JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages fil	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	FIRST F++a	:	MI	OFFICE	USE ONLY
NAME	NICKNAME	Mullin		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT/SUITE#; OX 38085 Wille Texas		ZIP CODE		
Change of Address	AREA CODE					a)
5 CANDIDATE/ OFFICEHOLDER PHONE	(QIY)	943-3319	EXTENSIO	JN		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	FIRST		Ä.	Receipt # Date Processed	Amount \$
1000	NICKNAME	Johnson)	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	1256	Payne L	ancaste	ir le	Xas	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO			200 TEC
4. State (4.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1	(214) =	32-4473				
9 REPORT TYPE	January 15	30th day before e			15th day al treasurer a (Officeholde	
	July 15	8th day before ele	SOLIOI1	eeded Modified orting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	OQ Month	Day Year	THROUGH	Month 05	Day Yea	
11 ELECTION	Month Day	Year Primary General	Runoff [Other Description		
12 OFFICE	OFFICE HELD (If any) Judge Dallas	County Criminal Co	CONTRACT CONTRACTOR SECRETARION	SOUGHT (if known	n)	0
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER, <i>THESE EXPENDITURE</i> AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL S MAY HAVE BEEN MADE V	VITHOUT THE CAN	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		1	
s		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO ТО	PAGE 2	11 - 11	,	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer	· ID (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT	ITEES OF LOANS, OR	AN	\$1,69	9,00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		IS)	\$16,9	59.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$ 🔿	
	4. TOTAL POLITICAL EXPENDIT	URES		\$451	09.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	DNS MAINTAINED AS OF THE I	AST DAY	\$ 28,	826.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		OF THE	V.	949.35
	vear, or affirm, under penalty of perjury, that uired to be reported by me under Title 15, Elec		rue and cor	rect and includ	des all information
		OH, R	γ	00 >	
	· ·	Signature of	Sandidate/	Officeholder	
			<u>ر</u>		
					3 1
	Please comple	ete either option bel	ow:		RECEDE
(1) Afficavity (1) NOTARY STAMP/SEA	ANTRINERWA ROBINSON DTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 3/15/25 NOTARY ID 13088264-1				ED FOR FILING
Sworn to and subscribed	0 1	obinson this th	ne <u>17</u>	_ day of	May.
20 <u>22</u> , to certify	which, witness my hand and seal of office.			127	/
Signature of officer administe	ring oath Printed name of office	er administering oath		Title of officer	administering oath
		OR			
(2) Unsworn Declaration	on				
My name is		, and my date of birth	ı is		
My address is					·
Evented in	(street)	(city)	(state)	(zip code)	
Executed in	County, State of	, on the day of (mo	onth)	, 20 (year)	
		Signature of Ca	ndidate/Offic	ceholder (Decla	arant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Cor	mmission Filers)
21		ILE SUBTOTALS F 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 CO	NTRIBUTIONS	\$
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 FUI	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

TECTON TO DIE 1. OR

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:
Etta J. Mullin	A	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC I	D#:	7 Amount of contribution (\$)
1 011 k No 1 00		⁴ 50.00
3/3/20 6 Contributor address; City;	State; Zip Code	30.00
	200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	N .
8 Contributor's principal occupation	• • • • • • • • • • • • • • • • • • • •	¥
Dallas County Juvenile Detention	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor	's spouse (if any)
Dallas County		s spouse (ii any)
12 If contributor is a child, law firm of parent(s) (if any)	NH	
Canada (Canada Canada Canada Canada Canada Canada (Canada Canada		
NIA		
Date Full name of contributor □ out-of-state PAC	D#:	Amount of contribution (\$)
2// Add L'II		
3/3/22 And rea Hilburn City;		# 100,00
Continuor address, City,	State; Zip Code	3 17 27
6760 Talbot Pkwy Dalla	5 1x 15d3 Q	2 9 8
Contributor's principal occupation	Contributor's job title	
Ketired	Retired	
Contributor's employer/law firm	Law firm of contributor'	s spouse (if any)
Ketired	NIA	
If contributor is a child, law firm of parent(s) (if any)		10
NIA		
Date Full name of contributor out-of-state PAC II	D#:)	Amount of contribution (\$)
3/3/22 Curtis Lee		
3/3/22 Curtis Lee Contributor address; City;	State: Zip Code	100 00
443 E Hwyle7 Duncan	85-2	100.
Contributor's principal occupation	Contributor's job title	
	Continuator's Job title	
Ban Ken Contributor's employer/law firm	Law firm of contributor	's spouse (if any)
Law IIIII of contributor		a spouse (ii arry)
If contributor is a child, law firm of parent(s) (if any)	M/A	
NIA		≅

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	ta J. Mullin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC I	D#:)	7 Amount of contribution (\$)
/ /aa	Michael Caldwell 6 Contributor address; City;		\$2500,°°
8	P.O. Box 200634 Arlington	Tx 76006	
8 Contributor's p	orincipal occupation	9 Contributor's job title	
OWI	rer	owner	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
Laldwel	1 Industries L.P.	NIA	
	a child, law firm of parent(s) (if any)	15	
	NIA	yr r	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
01212	SA		H
3/2/22	Contributor address; City;	State; Zip Code	\$ 100.00
	Contribution address, City,	State, Zip Gode	773 E R
Contributor's p	principal occupation	Contributor's job title	1 9 0 B
			3 3 3
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
		NIA	- 137
If contributor is	a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor ut-of-state PAC	ID#:)	Amount of contribution (\$)
3/18/22	Contributor address; City;		\$150.00
	6922 Pickrell Dallas	Texas 75227	
Contributor's p	principal occupation	Contributor's job title	
	Retired	Retired	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
	Metired	NIA	
If contributor is	s a child, law firm of parent(s) (if any)		
5	N)A		

