#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 6 MS / MRS / MR 3 CANDIDATE / 141 OFFICE USE ONLY **OFFICEHOLDER** Mrs. Jessica NAME Date Received NICKNAME LAST SUFFIX Lewis 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE **OFFICEHOLDER** MAILING 129 N. Collins Rd., Suite 2218 ADDRESS Sunnyvale, TX 75182 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972) 275-6188 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Kristina Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kiik STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # STATE ZIP CODE CAMPAIGN CITY **TREASURER** 2500 Springwood Ln. **ADDRESS** Richardson, TX 75082 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE ( 214 ) 403-7240 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH 2022 2022 6 30 ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General 11 2022 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Dallas County Court at Law No. 4 N/A THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH LECTIONS COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Jessica Lewis 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0 CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2.500.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. 0 \$ TOTALS TOTAL POLITICAL EXPENDITURES 851.04 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 2,500.00 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_\_ , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration Jessica Lewis and my date of birth is My address is 129 N. Collins Rd, Suik 2218 (street) (city) (state) (zip code) (country) County, State of \_\_\_\_\_\_C (year)

ignature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

ELECTIONS DESCRIPTION FORM JC/OH
COVER SHEET PG 3

|     | 599   | 7 JUL 13 MM D: 1       | 21                 |
|-----|---|------------------------|--------------------|
| 19  | FILER NAME  Jessica Lewis   | 20 Filer ID (Ethics Co | mmission Filers)   |
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                              |                        | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                       |                        | \$ 2,500.00        |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS         |                        | \$                 |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                   |                        | \$                 |
| 4.  | SCHEDULE E: LOANS   |                        | \$                 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C           | ONTRIBUTIONS           | \$                 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                            |                        | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA             | L CONTRIBUTIONS        | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                       |                        | \$ 425.52          |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI            | UNDS                   | \$ 425.52          |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO            | A BUSINESS OF C/OH     | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C        | CONTRIBUTIONS          | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | JTIONS RETURNED        | \$                 |
|     |   |                        |                    |

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

| REFERENCES |            |       | -   |
|------------|------------|-------|-----|
| DALLA      | THE FILLIG |       |     |
| DALLIN     |            | A / I | ١.  |
| reality is | SCHEDULE   | A(J   | ) I |

If the requested information is not applicable, DO NOT include this page in the report 3 14

| Т                    | he Instruction Guide explains how to complete this f                       | 1 Total pages Schedule A(J)1: |                                       |  |
|----------------------|--|-------------------------------|---------------------------------------|--|
| 2 FILER NAME         |  |                               | 3 Filer ID (Ethics Commission Filers) |  |
|                      | Jessica Lewis  |                               |                                       |  |
| 4 Date               | 5 Full name of contributor  ut-of-state PAC I                              | D#:)                          | 7 Amount of contribution (\$)         |  |
| 04/25/2022           | William Ken Tapscott Jr.   |                               |                                       |  |
| 04/20/2022           | 6 Contributor address; City; Thompson Coe                                  | State; Zip Code               | \$2,500.00                            |  |
|                      | 700 N. Pearl St., 25th Floor Dallas  | TX 75201                      |                                       |  |
| 8 Contributor's p    | principal occupation   | 9 Contributor's job title     |                                       |  |
| Attorney             |  | Partner                       |                                       |  |
| 10 Contributor's e   | employer/law firm  | 11 Law firm of contributor    | 's spouse (if any)                    |  |
| Thompson             | Coe  |                               |                                       |  |
| 12 If contributor is | a child, law firm of parent(s) (if any)                                    |                               |                                       |  |
|                      |  |                               |                                       |  |
| Date                 | Full name of contributor Out-of-state PAC                                  | D#- \                         | Amount of contribution (\$)           |  |
|                      | Tall flame of contributor  | )                             |                                       |  |
|                      |  |                               |                                       |  |
|                      | Contributor address; City;   | State; Zip Code               |                                       |  |
|                      |  |                               |                                       |  |
| Contributor's p      | principal occupation   | Contributor's job title       |                                       |  |
| Contributoria        |  |                               |                                       |  |
| Contributors e       | Contributor's employer/law firm  Law firm of contributor's spouse (if any) |                               |                                       |  |
| If contributor is    | s a child, law firm of parent(s) (if any)                                  |                               |                                       |  |
|                      |  |                               |                                       |  |
|                      |  |                               |                                       |  |
| Date                 | Full name of contributor   | D#:)                          | Amount of contribution (\$)           |  |
|                      |  |                               |                                       |  |
|                      | Contributor address; City;   | State: Zip Code               |                                       |  |
|                      | Online address, Only,  | State. Zip Code               |                                       |  |
| Contributor's        | principal occupation   | Contributor's job title       |                                       |  |
| John Dator's p       | micipal occupation   | Contributor's job title       |                                       |  |
| Contributor's e      | employer/law firm  | Law firm of contributor       | 's spouse (if any)                    |  |
|                      |  |                               |                                       |  |
| If contributor is    | s 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.

