

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Ms

Carric

h

NICKNAME

LAST

SUFFIX

Singleton

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 386

Cedar Hill

TX

75106

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

435-1195

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Walker

F.

NICKNAME

LAST

SUFFIX

Musgrave

III

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6060 N. Central Expy

Suite 500

Dallas

TX

75206

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

516-9769

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

2 / 25 / 2025

THROUGH

Month

Day

Year

6 / 30 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge, County Criminal Court 9

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

<b>15 JC/OH NAME</b> Carrie L Singleton		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 9,883.75
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,255.85
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,585.87
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

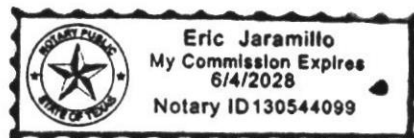
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Carrie L Singleton*

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the 15<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

19 FILER NAME

Carrie L. Singleton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,883.75
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 749.98
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,917.31
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,088.56
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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 form.		1 Total pages Schedule A(J)1: <b>9</b>
2 FILER NAME <b>Carrie L. Singleton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Catherine Gould</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>PO Box 225620 Dallas TX 75222</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Dallas County</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>5/25/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Suzanna Lee</b>	Amount of contribution (\$) <b>\$26.81</b>
Contributor address; City; State; Zip Code <b>61064 Louisiana 1046 Amite City LA 70422</b>		
Contributor's principal occupation <b>Travel Advisor</b>		Contributor's job title <b>Travel Advisor</b>
Contributor's employer/law firm <b>Peace Out Vacations</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>5/28/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Carol Donovan</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6333 E Mockingbird Ln, Sk 147 Dallas, TX 75214</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Carol Crabtree Donovan, PC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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 form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carnie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Randel Cross	7 Amount of contribution (\$) \$526.50
6 Contributor address; City; State; Zip Code 3 Brookside Ct Dallas TX 76063		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Randel Cross Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kish Kestl	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 4144 N. Central Expy, Ste 1000 Dallas, TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Kestl Law, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Shedrick White	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 7806 Glenside Dr Rowlett TX 75089		
Contributor's principal occupation Law Enforcement Officer		Contributor's job title Deputy Sheriff
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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 form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carnie L. Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Cesal Henry, Jr. 6 Contributor address; City; State; Zip Code 446 Euless Drive Cedar Hill TX 75104	7 Amount of contribution (\$) \$105.71
8 Contributor's principal occupation Cyber Security		9 Contributor's job title Director
10 Contributor's employer/law firm Global Payments		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brook Busbee Contributor address; City; State; Zip Code 133 N. Riverfront Blvd Dallas TX 75207	Amount of contribution (\$) \$250
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tina Boyd-Couper Contributor address; City; State; Zip Code 720 N. Joe Wilson, #511 Cedar Hill TX 75104	Amount of contribution (\$) \$50
Contributor's principal occupation Court Coordinator		Contributor's job title Court Coordinator
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carnie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Celisse Rideaux	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2625 Villa De Lago, Unit 6 Grand Prairie TX 75054		
8 Contributor's principal occupation Practice Administrator		9 Contributor's job title Practice Administrator
10 Contributor's employer/law firm Baylor Scott & White		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Reed Prospere	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 6440 N. Central Expy, Ste 601 Dallas TX 75206		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Prospere & Russell		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Enol Phipps	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code 10424 Westlawn Dr Dallas TX 75229		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm AT&T		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carrie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Christy Dean	7 Amount of contribution (\$) \$158.31
6 Contributor address; City; State; Zip Code 3839 Princess Lane Dallas TX 75229		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Dallas County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Heath Hornis	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 8111 Quicksilver Dallas TX 75249		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Heath Hornis		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Shequita Kelly	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code PO Box 1835 Cedar Hill TX 75106		
Contributor's principal occupation Judge		Contributor's job title Judge
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carmie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Christopher Burrell	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 209 Montreal Circle Birmingham AL 35211		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm STLG		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: M/C Criminal Law	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 13747 Montford Dr, Ste 315 Dallas TX 75240		
Contributor's principal occupation		Contributor's job title
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)		