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SCHEDULE A(J)1

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The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedul	le A(J)1:
2 FILER NAME Etta J. Mullin		3 Filer ID (Ethics Cor	nmission Filers)
4 Date 5 Full name of contributor out-of-state PAC I	D#:)	7 Amount of contribu	ution (\$)
3/16/22 6 Contributor address; City;	State; Zip Code	\$ 150.00)
8 Contributor's principal occupation	1ASTK 75248		
8 Contributor's principal occupation	9 Contributor's job title		
Vice Pris Public Storage 10 Contributor's employer/law firm	Vice Presid	lent Public	Storage
and the second s	11 Law firm of contributor's	s spouse (if any)	
City of Dallas	NIX	7	
12 If contributor is a child, law firm of parent(s) (if any)			
NIA			
Date Full name of contributor □ out-of-state PAC I	D#:)	Amount of contribu	ution (\$)
3/18/22 Ron Brown Contributor address; City;	State; Zip Code	\$ 200.0	D PRECIDENT
317 Garces Ave#B LasVe	gas NY 89101		2 2 2 5 5
Contributor's principal occupation	Contributor's job title	,	7 30
Paralegal Contributor's employo//law firm	Paralego	il	3 3 3 9
	Law firm of contributor		3 3 3
Professional Paralegals 11 If contributor is a child, law firm of parent(s) (if any)	NIA		2
N I A			21 2 117
7- FC			
Date Full name of contributor out-of-state PAC	ID#:)	Amount of contribu	ution (\$)
3/21/22 Christie Thomas Contributor address; City;	State: Zip Code	\$ 200,0	Ö
Contributor's principal occupation	Contributor's job title		
Dallis Police Officer	Sat		
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)	
City of Oallas	NIA		
If contributor is a child, law firm of parent(s) (if any)			
NIA	, and		

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SCHEDULE A(J)1

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Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Sched	ule A(J)1:	
2 FILER NAME	Etta J. Mullin	2	3 Filer ID (Ethics Co	ommission F	Filers)
4 Date 3/21/22	5 Full name of contributor out-of-state PAC Smth Contributor address; City;		7 Amount of contrib	31 18.000	
0/01/01/01	6 Contributor address; City; 4791 Buck per Blud Dal	12 A	8300'O	, ()	
8 Contributor's p	principal occupation	9 Contributor's job title			
	Teacher				
10 Contributor's e	employer/law firm	leacher			
	15 D	11 Law firm of contributor			
	s a child, law firm of parent(s) (if any)	NA			
i contributor la	s a child, law little of parent(s) (if any)				
	NIA				
Date					
- 41.0	Full name of contributor out-of-state PAC	D#:)	Amount of contrib	oution (\$)	
3/19/22	Contributor address; City;	State; Zip Code	9a50,0	0	
	44845. Marsalis Dalla	as Tx 75216		13	!
Contributor's p	principal occupation	Contributor's job title		> 3	5 3
Pre	sident/CEO	President	/CFO		u j
Contributor's e	mployer/law firm	Law firm of contributor	1 000		
5	econd Finance	NIA		*	7.3
If contributor is	a child, law firm of parent(s) (if any)				2 = 3
2	NA			a distribution of the second o	
Date	Full name of contributor	D#:)	Amount of contrib	oution (\$)	-
3/21/22	Or. Ira O. Murch Contributor address; City;	I.NSON	\$ 500		
	7310 S. West moreland Rd#	t9 Dallast 75234			
Contributor's p	rincipal occupation	Contributor's job title			
De	269				
Contributor's er	mployer/law firm	Law firm of contributor	's spouso (if any)		
IMUR	Family Medical, PA	NIA	a apouse (ii arry)		
If contributor is	a child, law firm of parent(s) (if any)	10/14			
	NIA	ā			

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SCHEDULE A(J)1

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The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
1 5-4-	ID#:
3/21/20 6 Contributor address; City;	State; Zip Code 31 000
2130 Lanark Are Dall	ts 1x, 75203
8 Contributor's principal occupation Retived	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Retired	NIA
12 If contributor is a child, law firm of parent(s) (if any)	10 14
NIA	
Date Full name of contributor ☐ out-of-state PAC	ID#:) Amount of contribution (\$)
3/28/22 Pastor Rickye Sco Contributor address; City;	
Contributor's principal and a size	
Contributor's principal occupation	Contributor's job title
Pastor	Pastor
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributes is a shill law form of a contributes in	N/A
If contributor is a child, law firm of parent(s) (if any)	
NA	
Date Full name of contributor ☐ out-of-state PAC	ID#:) Amount of contribution (\$)
3/27/22 Charle meddlet contributor address; City;	On State: Zip Code \$ 3,00 ,00
1404 Barron Lane Fort	h Worth Ix 76/12
Contributor's principal occupation	Contributor's job title
Owner	Owner
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Caldwell Industries L.P. If contributor is a child, law firm of parent(s) (if any)	N/A
NIA	*

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 f	form.	1	Total pages Schedule A(J)1:
2 FILER NAME	Etta J. Mullin	7	3	Filer ID (Ethics Commission Filers)
3/31/22	5 Full name of contributor out-of-state PAC Regunald Bennett 6 Contributor address; City;	100000000	7	Amount of contribution (\$)
	Pet red	9 Contributor's job title Ret red		
10 Contributor's e	employer/law firm Red Inc J s a child, law firm of parent(s) (if any)	11 Law firm of contributor's	s sp	ouse (if any)
9	NIA			×
Date	Full name of contributor	ID#:)		Amount of contribution (\$)
4/1122	Myra McIntosk Contributor address; City;			⁹ 250,00
Contributor's r	1910 Pacific Avenue Surle &			
Attorney of Contributor's e	+ Counselor at Law imployer/law firm	Contributor's job title Aftorney & Cour Law firm of contributor's	γSl s sp	Lor of Law souse (if any)
If contributor is	+ Associates Law Firm a child, law firm of parent(s) (if any)	NIA		
	NIA			
Date	Full name of contributor uut-of-state PAC	ID#:)		Amount of contribution (\$)
3/31/22	Contributor address; City;	State: Zip Code	Š	500,00
	5787 S. Hampton Rd	20 75232		1 =
34	rincipal occupation	Contributor's job title		1 - 1
	Hounstor at Law mployer/law firm	Law firm of contributor	S SP	nselor of Law
	a child, law firm of parent(s) (if any)	NIF		ouse (ii arry)
ii continuutoi IS	a orma, raw mini or parent(s) (ii any)			
	N/A	*		
	ATTACH ADDITIONAL CODIES C	OF THIS SCHEDULE AS N	CC	DED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedu	ule A(J)1:
Etta J. Mullin	190	3 Filer ID (Ethics Co	ommission Filers)
1 5-1-			
out-of-state PAC		7 Amount of contrib	oution (\$)
3/31/20 LTC (Ref) Robert E. Da 6 Contributor address; City;	∑/ IS State; Zip Code	300.00	5
1616 Thorntree DR. Desoto	TX 75115		
8 Contributor's principal occupation	9 Contributor's job title		
Retired	Retired		
10 Contributor's employer/law firm	11 Law firm of contributor	's spouse (if any)	
NIA	NIA		
12 If contributor is a child, law firm of parent(s) (if any)			
NIA			
Date Full name of contributor ☐ out-of-state PAC I	ID#·	Amount of contrib	oution (\$)
		σιιστί (φ)	
		ы.	
Contributor address; City;	State; Zip Code	\$ 500.	003 1
1020 Scotland DR #3115	Desob Tx 75/15	\$ 500.	3 8 8
Contributor's principal occupation	Contributor's job title		3 119
CEO	CEO		
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)	
Clee Transportation Inc	24 7	IA	33 3 33
If contributor is a child, law firm of parent(s) (if any)	1	111	
ANT o			- · · · · Z
NIA			
Date Full name of contributor out-of-state PAC	ID#:)	Amount of contrib	oution (\$)
111/22 Dr. Levetta Levels			
4/5/22 Dr. Levetta Levels Contributor address; City;	State: Zip Code	\$ 100.00	ή.
811 Cockrell Hill Rd O		9 100,00)
Contributor's principal occupation	Contributor's job title		
Conduct	Conduct (Officer	
Contributor's employer/law firm	Law firm of contributor		
NIA	NIA		
If contributor is a child, law firm of parent(s) (if any)	1011		
NIA			

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this for	m. 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 uut-of-state PAC ID#	7 Amount of contribution (\$)
415/22 6 Contributor address; City;	State; Zip Code
2510 E. Ledbotter Dallas	Tx 75216
8 Contributor's principal occupation	9 Contributor's job title
Pastor	Pastor
	11 Law firm of contributor's spouse (if any)
Larver Heights Baptist Church	NIA
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor □ out-of-state PAC ID#	Amount of contribution (\$)
1111	
4/4/22 Lity;	State; Zip Code
1317 Carriage Creek Dr. C	State; Zip Code 200,003
Contributor's principal occupation	Contributor's job title
Retired	Retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Retired	. N/A 3 37 2
If contributor is a child, law firm of parent(s) (if any)	
Re NIA	
Date Full name of contributor ☐ out-of-state PAC ID#	#:) Amount of contribution (\$)
4/6/22 Heath Harris Contributor address; City;	
1910 Pacific Ave Dallas	Tx 75201
Contributor's principal occupation	Contributor's job title
Attorney + Counselor at Law Contributor's employer/law firm	Attorney + Counselor at Law Law firm of contributor's spouse (if any)
Law Office of Heath Harris	N / A
If contributor is a child, law firm of parent(s) (if any)	10 / H
\sim 1 Φ	5 10

SCHEDULE A(J)1

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

		N-3		
The Instruction Guide explains how to complete this f	form.	1 Total pages Schedu	ıle A(J)1:	
2 FILER NAME Etta J. Mullin		3 Filer ID (Ethics Co	mmission File	ers)
4 Date 5 Full name of contributor out-of-state PAC	ID#:	7 Amount of contrib	oution (\$)	
4/11/20 Leona Redmond 6 Contributor address; City;		\$ 900,0		
8351 County Road 108, Barfon	run Tx 75 142			
8 Contributor's principal occupation	9 Contributor's job title	E	70	
Registrar 10 Contributor's employer/law firm	Registi	rar		
10	11 Law firm of contributor's			
12180	NIA			
12 If contributor is a child, law firm of parent(s) (if any)	į mas.	7		
NIA				
Date Full name of contributor		Amount of contrib	ution (\$)	
4/11/2 Cecil Armstrong City;	State; Zip Code	\$ 100, ct)	
1309 Guddenst Dallas T	TX 75203		3	
Contributor's principal occupation	Contributor's job title			958
Retired	Retire	· · ·		935
Contributor's employer/law firm	Law firm of contributor's			2
REtired	NIA		~1	4 9 3
If contributor is a child, law firm of parent(s) (if any)	1011		>	- 2.25
NLA			- 0 - 0	I I
Date Full name of contributor out-of-state PAC_I	ID#:)	Amount of contrib	ution (\$)	<u> </u>
4)8/22 Stephanie Mitchell Contributor address; City;	Huff State: Zip Code	8 100.	00	
133 N. River front Blyd	Pallys I 75207			
Contributor's principal occupation	Contributor's job title			
Dallas County	Judge			
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)		
Dallas County				
If contributor is a child, law firm of parent(s) (if any)				
NIA				

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SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form	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	7 Amount of contribution (\$)
4/8/22 6 Contributor address; City;	State; Zip Code \$ 350.00
2220 N. Stemmons Fury \$207	Pallas 1/2 75207
	Contributor's job title
Attorney + Counselor at Law F- 10 Contributor's employer/law firm 11	Attorney + Counselor at Law
10 Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Zay Zuckerman	NIA
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor □ out-of-state PAC ID#:_	Amount of contribution (\$)
4/8/22 Floyd Williams Contributor address; City; 2720 N. Stemmons Fry 207 D.	State; Zip Code 250, 00
2720 N. Stem mons Fry 101 De	allas 1x75207
Aftorney & Counselor of Law Y. Contributor's employer/law firm	Attorney + Counsulor At Law 5 Law firm of contributor's spouse (if any)
No. 10 Page 1971	NIA
Floyd William S If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date	
out-of-state PAC ID#:	
4/11/20 Robert Pointer City;	State: Zip Code 100,06
2632 Loch Wood Dr. Lancas	ster Tx 75 KHb
Contributor's principal occupation	Contributor's job title
Retired	Retired
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)	Nra
services to a sma, tan min of parent(s) (if any)	
NIA	

