 FILER NAME <i>Julia Hayes</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>9/17/05</i></p>	<p>5 Full name of contributor <i>Kenneth Weatherspoon</i></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p>			<p>7 Amount of contribution (\$) <i>\$1206.46</i></p>
<p>6 Contributor address; <i>1700 Pacific Ave #2260 Dallas TX 75201</i></p>		<p>City: <i>Dallas</i></p>	<p>State: <i>TX</i></p>	<p>Zip Code: <i>75201</i></p>
<p>8 Contributor's principal occupation <i>Attorney</i></p>		<p>9 Contributor's job title <i>Attorney</i></p>		
<p>10 Contributor's employer/law firm <i>Self</i></p>		<p>11 Law firm of contributor's spouse (if any) <i>N/A</i></p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/18/05</i></p>				
<p>Full name of contributor <i>Durrand Hill</i></p>				
<p><input type="checkbox"/> out-of-state PAC ID#:</p>				
<p>Contributor address; <i>P.O. Box 925 DeSoto TX 75123</i></p>				
<p>City: <i>DeSoto</i></p>				
<p>State: <i>TX</i></p>				
<p>Zip Code: <i>75123</i></p>				
<p>Amount of contribution (\$) <i>\$1150.00</i></p>				
<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Attorney</i></p>		
<p>Contributor's employer/law firm <i>Self</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/25/05</i></p>				
<p>Full name of contributor <i>Jeffrey Rosenfield</i></p>				
<p><input type="checkbox"/> out-of-state PAC ID#:</p>				
<p>Contributor address; <i></i></p>				
<p>City: <i></i></p>				
<p>State: <i></i></p>				
<p>Zip Code: <i></i></p>				
<p>Amount of contribution (\$) <i>\$103.48</i></p>				
<p>Contributor's principal occupation <i>Judge (Ret)</i></p>		<p>Contributor's job title <i>Judge (Ret)</i></p>		
<p>Contributor's employer/law firm <i>N/A</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>16</i>
2 FILER NAME <i>Julia Hayes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/2/25</i>	5 Full name of contributor <i>Toby Shook</i>	6 Contributor address; City: State: Zip Code <i>717 N. Harwood, Hilltop Tower #2750 Dallas TX 75201</i>
7 Amount of contribution (\$) <i>\$500.00</i>		
8 Contributor's principal occupation <i>Attorney</i>	9 Contributor's job title <i>Attorney</i>	
10 Contributor's employer/law firm <i>Shook + Gunter Attns@Law</i>	11 Law firm of contributor's spouse (if any) <i>N/A</i>	
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/19/25</i>	Full name of contributor <i>Kennard Bowen</i>	Amount of contribution (\$) <i>\$108.63</i>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <i>Retired Military</i>	Contributor's job title <i>Retired Military</i>	
Contributor's employer/law firm <i>N/A</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <i></i>	Amount of contribution (\$) <i></i>
	Contributor address; City; State; Zip Code <i></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: <i>14</i></p>																									
<p>2 FILER NAME <i>Julia Hayes</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date <i>9/16/25</i></p>	<p>5 Full name of contributor <i>Christopher Webb</i></p> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p>			<p>7 Amount of contribution (\$) <i>\$100.00</i></p>																									
<p>6 Contributor address; <i>2929 Kings Rd #5203</i></p>		<p>City; <i>Dallas</i></p>	<p>State; Zip Code <i>TX 75219</i></p>																										
<p>8 Contributor's principal occupation <i>Clerk</i></p>		<p>9 Contributor's job title <i>Clerk</i></p>																											
<p>10 Contributor's employer/law firm <i>Dallas County</i></p>		<p>11 Law firm of contributor's spouse (if any) <i>N/A</i></p>																											
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>9/16/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <i>Joc Leach</i></p> <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; <i>300 Crescent Ct #1200</i></p> </td> <td> <p>City; <i>Dallas</i></p> </td> <td> <p>State; Zip Code <i>TX 75201</i></p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Paralegal</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Paralegal</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>McKool Smith</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any) <i>N/A</i></p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>9/16/25</i></p>	<p>Full name of contributor <i>Joc Leach</i></p> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p>			<p>Amount of contribution (\$) <i>\$150.00</i></p>	<p>Contributor address; <i>300 Crescent Ct #1200</i></p>		<p>City; <i>Dallas</i></p>	<p>State; Zip Code <i>TX 75201</i></p>		<p>Contributor's principal occupation <i>Paralegal</i></p>		<p>Contributor's job title <i>Paralegal</i></p>			<p>Contributor's employer/law firm <i>McKool Smith</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/16/25</i></p>	<p>Full name of contributor <i>Joc Leach</i></p> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p>			<p>Amount of contribution (\$) <i>\$150.00</i></p>																									
<p>Contributor address; <i>300 Crescent Ct #1200</i></p>		<p>City; <i>Dallas</i></p>	<p>State; Zip Code <i>TX 75201</i></p>																										
<p>Contributor's principal occupation <i>Paralegal</i></p>		<p>Contributor's job title <i>Paralegal</i></p>																											
<p>Contributor's employer/law firm <i>McKool Smith</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>9/16/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <i>Earl Hudley</i></p> <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; <i>1156 Landon Ln</i></p> </td> <td> <p>City; <i>Allen</i></p> </td> <td> <p>State; Zip Code <i>TX 75013</i></p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Ramp Agent Trainer</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Ramp Agent Trainer</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>American Airlines</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any) <i>N/A</i></p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>9/16/25</i></p>	<p>Full name of contributor <i>Earl Hudley</i></p> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p>			<p>Amount of contribution (\$) <i>100.00</i></p>	<p>Contributor address; <i>1156 Landon Ln</i></p>		<p>City; <i>Allen</i></p>	<p>State; Zip Code <i>TX 75013</i></p>		<p>Contributor's principal occupation <i>Ramp Agent Trainer</i></p>		<p>Contributor's job title <i>Ramp Agent Trainer</i></p>			<p>Contributor's employer/law firm <i>American Airlines</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/16/25</i></p>	<p>Full name of contributor <i>Earl Hudley</i></p> <p><input type="checkbox"/> out-of-state PAC ID#: _____</p>			<p>Amount of contribution (\$) <i>100.00</i></p>																									
<p>Contributor address; <i>1156 Landon Ln</i></p>		<p>City; <i>Allen</i></p>	<p>State; Zip Code <i>TX 75013</i></p>																										
<p>Contributor's principal occupation <i>Ramp Agent Trainer</i></p>		<p>Contributor's job title <i>Ramp Agent Trainer</i></p>																											
<p>Contributor's employer/law firm <i>American Airlines</i></p>		<p>Law firm of contributor's spouse (if any) <i>N/A</i></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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	Event ticket	
