

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Hon. Paula M. Rosales</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> Date Received <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">BY _____</div> <div style="text-align: center;"> 2025 JUL 15 PM 5:30 JOHN F. WALKER COUNTY CLERK DALLAS COUNTY </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED</div> </div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">1111 W. Mockingbird Lane, Dallas Texas 75247</div>	Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">(214)941-8300</div>	6 CAMPAIGN TREASURER NAME									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">1111 W. Mockingbird Lane, Dallas Texas 75247</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">(214)941-8300</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 2025 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 2025 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 03/03/2026 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) JP Place 3-2									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

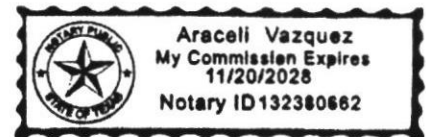
15 C/OH NAME Hon. Paula M. Rosales		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,036.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,528.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,507.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Paula M. Rosales
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Paula M. Rosales this the 15th day of July, 2025, to certify which, witness my hand and seal of office.
Araceli Vazquez Araceli Vazquez
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Hon. Paula M. Rosales		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,036.67
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ n/a
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ n/a
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ n/a
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,528.84
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ n/a
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ n/a
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,000.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ n/a
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME Hon. Paula M. Rosales		3 Filer ID (Ethics Commission Filers)
4 Date 05/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trujillo Gonzalez, PC.	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions)
Date 05/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krisi Kastl Law	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charla Aldous	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Crabtree Donovan	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6333 E. Mockingbird Ln., Lockbox 800, Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
See attached Excel sheet.		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

FIRSTNAME	LASTNAME	AMOUNT	DATE	ADDRESS1	CITY	STATE	ZIP	COUNTRY	EMPLOYER	OCCUPATION
Zach	Bullard	3.48	5/24/2025 13:14	2710 Routh Creek Pkwy #1102	Richardson	TX	75082	USA	Self	Consultant
Luke	Lafitte	527.46	5/24/2025 14:17	7402 Woodsprings Dr.	Garland	TX	75044	USA	Law Office of Lucas Lafitee	Attorney
Weldon	Granger	527.46	5/24/2025 23:03	10000 Memorial Drive Ste 888	Houston	TX	77210	USA	Jones Granger	Attorney
Veretta	Frazier	105.75	5/31/2025 18:10	600 Commerce Street	Dallas	TX	75202	USA	State of Texas	Judge
Martin	Hoffman	105.75	6/1/2025 11:36	600 Commerce Street	Dallas	TX	75202	USA	State of Texas	Judge
Paul	Wingo	1000	6/2/2025 13:53	325 North St. Paul Street # 3600	Dallas	TX	75201	USA	Hamilton Wingo LLP	Attorney
Clay	Jenkins	250	6/2/2025 19:52	411 Elm St #250	Dallas	TX	75202	USA	Dallas County	County Judge
Mark	Siegel	250	6/7/2025 0:58	3607 Fairmount St	Dallas	TX	75219	USA	Mark Siegel & Associates	Attorney
Sean	Modjarrad	2500	6/9/2025 10:49	212 W Spring Valley Road	Richardson	TX	75081	USA	MAS Law firm	Attorney
Michael	Lyons	5000	6/9/2025 11:52	2101 Cedar Springs Rd Suite 1900	Dallas	TX	75201	USA	Lyons & Simmons	Attorney
Alison	Clement	105.75	6/9/2025 17:59	2626 Cole Ave Ste 300	Dallas	TX	75204	USA	Battiste Clement PLLC	Attorney
Lawrence	Lassiter	105.75	6/10/2025 12:15	11551 Forest Central Dr Suite 300	Dallas	TX	75243	USA	Miller Weisbrod	Attorney
Andrew	Jones	50	6/10/2025 19:51	6116 N. Central Expy Ste 1400	Dallas	TX	75206	USA	Sawicki Law Firm	Attorney
Bruce	Steckler	2500	6/17/2025 15:57	12720 Hillcrest Rd #1045	Dallas	TX	75230	USA	Steckler Wayne Love	Attorney
Lisa	Blue Baron	1000	6/18/2025 11:15	3300 Oak Lawn Avenue 3rd Floor	Dallas	TX	75219	USA	Baron and Blue	Attorney
Robbie	Partida-Kipness	100	6/18/2025 20:32	3500 Maple Avenue Ste 800	Dallas	TX	75219	USA	Linebarger Law Firm	Attorney
Maria	Aceves	100	6/19/2025 13:02	600 Commerce Street	Dallas	TX	75202	USA	State of Texas	Judge
Tom	Barron	263.9	6/19/2025 20:28	2001 Bryan St # 3170	Dallas	TX	75201	USA	Law Office of Tom Barron	Attorney
Chad	Eaton	527.47	6/19/2025 22:19	2030 Main St	Dallas	TX	75201	USA	Rolle Eaton Law	Attorney
Oscar Rey	Rodriguez	263.9	6/22/2025 20:52	PO Box 703244	Dallas	TX	75370	USA	Law Office of Oscar Rey Rodriguez	Attorney
Dave	Wishnew	500	6/30/2025 10:39	1700 Pacific Ave #2390	Dallas	TX	75201	USA	Crawford Wishnew Lang	Attorney

Filer name : Hon. Paula M. Rosales

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Hon. Paula M. Rosales		3 Filer ID (Ethics Commission Filers)	
4 Date 06/16/25		5 Payee name Democracy Toolbox			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code P.O. Box 6250, McKinney, TX 75071			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expenses		(b) Description June 2025 fee installment		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/30/25		Payee name Donorbox			
Amount (\$) 928.84		Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria VA 22307			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Online donation transaction fees during reporting period		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 G:	2 FILER NAME Hon. Paula M. Rosales		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/25	5 Payee name Democracy Toolbox		
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 6250, McKinney TX 75071		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Retainer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Paula M. Rosales	Office sought JP Place 3-2	Office held n/a
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Paula M. Rosales	Office sought Justice of the Peace 3-2	Office held n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED