#### 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. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: CITY: ZIP CODE **OFFICEHOLDER** ). Box 380853 MAILING ADDRESS uncanville Texas 75138-0853 Change of Address PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER S (214) PHONE Receipt # Amount \$ 0 6 CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME SUFFIX Date Imaged ohnson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: 7 CAMPAIGN ZIP CODE TREASURER **ADDRESS** Payne Lancaster (Residence or Business) EXTENSION 8 CAMPAIGN **TREASURER** PHONE 532- 4473 (214) 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Day COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other Month Day Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Judge Dallas County Criminal Court No 10 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. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 840.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 553,00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,251.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 11,414.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 6779.17
	rear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
	02.0	m 00.3
	Signature of Ca	Candidate/Officeholder
	-	
	Please complete either option below	w:
		*
(1) Affidavit	DELORIS R. PRIDE  My Notary ID # 124442594  Expires January 17, 2023	
NOTARY STAMP/9	before me by Oularis R. Pride this the	a day of Tuly
Sworn to and subscribed 20 22, to certify	which, witness my hand and seal of office.	e day of _ July
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oa
	OR OR	
(2) Unsworn Declarati	on	
	, and my date of birth i	is
My address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	
	Signature of Cand	didate/Officeholder (Declarant)

PELONS CONTROL

My North Reg M. S. Casa Control

Especially and M. 2003

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)	
		LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	V	\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	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		NTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER		\$	

# 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 f	orm. 1 Total pages Schedule A(J)1:		
2 FILERNAME Etta J. Mullin	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor  out-of-state PAC	D#:		
5/17/22 6 Contributor address; City;	State; Zip Code \$ 300.00		
8 Contributor's principal occupation	9 Contributor's job title		
Attorney + Counselor at Law  10 Contributor's employer/law firm	Attorney and Counselor at Law		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)		
	NIA		
12 If contributor is a child, law firm of parent(s) (if any)			
NIA			
Date Full name of contributor out-of-state PAC	Amount of contribution (\$)		
1			
	1		
1P.O. Box 764516 Dallas	Texas 75376		
Contributor's principal occupation  Contributor's job title			
Consultant	Lonsultant		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
Self employed If contributor is a child, law firm of parent(s) (if any)	NIA		
ii contributor is a child, law with or parent(s) (ii any)			
NIA			
Date Full name of contributor out-of-state PAC	ID#:) Amount of contribution (\$)		
5/ /22 Patrick	8/10000		
Contributor address; City;	State: Zip Code		
712 Dry Creek Cir. Desoto Texas 75115			
Contributor's principal occupation Contributor's job title			
Paralegal Contributor's employer/law firm	Paralegal		
- 0	Law firm of contributor's spouse (if any)		
T. Christopher Lewis	MA		
If contributor is a child, law firm of parent(s) (if any)			
NIA			

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.

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:	
2 FILER NAME	Etta J. Mullin		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	D#:)	7 Amount of contribution (\$)	
	Charles Oneal 6 Contributor address; City;	State; Zip Code	\$100.00	
	4811 Dove Creek Way Dallas	7x 75232		
	N N N	,		
Busi		Owner/f		
10 Contributor's e	Security Control and Control C	11 Law firm of contributor's	s spouse (if any)	
	rategique sa child, law firm of parent(s) (if any)	NIA		
12 ii contributor is	s a child, law lifth of parent(s) (if any)			
: 	N/n			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Contributor's p	principal occupation	Contributor's job title		
Contributor's e	mployer/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		
Contributor's p	principal occupation	Contributor's job title		
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)	8		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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.

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Etta J. Mullin			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$   description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of  . In-kind contribution Contribution \$   description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)			Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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.