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SCHEDULE A(J)1

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

T	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:	
2 FILER NAME	Etta J. Mullin	9	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	D#:)	7 Amount of contribution (\$)	
			Name of the Control o	
4/14/22	OSCAR Epps 6 Contributor address; City;	State; Zip Code	\$ 200.00	
	115 W. Belt Line Rd Suite	211 DeSolo 25/15		
	principal occupation	9 Contributor's job title		
Sr. Pas	employer/law firm	Sr. Pastor		
		11 Law firm of contributor	's spouse (if any)	
	irty Missionary Baptist Church	NIA		
12 If contributor is	s a child, law firm of parent(s) (if any)			
	NIA			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	20
1)1-1	Shelia Brown	*		RECINIO
4/12/22	Shella Brown Contributor address; City;	State; Zip Code	\$ 1,000,0	7
	730 Penguin Dr. Dallas	25241	,,	5
Contributor's p	principal occupation	Contributor's job title		7
Y-	Retirel	Retire		
	mployer/law firm	Law firm of contributor	's spouse (if any)	3
	Retirel	NA		27
If contributor is	s a child, law firm of parent(s) (if any)	(8)		
	N/A			
Date	Full name of contributor ut-of-state PAC I	D#:)	Amount of contribution (\$)	
4/12/22	Ronald and Riggy. Contributor address; City;	State: Zip Code	200,00	
Contributor's p	principal occupation	Contributor's job title		_
•	Retired	500 - 500 -	ired	
Contributor's e	mployer/law firm	Law firm of contributor		
R	etired	NIA	a marine de sourée	
	s a child, law firm of parent(s) (if any)	1		
	NIA	¥		

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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 FILER NAME	Etta J. Mullin		3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor	D#:)	7 Amount of contribution (\$)
4/15/22 6	Contributor address; City;	State; Zip Code	\$100,00
8 Contributor's prin	cipal occupation	9 Contributor's job title	
City	F Dallas Police Officer	Sat	
10 Contributor's emp	ployer/law firm	11 Law firm of contributor	s spouse (if any)
Citi	of Dallas		s spouse (ii arry)
12 If contributor is a	child, law firm of parent(s) (if any)	NIA	
-4			
Date	NIA		
	Full name of contributor ut-of-state PAC		Amount of contribution (\$)
4/15/20	Roy Elton Brack, City;	State; Zip Code	9150,00
	1261 Wichita Street Forest	111 Tx 7/2140	
Contributor's prin	cipal occupation	Contributor's job title	
Senio	r Pasto	Senior	Pastor
Contributor's emp	oloyer/law firm .	I aw firm of contributed	
Grace labe	ernacte Missionary Baptist Churc	h NIA	
If contributor is a	child, law firm of parent(s) (if any)		G 2 0
	NIA		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
F	red Conwright Sk.		(4)
4/15/20	Contributor address; City;	State: Zip Code	A 900,00
	2335 56th St Dalla Tx 75	1 1	31331
Contributor's princ	cipal occupation	Contributor's job title	
Pasto		Pastor	
Contributor's empl		Law firm of contributor	
Createrma	Hebron		
If contributor is a	child, law firm of parent(s) (if any)		V/19
	NIA	8	
lf cor	ATTACH ADDITIONAL COPIES Of ntributor is out-of-state PAC, please see instruc	F THIS SCHEDULE AS N ction guide for additional r	EEDED reporting requirements.

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	Ha J. Mullin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC II	D#:	7 Amount of contribution (\$)
			and the construction of th
4/18/22	Warren Mitchell 6 Contributor address; City;	State; Zip Code	9250,00
	1049 Essex Drive Cedartil	1 Tx 75104	
	principal occupation	9 Contributor's job title	
Da	llas Police	Sqt Dall	AS Police
10 Contributor's e	employer/law firm	11 Law firm of contributor	
CHU	of Dallygo	N 14	₹
	s a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
111001	DA Proston		- 1
9/20/22	Contributor address; City;	State: Zin Code	200.00
'	1125 & Red Bird Ln Dallas		
Contributor's r	principal occupation	Contributor's job title	
Paste	COMMISSION OF THE PROPERTY OF		1
	employer/law firm	Senior Pag Law firm of contributor	's spayed (if appl)
Beth Ede			s spouse (ii aliy)
	s a child, law firm of parent(s) (if any)	NIA	
	w.	NIA	21 - 42
		. ~ 1 /	
Date	Full name of contributor		Amount of contribution (\$)
4122122	Contributor address; City;		150000
1/00/00	Contributor address; City;	State: Zip Code	100.00
	21095, Beokley Ave Dallas	Tx 75224	
Contributor's p	principal occupation	Contributor's job title	
	Pastor	Senior F	astor
2	employer/law firm	Law firm of contributor	
Shekma	h Tabernacle	NIA	
If contributor is	s a child, law firm of parent(s) (if any)		
	A P.		
	O',	114	