	<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			
Date	Candidate / Officeholder name		
11/6/25	Political Arm		
Amount (\$)	Payee address:	City: State: Zip Code	
\$1389.70	8604 Turtle Creek Blvd. #12484	Dallas TX 75225	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Marketing	
	<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			
Date	Candidate / Officeholder name		
11/18/25	Alpha Xi Omega		
Amount (\$)	Payee address:	City: State: Zip Code	
92.88	P.O. Box 222333	Dallas TX 75222-2333	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expense	Event ticket	
	<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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	contract Labor	petition circulation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/5/25	Lisa Gray		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	contract labor	petition circulation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/8/25	Political Arm		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Marketing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; P.O. Box 226534 Dallas TX 75222	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Donation made by officeholder	Christmas Pty Sponsorship	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/25	23d Sen. Tejano Democrats Dallas		
Amount (\$)	Payee address:	City;	State; Zip Code
100.00	P.O. Box 226534 Dallas TX 75222		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Donation made by officeholder	raffle tickets	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/1/25- 12/31/25	Paypal		
Amount (\$)	Payee address:	City;	State; Zip Code
155.82	2211 N. 1st. St. San Jose, CA 95131		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Money receipt fees	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	Julia Hayes		
4 Date	5 Payee name		
9/18/25	Julia Hayes		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
3,062.97	P.O. Box 224402 Dallas TX 75222-4402		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Reimbursement	Political Expenditures Reimbursement made by Pers funds	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/14/25	Alpha Merit Group, Alpha Sigma Lambda Alpha Phi Alpha Frat Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100	3126 Al Lipscomb Way	Dallas	TX 75215
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Gala Ad	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/14/25	Lambda Legal		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.	3500 Oak Lawn Ave #500, Dallas	TX	75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Donation made by Off. Holder	donation made by office holder	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	Julia Hayes		
4 Date	5 Payee name		
7/1/25-12/31/05	Neighborhood Credit Union		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
35.70	13651 Montfort Dr. Dallas	TX 75240	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Acctng/Bkng	bk acct fees	
<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	4	Julia Hayes	3 FILER ID (Ethics Commission Filers)
-------------------------------	--------------	---	-------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution		
Citibank	Citibank		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
389.70	\$ 389.70	7/2/25	9/28/25
7 PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
Political Arm	Political Arm		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Political	Advertising Expense	Marketing	
Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
			Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
26.00	\$ 20.00	7/5/25	9/28/25
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
23d Dist. Tejano Dems	23d Sen Dist. Tejano Dems		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Political	other	membership fees	
Non-Political	(c) <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
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
67.70	\$ 67.70	7/24/25	9/28/25
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
Dallas Bl. Women's Assoc	Dallas Bl. Women's Assoc		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Political	other	event tickets	
Non-Political	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
-------------------------------	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution <i>Citibank</i>		
6 PAYMENT	(a) Amount Charged <i>389.70</i>	(b) Date Expenditure Charged <i>8/3/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>
7 PAYEE	(a) Payee name <i>Political Arm</i>	(b) Payee address; <i>8604 Turtle Creek Blvd #1484 Dallas TX 75225</i>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Marketing</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged <i>40.00</i>	(b) Date Expenditure Charged <i>8/26/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>
PAYEE	(a) Payee name <i>Dallas Co. Dem Pty</i>	(b) Payee address; <i>Dallas Co. Dem Party</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>event tickets</i>	
	(c) <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 Held
PAYMENT	(a) Amount Charged <i>35.00</i>	(b) Date Expenditure Charged <i>9/12/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/23/25</i>
PAYEE	(a) Payee name <i>Stonewall Dems</i>	(b) Payee address; <i>P.O. Box 192305 Dallas TX 75219</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>event ticket</i>	
	(c) <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 Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institution <i>Citibank</i>			
6 PAYMENT	(a) Amount Charged <i>50.00</i>	(b) Date Expenditure Charged <i>9/12/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>	
7 PAYEE	(a) Payee name <i>Aw photography</i>	(b) Payee address; <i>Aw photography</i>	City,	State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>		(b) Description <i>photography of event</i>	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged <i>28.12</i>	(b) Date Expenditure Charged <i>9/14/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>	
PAYEE	(a) Payee name <i>Staples</i>	(b) Payee address; <i>451 Dallas FW Turnpike</i>	City, State, Zip Code <i>Dallas TX 75211</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>		(b) Description <i>event materials</i>	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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
PAYMENT	(a) Amount Charged <i>1,082.50</i>	(b) Date Expenditure Charged <i>9/16/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>	
PAYEE	(a) Payee name <i>LaComida Kitchen + Cocktails</i>	(b) Payee address; <i>1101 N. Beckley Ave.</i>	City, State, Zip Code <i>Dallas TX 75203</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Event Food</i>	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Julia Hayes	3 FILER ID (Ethics Commission Filers)
-------------------------------	-----------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER CitiBank	Name of financial institution
----------------------------------	-------------------------------