The Instruction Guide explains how to complete this form.		1.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  uut-of-state PAC (ID#:  7 Contributor address; City; State;		8 Amount of Contribution \$   9 In-kind contribution description
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of  . In-kind contribution Contribution \$   description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		

Revised 11/4/2020

## LOANS (JUDICIAL)

# SCHEDULE E(J)

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

	The Instruction Guide explains how to complete this form.				
2	FILER NAME	ta J. Mullin		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$		
5	Date of loan	7 Name of lender out-of-state PAC ( Etta J. Mullin	ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City; P.O. Box 380853	State; Zip Code	10 Interest rate	
	Y (N)	1.0.00.00053		11 Maturity date	
	Lender's Principal	je	13 Lender's Job Title Judge		
14	Lender's Employer/		15 Law Firm of lender's spous	se (if any)	
16	16 If lender is a child, law firm of parent(s) (if any)				
17	Description of Colla	ateral	Check if personal account (See In	al funds were deposited into political structions)	
19	GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)	
21 Guarantor address; City; State; Zip Code					
	not applicable				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's s	pouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Revised 11/4/2020

### 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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	/ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	
1 Total pages Schedule F1:	Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
5/17/22 6 Amount (\$)	Thail Logix	
Amount (\$)	7 Payee address;	City; State; Zip Code
6487.19	4834 Topline Drive	Dallas Texas 75247
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Α	
EXPENDITURE	Advertising Expense	Postage
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate Officeholder name	Office sought Office help
expenditure to benefit C/OF		Judge Pallins County Criminal (410
Date	Payee name	sugge rating wantly criminal (10)
5/16/22	Southwest Printing	+ Copying
Amount (\$)	Payee address;	City; State; Zip Code
7,155,67	4545 S. Westmoreland	Road DallAs Texas 75237
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	n	
EXPENDITURE	Printing Evorage	Mailen
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate Officeholder name	Office sought Office held
expenditure to benefit C/OH	Etta J. Mullin	T. D. O. O. O.
Date	Payee name	Judge Dallas County Criminal Ct 10
200000000	91 - PO - CONTROL WAS CONTROL (CONTROL CONTROL	^ 0
5/19/22	Service Broadcasti	ing Groug LLC
Amount (\$)	Payee address;	City; State; Zip Code
2,200,00	P.O. Box 731521 Dal	las Texas 75273
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Adventising Expense	Radio
	Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
	Etta J. Mullin	Judge Dallas County Criminal Ct 10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

Credit Card Payment	The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Etta J. Mullin		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
5-21-22	Black Business (	Irectory		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
900,00	P.O. Box 830631 Richard	lon Texas	75083	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Advor	tisina	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living e	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	EttaJ. Mullis		^ .	
		Juq	ge. Dallas County	Criminal 19 10
Date	Payee name			
6-30-22	Black Business	Director	Ч	
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	P.O. Box 830631 Richar	dson levas	75083	
	Category (See Categories listed at the top of this schedule)	Description	, -	
PURPOSE				
OF EXPENDITURE	Advertising Expense	Adver	ntising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held
expenditure to benefit C/OH		0		1
	Etta. T. Mullin	JUDG DI	allas County C	imina ( 10
Date	Payee name		,	
5-31-22	14 - 1			
Amount (\$)	Payee address;			
Amount (\$)	Payee address;	City;	State;	Zip Code
336.00	2020 W. Wheatland Rd	Dallas T	- X 75232	*
	Category (See Categories listed at the top of this schedule)	Description	N 13000	
PURPOSE				
OF EXPENDITURE	Advertising Expense	Push	Cards	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living e	xpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH,	Otto I M. /		2021	
			idge Dallas Cour	ty Criminal (410
-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	T T T T T T T T T T T T T T T T T T T	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
5/25/22	Christopher Curtis	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
640,00	1306 Clark trail Grand	Prairie Tx 75052
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		_
OF EXPENDITURE	Polling Expense	Polling Expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
experioratione to benefit 0/01	totta J Mullin	Judge County Cr. minal Ct 10
Date	Payee name	
5/25/22	Andra Shun Frazier	
Amount (\$)	Payee address;	City; State; Zip Code
110,00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	^ -	
EXPENDITURE	Lontr Polling Expense	Polling Expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate Officeholder name	Office sought Office held
expenditure to benefit C/OH	EttaJMullin	Tides Date On 10 100 100
Date	Payee name	Judge Dallas County Criminal Ct 10
5/25/22	Mekelaha Hard	away
Amount (\$)	Payee address;	City; State; Zip Code
190,00		(C)
100.00		
, , ,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
PURPOSE	Category (See Categories listed at the top of this schedule)  Polling Expense	Polling Expense
PURPOSE OF		
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Polling Expense	Polling Expense
PURPOSE OF EXPENDITURE	Polling Expense  Check if travel outside of Texas. Complete Schedule T.	Polling Expense  Check if Austin, TX, officeholder living expense