SCHEDULE A(J)1

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

°7	The Instruction Guide explains hov	v to complete this t	orm.	1 Total pages Schedule A(J	1)1:
2 FILER NAME	Etta J. Mu	allin	×	3 Filer ID (Ethics Commiss	ion Filers)
4 Date	5 Full name of contributor	out-of-state PAC	ID#:	7 Amount of contribution	(\$)
4/16/22	6 Contributor address;			100,00)
8 Contributor's p	Drincipal occupation	4	9 Contributor's job title	*	
10 Contributor's	employer/law firm		11 Law firm of contributor	's spayed (if any)	
			W J		
12 If contributor is	s a child, law firm of parent(s) (if a	ny)	10	7	
	N/1	9			
Date	Full name of contributor	out-of-state PAC	D#:)	Amount of contribution	(\$)
4/20122	Contributor address;	Ohit-e City;	State; Zip Code	200.00	7.77 A
	2431 5, Marsali	s Ave Da	llas Tu 75211.	χου,	9 9 39
Contributor's p	principal occupation	- / / / -	Contributor's job title		1 75
Pasto	mployer/law firm		Pasto	~	- 43
			Law firm of contributor	's spouse (if any)	3 1 7 - 10
	Bapt 67 Churc s a child, law firm of parent(s) (if an		NM	(
4		NIA	8		
Date	Full name of contributor	out-of-state PAC I	D#:)	Amount of contribution	(\$)
4/21/22	Contributor address;)atcher city;	State: Zip Code	200,00	
	1901 Amanda 1	Lyenus Ft	Worth Tx 76105		
10	rincipal occupation		Contributor's job title	¥	
Past			Pastor		
	mployer/law firm		Law firm of contributor		
If contributor is	a child, law firm of parent(s) (if ar	of Church	NH	A	
			NA		
	ATTA OU CO				

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 FILER NAME Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC I	D#:7 Amount of contribution (\$)
4/22/22 6 Contributor address; City;	State; Zip Code
700 N. Pearl St. 2170 Da	lhs Tx 75201
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm	Attorney + Counselor at Lay
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Law Office of Michael J. Todd	NIA
12 If contributor is a child, law firm of parent(s) (if any)	a a
NIA	
Date Full name of contributor out-of-state PAC	D#: Amount of contribution (\$)
H/26/22 Contributor address; City;	State; Zip Code
6722 Boxar St Dallas Ty	275215
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
	Law firm of contributor's spouse (if any)
Lord's Missionary, Paptist Church If contributor is a child, law firm of parent(s) (if any)	NIA
N/A	
Date Full name of contributor out-of-state PAC	D#:) Amount of contribution (\$)
4/21/22 Reginald Hurd Contributor address; City;	State: Zip Code 250,00
511 N. Greenstone Ln Dunc	anville Tx 75116
Contributor's principal occupation	Contributor's job title
Ketired	Retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
franklik da ja a kild live firm of a set (a) (ii	NAA
If contributor is a child, law firm of parent(s) (if any)	*
) W	A

SCHEDULE A(J)1

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

		1.5
The 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 I		
4/23/22 6 Contributor address; City; 1615 5. Tray is Sherman Tx	State; Zip Code 300 00	
8 Contributor's principal occupation	9 Contributor's job title	
Pastor	Pastor	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	il e e e e e e e e e e e e e e e e e e e
Fellowship Baptist Church 12 If contributor is a child, law firm of parent(s) (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 I	D#:Amount of contribution (\$)	
4/26/22 FALCE CZIT rom Contributor address; City; HISIN Central Expy St 68 Contributor's principal occupation	State; Zip Code	<u>,</u> 1
4131 N Central ExpuSt 68	O Pallas Tr 75 204	F 7 F
Contributor's principal occupation	Contributor's job title	
Altorney & Counselor at Law	Aftorney & Counselor at Law	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	2 2 2
Alex Czitnom		* = 2
Alec Czitrom If contributor is a child, law firm of parent(s) (if any)	NIA	7 -2 -7
NIA		7 4
Date Full name of contributor out-of-state PAC	D#:) Amount of contribution (\$)	
5/3/22 Dennie Brown Contributor address; City;	State: Zip Code 150,00	
6017 Horizon Dr. Medb	thian Tx 76065	
Contributor's principal occupation	Contributor's job title	
Independent Consultant	Independent Consultan	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
KPMG	NIA	
If contributor is a child, law firm of parent(s) (if any)	11'	
N_{II}	7	
91		

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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 f	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	D#:	7 Amount of contribution (\$)
4/29/22	Michael W. Walke 6 Contributor address; City; 1626 Kent St	State; Zip Code	100.00
8 Contributor's p	principal occupation	9 'Contributor's job title	
	Retired	Retire	e ch
10 Contributor's e	employer/law firm	11 Law firm of contributor's	
	5/A	NIA	
12 If contributor is	s a child, law firm of parent(s) (if any)	10(11	
		SIA	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
5/9/22	Augles Roles	State; Zip Code	100,00
	133 N. Riverfront Blyg	1 Dallas T. 75207	100
	principal occupation	Contributor's job title	
Dall	ns County Judge mployer/law firm	Judge	
Contributor's e	mployer/law firm	Law firm of contributor's	
	s County	N 179	77
If contributor is	a child, law firm of parent(s) (if any)	7/1	
	NIA		in z á
Date	Full name of contributor	D#:)	Amount of contribution (\$)
5/522	Lela Lawrence M Contributor address; City;	May S Statte: Zip Code	100
Ctvil-vtt-	133 N. Riverfront Blyd Dal		
Contributor's p	rincipal occupation	Contributor's job title	*
Contributor's e	Judy £ mployer/law firm	Judg	
Oallo	5 County	Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	NIA	
	Υ	UM	
12	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED
IT	contributor is out-of-state PAC, please see instru	ction guide for additional i	reporting requirements.