6 PAYMENT 250.00	(a) Amount Charged \$ 250.00	(b) Date Expenditure Charged 9/17/25	(c) Date(s) Credit Card Issuer Paid 9/28/25
---------------------	---------------------------------	---	--

7 PAYEE AUphotog.	(a) Payee name AUphotog.	(b) Payee address;	City, State, Zip Code
----------------------	-----------------------------	--------------------	-----------------------

8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event photog. balance
---	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Julia Hayes Judge C#2	Office Sought Dallas Co. Crim	Office Held Dallas 5th Crim
---	--	----------------------------------	--------------------------------

PAYMENT 146.14	(a) Amount Charged \$ 146.14	(b) Date Expenditure Charged 4/12/25	(c) Date(s) Credit Card Issuer Paid 9/23/25
-------------------	---------------------------------	---	--

PAYEE Political Arm	(a) Payee name Political Arm	(b) Payee address; 18604 Turtle Creek Blvd Dallas TX 75225	City, State, Zip Code 12484
------------------------	---------------------------------	---	--------------------------------

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing
---	---	------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
-------	----------------	--------------------	-----------------------

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
--	--	-----------------

(c) <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
---	-------------------------------	---------------	-------------

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.

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>DJ fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



**AFFIDAVIT FOR
CANDIDATE OR OFFICEHOLDER:
ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

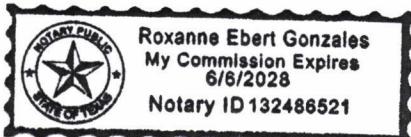
Filer name Julia Hayes Filer ID #

BY an es <i>OB</i> -DEPUTY		Date Hand-delivered or Date Postmarked
JOHN CON DALE	Receipt #	Amount \$
JOHN CON DALE	Date Processed	F LED
JOHN CON DALE	Date Imaged	AM 10:01

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign finance report due on 11/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL



James H.

Signature of Filer

Sworn to and subscribed before me by Julia H.
20 do, to certify which, witness my hand and seal of office.

this the 15th day of January

Page 10 of 2020 Page 10

Volume Gonzalez Kox

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