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.  Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Racquel Lew	o (S
6 Amount (\$)	7 Payee address;	City; State; Zip Code
400,00	26011 Ezekial Wa	4 Plano Tx 75074
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Advert 15 (ng Expense  Caphic	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held Judge Dall AS County Criminal Court
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)  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
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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

### 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contra  The Instruction Guide explains how to complete th	,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	,
6 Amount (\$)	7 Payee address;	Sity; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office	e sought Office held
Date	Payee name	
Amount (\$)	Payee address; C	ity; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Desc	ription
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
Date	Payee name	
Amount (\$)	Payee address;	ity; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description	ription
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extensions and listed phone)

Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contra	The second section is a second second second second second section in the second secon
	The Instruction Guide explains how to complete th	nis form.
1 Total pages Schedule F2:	2 FILERNAME Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
PURPOSE OF EXPENDITURE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office soug	pht Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  De	scription
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name Office soug	ght Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

## 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By			Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political	The Instruction Guide explains how to co		Child (child a calagor) has made as a set
1 Total pages Schedule F4:	2 FILER NAME Etta J. Mullin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRE	EDIT CARD	\$
5 Date 5/17/22	Popeyes #586		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
15.78 reimbersonat 9 From political Contr TYPE OF	212 Continutal Ave.	Oalia	5 Tx 75-207
EXPENDITURE	Political Non-Pol	itical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/C	se verage Expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name Of	fice sought	Office held
expenditure to benefit C/OH	Etta J. Mullin	Jud	ge Dallas County Criminal Ct 10
Date	Payee name		
5/22/22	Chilis		
Amount (\$)	Payee address;	City;	State; Zip Code
* 34.79 V Vermby senest	376 N. Highway 67	Cedar H	IL TX 75104
TYPE OF EXPENDITURE	Political Non-Po	litical	
*	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food / E	Beverage Expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate (Officeholder name O	ffice sought	Office held
expenditure to benefit C/OH	Etta T. Mullin	Indo	e Dallas County Commonal Ct 10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

# EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense . Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made t Candidate/Officeholder/Politic	By Gift/Awards/Memorials Expense Printing Expense Al Committee Legal Services Salaries/Wages/Conting Expense Printing Expense Salaries/Wages/Conting Expense Printing Expense Salaries/Wages/Conting Expense Printing Expense Print		
1 Total pages Schedule F4:	2 FILER NAME Eta J. Mullin	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT C	SARD \$	
5 Date	6 Payee name		
5-22-22 7 Amount (\$)	Durk Imp		
	8 Payee address; City; State; Zip Code		
20,01	102 E. Camp Wisdom Rd K	Uncanville Texas	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
PURPOSE		Check if travel outside of Texas, Complete Schedule T.	
EXPENDITURE	Transportation Related Expense	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sough	ht Office held	
	Etta J. Mullin	Judge Pallas County Criminal Count 10	
Date	Payee name USPS	, , , , , , , , , , , , , , , , , , ,	
Amount (\$)	Payee address; City; State; Zip Code		
182.00 reimbersement from politice)	7115. Cedar Ridges Dr. Du	ncanville Tx 75137	
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Rental Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office soug	nt Office held	
	Etta J. Mullin		
		Judge Dallas County Criminal Court 10	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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 (enter a category not listed above)