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 FILER NAME Etta J. Mullin	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC	D#:
5 5 2 6 Contributor address; City;	State; Zip Code 150.00
1212 White Dr Cedar Hill	75104
8 Contributor's principal occupation	9 Contributor's job title
Retired	Retired
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Ketired	NIA
12 If contributor is a child, law firm of parent(s) (if any)	1,1
N/A	
	D#:) Amount of contribution (\$)
5/5/22 Contributor address; City;	State; Zip Code
2616 Spice berry lane Me	5quite & 75149
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
	NIA
If contributor is a child, law firm of parent(s) (if any)	7017
NIA	
Date Full name of contributor □ out-of-state PAC	D#:) Amount of contribution (\$)
5/7/22 Heath Harris Contributor address; City;	State: Zip Code 500,00
1910 Pacific Have Dulling To	5201
Contributor's principal occupation	Contributor's job title
Altorney & Counselor at Law	Attorney + Counsolor at Law
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Law Office of Heath Harris	NIA
If contributor is a child, law firm of parent(s) (if any)	
NIA	er e
*	

SCHEDULE A(J)1

			- Telephone
9	The Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1:
2 FILER NAME			,,,,
- ricertivalivie	Etta J. Mullin		3 Filer ID (Ethics Commission Filers)
1 Date			
	5 Full name of contributor ut-of-state PA	AC ID#:)	7 Amount of contribution (\$)
5/7/22	La Bailey		W 27
11100	6 Contributor address; City; Sta		\$ 300 00
	City, Sta	ate; Zip Code	900.
Contributor's	principal occupation		
12	letired	9 Contributor's job title	
Contributor's	employer/law firm	Retired	
		11 Law firm of contributor'	s spouse (if any)
	Retired	NIA	· · · · · · · · · · · · · · · · · · ·
ii contributor is	s a child, law firm of parent(s) (if any)	(1	
		NIA	
Date			
	Full name of contributor	C ID#:	Amount of contribution (\$)
< land	Valere Butson		5. A.
5/12/22			2220 00
	Contributor address; City; Stat	te; Zip Code	\$ 200.00
	603 N. Cedar Ridge BR. Ste 36	Duncanilla 7 7511	
	1	Contributor's job title	
Attorney a	and Courselor at Low mployer/law firm	Attacas and a	,
Contributor's er	mployer/law firm	Attorney and a	ounselor at Law
B8670	on for from	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	NA	
	2	11	
	A	JIA	C7
Date	Full page of the same		27.5
	Full name of contributor ut-of-state PAC	ID#:	Amount of contribution (\$)
	Keyin Mind.		2. do.m.pdffoff (\$)
3/25/22	Contributor address; City: State		₫.
	Oity, State	e: Zip Code	\$ 50.00
	PO. Box158272 Dullas	TV 75315	
	(1) (1) (2) (3) (3) (3) (3) (3) (3) (4) (4) (4)	Contributor's job title	
Mano	iger - Buginuss		-
Contributor's em	ployer/law firm	Manago	r-Business
Pate C	* Dallas	Law firm of contributor's	spouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)	NIA	
	~ N	A	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

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Revised 9/8/2015

SCHEDULE A	(\mathbf{J})	1
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- 100 mm	The Instruction Guide explains	how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME				
221 7	Elta J. M	Millin		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC	ID#:)	7 Amount of contribution (\$)
-1/6/22	6 Contributor address;	Drain	g; Zip Code	\$ 50,00
Contributor's	principal occupation			a
	02 102		9 Contributor's job title	
Contributor's	Retired employer/law firm		Retire	ટર
			11 Law firm of contributor	s spouse (if any)
If contributor is	Retired		NIA	,
contributor is	s a child, law firm of parent(s) (i	f any)		
		NIA		
Date	Full name of contributor		ID#:)	Amount of contribution (\$)
1	Henry E	3001.10		Amount of Contribution (\$)
(11/22	Contributor address;	JOW N		The second second
,	communicator address;	City; State;	Zip Code	\$50,00
Contributor		-		
Contributor's p	rincipal occupation		Contributor's job title	9 1
	Part		No. Processor	\$
Contributor's er	nployer/law firm		law firm of	Bus Driver
	Dart		Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if	any)	N/A	
		A 1 2 20		e region
		NIA		G T
Date	Full name of contributor	out-of-state PAC II)#·	
. 1	0)#)	Amount of contribution (\$)
12/22	Day Steve	cnson		
	Contributor address;	City; State:	Zip Code	\$
			8	50,00
Contributor's pri	ncipal occupation		Contille	
	Pastor		Contributor's job title	
Contributor's em	ployer/law firm		Pastor	
			Law firm of contributor's	spouse (if any)
f contributor is a	child, law firm of parent(s) (if a	any)	NIA	2
	o. parenda) (II s	ury)		
		NIA		
	ATTACH ADDITI	ONAL CODIES AF	THIS SCHEDULE AS NEI	

Forms provided by Texas Ethics Commission

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SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	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		7 Amount of contribution (\$)
5/2/22	6 Contributor address; City; State	; Zip Code	\$ 50,0
8 Contributor's	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
5/2/22	Contributor address; City; State; 2307 Stone Rd Kilgora 7	Zip Code	\$50.00
Contributor's r	principal occupation	x Blog	병 취 조
oonthbator 3 p	omelpar occupation	Contributor's job title	
Contributor's o	Bishap employer/law firm	Bis	hop
		s spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	NIA	
	N/X)	
Date		D#:	Amount of contribution (\$)
1/22	Contributor address; City; State:	Zip Code	\$ 100,00
Contributoria	P.O. Rox 5627 Fort Lee, VA 2 rincipal occupation	3801	
		Contributor's job title	2
Contributor's er	Aract Specialist	Contract 5	pecialist
	a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
	No IA		
	1014		
	e e		

LOANS (JUDICIAL)

SCHEDULE E(J)

