

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM JC/OH
ELECTIONS 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	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Change of Address </div>		
<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (214) 943-3319 </div>			
<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 380853 Duncanville Texas 75138		
5 CANDIDATE / OFFICEHOLDER PHONE	(214) 943-3319		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Change of Address </div>			
<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (214) 522-4473 </div>			
<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div>			
7 CAMPAIGN TREASURER ADDRESS	1256 Payne Lancaster Texas 75134		
8 CAMPAIGN TREASURER PHONE	(214) 522-4473		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 11 / 05 / 2024 </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known)		
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

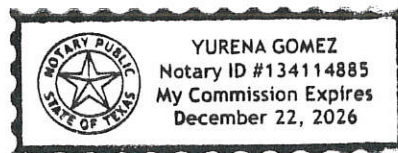
15 JC/OH NAME <u>Etta J. Mullin</u>		16 Filer ID (Ethics Commission Filers) <u>2024 JUL 15 PM 4:31</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,875.45</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>885.99</u>

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.

Etta J. Mullin
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Etta J Mullin this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Yurena Gomez
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 _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

RECEIVED
ELECTORAL
2021
FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

2021 Filer ID (Ethics Commission Filers)

ETHA J. Mullin

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

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 CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$ 2,500.00

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Etta J. Mullin</div>		3 Filer ID (Ethics Commission Filers)
4 Date	<div>5 Name of person from whom amount is received</div> <div style="font-family: cursive; font-size: 1.2em; border-bottom: 1px dotted black;">Dallas County Democratic Party</div> <div>6 Address of person from whom amount is received; City; State; Zip Code</div> <div style="font-family: cursive; font-size: 1.2em; border-bottom: 1px dotted black;">1414 N. Washington Ave. Dallas Texas 75204</div> <div>7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</div> <div style="font-family: cursive; font-size: 1.2em; border-bottom: 1px dotted black;">Filing Fee</div>	<div>8 Amount (\$)</div> <div style="font-family: cursive; font-size: 1.5em; text-align: center;">2,500</div>
Date	<div>Name of person from whom amount is received</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Address of person from whom amount is received; City; State; Zip Code</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</div>	Amount (\$)
Date	<div>Name of person from whom amount is received</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Address of person from whom amount is received; City; State; Zip Code</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</div>	Amount (\$)
Date	<div>Name of person from whom amount is received</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Address of person from whom amount is received; City; State; Zip Code</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</div>	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

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

The Instruction Guide explains how to complete this form.

2024 JUL 15 10:01 AM
1 Total pages, Schedule L:

2 FILER NAME

Etta J. Mullin

3 Filer ID (Ethics Commission Filers)

LENDER
INFORMATION

4 Name of lender

Etta J. Mullin

5 Lender address;

City;

State;

Zip Code

P.O. Box 380853 Duncanville Texas 75138

GUARANTOR
INFORMATION

6 Name of guarantor

☐ not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

RECEIVED
ELECT
FORM C/OH - FR

The Instruction Guide explains how to complete this form. 2024 JUL 15 PM 4:31

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

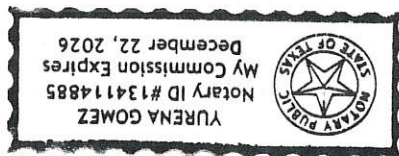
Filer name <u>Etta J. Mullin</u>	Filer ID #
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OFFICE USE ONLY	
Date Received <u>2024 JUL 15 PM 4:31</u>	
Date Hand-delivered or Date Postmarked 	
Receipt # 	Amount \$
Date Processed 	
Date Imaged 	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 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 \$32,810 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 _____ report due on July 15 2024.
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

Etta J. Mullin
Signature of Filer

Sworn to and subscribed before me by Etta J Mullin this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Yurena Gomez
Signature of officer administering oath

Yurena Gomez
Printed name of officer administering oath

Notary
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 Filer (Declarant)

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