Candidate/Officeholder/Political	Committee Legal Services Salaries/V  The Instruction Guide explains how to o	vages/Contract Labor complete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F4:	2 FILER NAME Etta J. Mullin	€	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$	
5/25/22	6 Payee name Razzoo's Cajun Cafe			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
(rempresentation political	3712 Towne Crossing Blyd	Mesq	vite Tx	75150
9 TYPE OF EXPENDITURE	Political Non-P	olitical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Beverage Expense	Food R	beverage	Expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder liv	ving expense
11	Candidate / Officeholder name	Office sought	Office	held
Complete ONLY if direct expenditure to benefit C/OH	Etta J. Mullin	Judge	Dallas Count	1 Criminal Ct No 10
Date 5 25-22	Payee name  QUICKTIO	)		
Amount (\$)	Payee address;	City;	State;	Zip Code
65.01	12631 Lake June Rd	Balch	n Spring	96 TX 75180
TYPE OF EXPENDITURE	Political Non-l	Political		
political contribution	Category (See Categories listed at the top of this schedule)	Description	3400 340 340 340 340 340 340 340 340 340	
PURPOSE OF EXPENDITURE	Transportation Related Experi	x Transpo	rtation Rela	ited Expense
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder I	iving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office	e held
expenditure to benefit C/OH	Etta J. Mullin	Judge	Dellas Cour	ty Brimmal 470
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED	

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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 explain	ns how to complete this form.	
1 Total pages Schedule F4:	Etta J. Mul	lin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI.	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 5   25   22	6 Payee name Pappadeaux Seaf	-ood	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
134, 14 Me, Anglor Assemble from  Boldicate of Anilython	3520 Oak Lawn Ar	e Dalla	5 Texas 75219
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expens	se Food/Be	-verage Expense
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH  Etta J. Mullin Judge Dallas County C		Judge Dallas County Communication	
Date	Payee name	1 100	*
5-26/22	Chick-FILA # 0	0799	
Amount (\$)	Payee address;	City;	State; Zip Code
F 19.31  Germbyssenunt From politica)	Cedar Hill FSU (#20799) C	edar Hill Tex	ú, S
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of thi	is schedule) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Exp	sense Food/B	everage Expense
	Check if travel outside of Texas. Complete		Austin. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Etta J. Mulli	n -Ju	udge Dallas County Criminal (+10
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	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 (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Etta J. Mull	۵ ۱ <b>۱</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED T		\$
5 Date 5-14-22	6 Payee name Golden Chick		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9.59	202 South Cedar Ric	dge Duncanuill	e Tx 75116
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expe	nse Food/Be	verage Expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held  Lidge Dallas County Cr			Office held
			udge Dallas County Comme U10
Date	Payee name	- 7	
6-18-22	Murphy USA 7		
	2. 10. Page 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	667 City;	State; Zip Code
(0-18-22 Amount (\$)	Murphy USA 7	City;	3000 CO COLOMONO CO.
6-18-22	Murphy USA 7 Payee address;	City;	3000 CO COLOMONO CO.
Amount (\$)  LID. 0 3  Eimbursement from politica  Type OF	Murphy USA 7 Payee address; 7035 W. Wheat	City; land Rd Dall  Non-Political	3000 CO COLOMONO CO.
Amount (\$)  LID. 0 3  Eimbursement from politica  Type OF	Political  Category (See Categories listed at the top of this s	City;  Land Rd Dall  Non-Political  Schedule) Description	AS TX . 75249
Amount (\$)  LID. 0 3  Combustantial from politica  TYPE OF  EXPENDITURE  PURPOSE	Munphy USA 7 Payee address;  7035 W. Wheat  Political  Category (See Categories listed at the top of this s  Transportation Equipment & Relationships	City;  Land Rd Dall  Non-Political  Sichedule) Description  Calculated txp	AS TX . 75249
Amount (\$)  LID. 0 3  Limbus amond from politica  TYPE OF  EXPENDITURE  PURPOSE  OF	Payee address;  7035 W. Wheat  Political  Category (See Categories listed at the top of this s  Transportation Equipment & Rele  Check if travel outside of Texas. Complete S	City;  Land Rd Dall  Non-Political  schedule) Description  City (Check if A	AS TX 75249
Amount (\$)  LID. O 3  Combustament from politica  TYPE OF  EXPENDITURE  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	Payee address;  7035 W. Wheat  Political  Category (See Categories listed at the top of this s  Iransportation Equipment & Rela  Check if travel outside of Texas. Complete S  Candidate / Officeholder name	City;  Land Rd Dall  Non-Political  schedule) Description  City Check if A  Office sought	AS TX . 75249
Amount (\$)  LID. O 3  Limby is a mind from politica  TYPE OF  EXPENDITURE  PURPOSE  OF  EXPENDITURE	Payee address;  7035 W. Wheat  Political  Category (See Categories listed at the top of this s  Transportation Equipment & Rele  Check if travel outside of Texas. Complete S	City;  Land Rd Dall  Non-Political  schedule) Description  City Check if A  Office sought	as Tx . 75249  ustin. TX, officeholder living expense  Office held
Amount (\$)  LID. O 3  Combustament from politica  TYPE OF  EXPENDITURE  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	Payee address;  7035 W. Wheat  Political  Category (See Categories listed at the top of this s  Iransportation Equipment & Rela  Check if travel outside of Texas. Complete S  Candidate / Officeholder name	City;  Land Rd Dall  Non-Political  Schedule) Description  Check if A  Office sought	AS TX . 75249  ustin, TX, officeholder living expense  Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Braum's 8 Payee address; City; Zip Code State: 7 Amount (\$) 907 S. Cockrell Hill Duncanville Tx 75138 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE Food/ Beverage Expense OF Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate Officeholder name Complete ONLY if direct expenditure to benefit C/OH Judge Dallas County Criminal (4No10 Eta J. Mullin Payee name Date City; Zip Code State; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **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)