lf	If the requested information is not applicable, DO NOT include this page in the report.							
	The Ins	struction Guide explains how to complete this fo	orm.	1 Total pages Schedule E(J):				
2 FI	ILER NAME	Ha J. Mullin		3 Filer ID (Ethics Commission Filers)				
4 TC	OTAL OF UNI	TEMIZED LOANS		\$ 2,153.52				
5 D	ate of loan	7 Name of lender □ out-of-state PAC (D#:)	9 Loan Amount (\$)				
а	lender financial nstitution?	8 Lender address; City; P.O., Box 38085 3	State; Zip Code	10 Interest rate				
١	(N	1-0, DOX 98082 3		11 Maturity date				
12 L	ender's Principal (Occupation	13 Lender's Job Title					
	= Judge		Indge					
14 L	ender's Employer	Law Firm	15 Law Firm of lender's spous	se (if any)				
	Dallins Co		N/A					
-		law firm of parent(s) (if any)		REC				
17 D	escription of Colla	ateral	18					
	none		Check if person account (See Ir	al funds were deposited into political structions)				
	19 GUARANTOR INFORMATION 20 Name of guarantor			22 Amount Guaranteed (\$)				
	21 Guarantor address; City; State; Zip Cod			ST DE				
	not applicable							
23 G	iuarantor's Princip	al Occupation	24 Guarantor's Job Title					
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's s	pouse (if any)					
27 _f	27 If guarantor is a child, law firm of parent(s) (if any)							
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	rpense /ages/Contract Labor	Travel Out Of District Other (enter a categor	ct DIV not listed above)
areas and a grinois	The Instruction Guide explains how to c	omplete this form.		-,
1 Total pages Schedule F1:	2 FILER NAME Efte J. Mullin		3 Filer ID (Ethic	s Commission Filers)
4 Date 2 / 2 2	5 Payee name Kingdom Copy			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
426,00	2020 W. Wheatland Rd	Pallas To	75232	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Λ \	0,		
EXPENDITURE	Advertising	Push C	ands	
	(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
The state of the second of the	Etta J. Mullin	Ju	age County (riminal Count #10
Date	Payee name			1 In Inc.
5/12/122	Mail Logix			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,034.38				
0,004.00				
	Category (See Categories listed at the top of this schedule)	Description		a 1 _1
PURPOSE OF	N 1 1 1			7
EXPENDITURE	Advertising Expense.	Maile	ప రా	- 10 × 10
	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	(A)	Office held
experience to benefit 6/011	EHG J. Mullin	-	Tude a Court	10 10
Date	Payee name		much spinic	4 Criminal Court 10
1-1 - 1-2				
5/12/22	Southered Printing & Re	2001 0		
Amount (\$)	Payee address;	City;	State;	Zip Code
1011 66				Zip Code
18 Lele-89	4545 S. Westmore land Rd.	Pallas Tx 7	5237	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Advirtising Expense	Printin	4	
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	** ***********************************	Office held
expenditure to benefit C/OH		— 1 0000		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDINE AS MET		
	THIS S	CHEDULE AS NEED	ED	

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (eriter a catego	ny not listed above	?)
1 Total pages Schedule F1:	2 FILER NAME Etta J. Mullin	4	3 Filer ID (Ethics	Commission Fi	lers)
4 Date S (8/22	5 Payee name Kanadam Cook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
240.00	2020 W. Wheatland	Rd. Dally	75 Tx 75	337	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Push C	cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Etta J. Mullin	Office sought	Judgo Bunt	Office held	d (1)
Date .	Payee name			1 100,004	7. (0)10
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		77	
PURPOSE OF				100	132
EXPENDITURE				1 1	1.2
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	5
Complete ONLY 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 Austi	n, 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 NEE	EDED		

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/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee 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 F4:	2 FILER NAME Etta J, Mullin		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED 1	OACREDIT CARD	\$		
5 Date	6 Payee name		ntering and the second		
4/9/22	Office Depot Office	Max			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
132.58					
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE	Printing				
OF	Advertising Exper	se Late	sel.		
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete So	chedule 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. Mull	w.	Judge County Criminal Count		
D.4.	Payee name				
3/23/22	Quiktrip				
Amount (\$)	Payee address;	City;	State; Zip Code		
-					
20.00	182 E Camp Wisdo	om Dincanvi	180		
TYPE OF EXPENDITURE	Political	Non-Political			
044666 (114666 1147) 1147 (11466 1147) 1146 (11466 11466 11466 11466 11466 11466 11466 11466 11466 11466 11466	Category (See Calegories listed at the top of this s	chedule) Description			
PURPOSE					
OF	Travel	(sigs /	Carvas		
EXPENDITURE	Cheek if travel outside of Toyon Complete S		87 St. 1988		
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	$\overline{}$	udge County Criminal Ct 10		
		-5.	active the many of many with the		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	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/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overh Polling Expe Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains	how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME Etta J. Mullin			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED T	OACR	EDIT CARD	\$ 30.96	
5 Date	6 Payee name				
	Cracker Barrel				
7 Amount (\$)	8 Payee address;		City;	State; Zip Code	
d 30.96	1421 N, Beckley Ave	De	soto Texa	ıS	
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Berenage		Food 1	Bette rage	
	(c) Check if travel outside of Texas. Complete Sc	hedule T.	Check if Au	stin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Of	fice sought	Office held	
expenditure to benefit C/OH	EttaJimalli	, N	Jud	ge County Criminal Court Abl	
Date	Payee name			2	
	Muktrip			1 2 3 0 HAVI	
Amount (\$)	Payee address;		City;	State; Zip Code	
15.89	182 E. Comp Wisdon	n P	uncarvill	e Ts	
TYPE OF EXPENDITURE	Political	Non-Po	litical		
e ²³	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Transportating		Cre	15	
	Check if travel outside of Texas. Complete So	chedule T.	Check if Au	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office held	
			2	4	
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

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 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)

San Grate, Officer folder, Politic	Salaries/Wages/Contract Labor Other/ort Of District
1 Total pages Schedule F4:	2 FILER NAME
4 TOTAL OF LINITEM	
	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 57,00
5 Date 5 - 14-22	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
57.00	170 N. Beckley Lancaster Tx 75/44
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	(a) Description
EXPENDITURE	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/OF	Candidate / Officeholder name Office sought Office held
*	Etta J. Mullin Judge County Criminal (4)
Date	Payee name
2/28/23 Amount (\$)	Quicktrip
	Payee address; City; State; Zip Code
15.00	182 E. Camp Wisdom.
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	Travel / Cross / Chary
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	Etta J. Mullin Judge County Coming (41)
	1 7 2 1111 (1)
5	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
ns provided by Texas Ethics Co	emmission