## EXPENDITURES MADE BY CREDIT CARD

DALLING SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. 15 AM 8: 34

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica | y Gift/Awards/Memorials Expense Prin                         | ing Expense<br>iting Expense<br>aries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above) |  |
|--|--|--|---|--|
|  | The Instruction Guide explains ho                            | w to complete this form.                                   |   |  |
| 1 Total pages Schedule F4:   | 2 FILER NAME Jessica Lewis                                   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0   |  |  |   |  |
| 5 Date<br>1/18/2022  | 6 Payee name Squarespace, Inc.                               |  |   |  |
| 7 Amount (\$)  | 8 Payee address;   | City;  | State; Zip Code   |  |
| \$233.82   | 225 Varick Street, 12th Floor                                | New York   | NY 10014  |  |
| 9 TYPE OF<br>EXPENDITURE   | TIPE OF Non Political  |  |   |  |
| 10   | (a) Category (See Categories listed at the top of this sched | ule) (b) Description                                       |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Advertising Expense  | Website Hosting  |   |  |
|  | (c) Check if travel outside of Texas. Complete Schedu        | leT. Check if A  | ustin, TX, officeholder living expense  |  |
| Complete ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name                                | Office sought  | Office held   |  |
| Date   | Payee name   |  |   |  |
| 2/27/2022  | GoDaddy  |  |   |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code   |  |
| \$191.70   | 731 Lexington Ave.   | New Yor  | k NY 10022  |  |
| TYPE OF<br>EXPENDITURE   | Non Political  |  |   |  |
|  | Category (See Categories listed at the top of this sche      | dule) Description  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Advertising Expense  | Domain F   | Domain Registration   |  |
|  | Check if travel outside of Texas. Complete Sched             | ule T. Check if A  | Austin, TX, officeholder living expense   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH      | Candidate / Officeholder name                                | Office sought  | Office held   |  |
|  |  |  |   |  |
|  | ATTACH ADDITIONAL COPIES OF T                                | HIS SCHEDULE AS N  | EEDED   |  |

# 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
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 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 (only a category not listed above)

| Candidate/Officeholder/Politi<br>Credit Card Payment                      |  | /Wages/Contract Labor                            | Other (enter a categor                  |             |
|---|--|--|---|-------------|
| 1 Total pages Schedule G:   | 2 FILER NAME Jessica Lewis                                       |  | 3 Filer ID (Ethics Commission Filers)   |             |
| 4 Date  | 5 Payee name   | '  |   |             |
| 2-16-22   | Bank of America  |  |   |             |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State;                                  | Zip Code    |
| \$233.82 Reimbursement from political contributions intended              | 100 North Tryon St., Suite 170                                   | Charlotte  | NC                                      | 28202       |
| 8<br>PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |   |             |
| OF<br>EXPENDITURE   | Credit Card Payment  | Squarespace Expense Paid                         |   |             |
| EXPENDITORE   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |   |             |
| <b>9</b><br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought                                    |   | Office held |
| Date  | Payee name   |  | *************************************** |             |
| 3-21-22   | Bank of America  |  |   |             |
| Amount (\$)   | Payee address;   | City;  | State;                                  | Zip Code    |
| \$191.70 Reimbursement from political contributions intended              | 100 North Tryon St., Suite 170                                   | Charlotte  | NC                                      | 28202       |
| PURPOSE   | Category (See Categories listed at the top of this schedule)     | Description                                      | 1                                       |             |
| OF<br>EXPENDITURE   | Credit Card Payment  | GoDaddy Expense Paid                             |   |             |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |   | expense     |
| Complete ONLY if direct expenditure to benefit C/                         |  | Office sought                                    |   | Office held |
| Date  | Payee name   |  |   |             |
| Amount (\$)   | Payee address;   | City;  | State;                                  | Zip Code    |
| Reimbursement from political contributions intended                       |  |  |   |             |
| PURPOSE<br>OF<br>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 e             | xpense      |
| Complete ONLY if direct expenditure to benefit C/OH                       | Candidate / Officeholder name                                    | Office sought                                    |   | Office held |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEED                                 | ED                                      |             |