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 5-30-22 Hutchins BBQ Amount (\$) 9225 Preston Rd Frisco Tx Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF tood/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Etta J. Mullin Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

### 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)

Credit Card Payment	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)
8	Etta J. Mullin	(2000 Commission Filers)
4 Date	5 Payee name	
5-15-22	Quick Trip	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	102 E. Camp Wisdom	Rd Duncanville Texas 15138
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	7	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Iransportation Related Expense	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name  OH	Office sought Office held
	Etta J. Mullin	Judge Dallas County Criminal Count 10
Date	Payee name	
5-23-22	Golden Chick	
Amount (\$)	Payee address; City; State; Zip Code	
28.77	200 Dugs	
Reimbursement from political contributions	202 Duncanville	1× 15114
intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	tood/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	Etta J. Mullin	Judge Pallas County Crimil Ct 10
Date	Payee name	sauger allows country triming Lt 10
Amount (\$)	Payee address; City; State; Zip Code	
****	,,p codo	
Reimbursement from political contributions		
intended	0	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	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.

1 Tuli con Chadala					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule L:		
2 FILER NAME	Ha J. Mullin		3 Filer ID (Ethics	Commission Filers)	
LENDER INFORMATION	4 Name of lender  Eta J. Mullin  5 Lender address;  P. O. Box 380853	City;	State;	Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor	0 = 11 = 11 = 1	11.	roro B	
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 TI	HIS SCHEDULE AS N	NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
		•• Complete only if Report Type on page 1 is marked. Fina	ar Report ••		
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	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		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om 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	conly one:			
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
55		S	Signature of Candidate		
_					
5		EHOLDER  plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as		
		Si	gnature of Officeholder		