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 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 Date 3 33 22 3 25 22 4 9 22 433 23 4 4 3 4 32 6 Payee name 7 Amount (\$) 20,00, 25,01, Camp Wisdom Duncanville Tx 25,89 +42,37 TYPE OF EXPENDITURE 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 Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held EttaJ. Mullin Payee name Exxon. 447925292 20.04 Dallas TYPE OF **EXPENDITURE** Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Travel/ Chas/ Canvas Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Etta J. Mullin End se County Criminal of 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

l lotal pages Schedule F4: 2 FILER NAMF	Contributions/Donations Made Candidate/Officeholder/Politic	al Committee Legal Services Printing Expense Salaries/Wages/Contract Lab	Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
4 TOTALOFUNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Murphy 7 Amount (\$) 8 Payee address; City; State; Zip Code 35.02 9 TYPE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Candidate / Office holder name Date Payee name Amount (\$) Payee address; City; State; Zip Code Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Candidate / Office holder name Category (See Categories listed at the top of this schedule) Description Concell Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Officeholder name Office Sought Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Officeholder name Office Sought Candidate / Officeholder name Office Nully if direct Candidate / Officeholder name Office Sought Candidate / Officeholder name	1 Total pages Schedule E4.	The Instruction Guide explains how to complete this for	rm.
5 Date 6 Payee name Murphy 7 Amount (\$) 8 Payee address; City; State; Zip Code 35.02 75.74 At Walmant Cadar Hill a 9 TYPE OF EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) 10 (a) Category (See Categories listed at the top of this schedule) 11 Complete ONLY if direct expenditure to benefit COH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Category (See Categories listed at the lop of this schedule) Payee name Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule)	3 200	Ofta J Mulla	3 Filer ID (Ethics Commission Filers)
7 Amount (\$) 8 Payee address; City; State; Zip Code 25.02 75.74 CH Walmant Lader Hill & 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense	4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 25 20
7 Amount (\$) 8 Payee address; City; State; Zip Code 25 74 CH Walmont Cadar Hill To 9 TYPE OF EXPENDITURE 10 (a) Category (See Categories listed at the top of this achedule) 10 (b) Description Check if Austin, TX, officeholder living expense	5 Date		0,00
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Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the lop of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Category (See Categories listed at the lop of this schedule) Complete ONLY if direct Candidate / Officeholder name	11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Officeholder name Officeholder name	•	Etha J. Mullin	
TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name	Date	Payee name	State State of Criminal Co No. 18
TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name	Amount (\$)	Payee address; City: State: Zip Cod-	1 7 7
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PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name	EXPENDITURE	Political Non-Political	91
Complete ONLY if direct Candidate / Officeholder name Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	PUPPOST	Category (See Categories listed at the lop of this schedule) Descr	ription
Complete ONLY if direct Candidate / Officeholder name	OF	Ch	eck if travel outside of Texas. Complete Schedule T.
expanditure to 1 th and 1 th a	EXPENDITURE	С	eck if Austin, TX, officeholder living expense
Office held	Complete ONLY if direct	Candidate / Officeholder name Office sought	
	, see to bollett G/OH	See sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE ASS	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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment 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 State: Zip Code Exand Pranie Tu Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CHA J. M. 21 Judge County Crimina Count 10 Date Payee name Ed Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Adventising Egraphic Website **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Zip Code 41165. Carrier Parkway # 100 Errand Prairie Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food Berenge Expense Food Beverage Bellevice OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Judge County Cormand Gust 20 expenditure to benefit C/OH Elta J. Mullon

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder/Politiceholder	By Gift/Av cal Committee Legal	Beverage Expense wards/Memorials Expense Services		xpense Vages/Contract Labor	Travel In District Travel Out Of District Other (enter a category n	ot listed above)
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME	J. Myllin			3 Filer ID (Ethics Co	ommission Filers)
4 Date		J. Muyllin				
3/19/22	5 Payee name	15 Bar B. Qu	e .			
6 Amount (\$)43.82	7 Payee address;	40	,	City;	State;	Zip Code
Reimbursement from political contributions intended	la4 N	Hwy 67	C	edan Hell		
8	(a) Category (See Ca	tegories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Berenge Expen	ise	Food Bere	rege Expen	de
	(c) Check if to	avel outside of Texas, Complete Sch	nedule T.	Check if Austin	, TX, officeholder living expe	nse
9	Candidate / C	Officeholder name		Office sought	Of	fice held
Complete ONLY if direct expenditure to benefit C/OH	Ę	Sta J. Mullin			Judge Conorte	Crimina (410
Date	Payee name				8	102
3/1/22		Poll - Wor.	Ber			그 그 그
Amount (\$)	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE	Category (See Ca	ategories listed at the top of this so	chedule)	Description		- 5
OF EXPENDITURE	Poll	ng Expunsi		Pollin	4 Expense	E E
*	Check if t	ravel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		Officeholder name		Office sought	O ¹	ffice held
Date	Payee name					
				9		
Amount (\$)	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Ca	tegories listed at the top of this so	chedule)	Description		
	Check if tr	avel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sought	0	ffice held
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OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report, 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) LENDER **INFORMATION** 5 Lender address; City; State; Zip Code 10, Box 380863 Duncanville Tx 75138-0853 **GUARANTOR INFORMATION** 7 Guarantor address; not applicable City; State; Zip Code Name of lender LENDER INFORMATION Lender address: City; State; Zip Code **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; not applicable City; State: Zip Code **LENDER** Name of lender INFORMATION

City;

City;

City;

City;

State:

State;

State;

State;

Zip Code

Zip Code

Zip Code

Zip Code

GUARANTOR

INFORMATION

not applicable

INFORMATION

GUARANTOR

INFORMATION

not applicable

LENDER

Lender address;

Name of guarantor

Guarantor address;

Name of lender

Lender address;

Name of guarantor

Guarantor address;

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" ••	
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)	
3	SIGNA	TURE	
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any n contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder	
4	FILER	WHO IS NOT AN OFFICEHOLDER	
		olete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	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 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.	to
	B.	ASSETS	
	Chec	only one:	5
		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 understarthat 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.	to
		Signature of Candidate	*
5		HOLDER	
	·· Com	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	7.