Date 6/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Danielle Byrd	Amount of contribution (\$) \$105.71
Contributor address; City; State; Zip Code 3219 Koscher Dr Cedar Hill TX 75104		
Contributor's principal occupation Teacher		Contributor's job title Teacher
Contributor's employer/law firm SWRC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Cernie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Natacha Pierre	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 6810 Petty Lane Dallas TX 75217		
8 Contributor's principal occupation Locum Physician		9 Contributor's job title Physician
10 Contributor's employer/law firm Comp Health		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Charlie Humphreys	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 11300 N. Central Expy, Ste 430 Dallas, TX 75243		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Humphreys & Peterson Law Firm PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kenneth Medlock	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 1414 W Wheeland Rd, Ste 100 Duncanville TX 75116		
Contributor's principal occupation Real Estate Broker		Contributor's job title Broker
Contributor's employer/law firm Townview Realtors		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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 form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Came L. Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Chante Ginder 6 Contributor address; City; State; Zip Code 1939 Elderleaf Dr Dallas TX 75232	7 Amount of contribution (\$) \$105.71
8 Contributor's principal occupation Investigator		9 Contributor's job title Investigator
10 Contributor's employer/law firm Dallas County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jason Bowes Contributor address; City; State; Zip Code 6613 Preston Rd, Apt 9 Dallas TX 75205	Amount of contribution (\$) \$350
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm J Bowes Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Audre Riley Contributor address; City; State; Zip Code 133 N. Riverfront Blvd, 6th Floor Dallas TX 75207	Amount of contribution (\$) \$100
Contributor's principal occupation Judge		Contributor's job title Judge
Contributor's employer/law firm Texas Judiciary		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Carnie L Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 6/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ann Dorre Kirk 6 Contributor address; City; State; Zip Code 5709 Oakleaf Dr, #1704 Ft. Worth TX 76132	7 Amount of contribution (\$) \$30
8 Contributor's principal occupation Licensed Massage Therapist		9 Contributor's job title Licensed Massage Therapist
10 Contributor's employer/law firm Relaxation U Know		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Myon Boyd Contributor address; City; State; Zip Code 7598 Addison Dr NW Huntsville AL 35806	Amount of contribution (\$) \$25
Contributor's principal occupation Instructor		Contributor's job title Instructor
Contributor's employer/law firm AAMU		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Hazel Roper Contributor address; City; State; Zip Code 338 Blue Ridge Dr Powder Springs GA 30127	Amount of contribution (\$) \$100
Contributor's principal occupation Unemployed		Contributor's job title
Contributor's employer/law firm Unemployed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): <div style="text-align: center; font-size: 1.5em;">1</div>
<b>2</b> FILER NAME <div style="font-size: 1.2em;">Carrie L Singleton</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.5em;">0</div>
<b>5</b> Date of loan <div style="font-size: 1.2em;">4/1/25</div>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Carrie L Singleton</div>	
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>9</b> Loan Amount (\$) <div style="font-size: 1.2em;">\$500</div>	
	<b>10</b> Interest rate <div style="font-size: 1.2em;">N/A</div>	
<b>8</b> Lender address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 386 Cedar Hill TX 75106</div>		<b>11</b> Maturity date <div style="font-size: 1.2em;">N/A</div>
<b>12</b> Lender's Principal Occupation <div style="font-size: 1.2em;">Attorney</div>		<b>13</b> Lender's Job Title <div style="font-size: 1.2em;">Attorney</div>
<b>14</b> Lender's Employer/Law Firm <div style="font-size: 1.2em;">Self-employed</div>		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>22</b> Amount Guaranteed (\$)	
<b>21</b> Guarantor address; City; State; Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME Corrie L. Singleton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/30/25		<b>5</b> Payee name Walmart			
<b>6</b> Amount (\$) 13.42		<b>7</b> Payee address; 930 W. Walnut Creek, Suite 800		City; Mansfield	State; TX Zip Code 76063
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b)</b> Description Campaign Envelopes & Mailing Labels		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/31/25		Payee name PayPal			
Amount (\$) 8.38		Payee address; 2211 N. 1st Street		City; San Jose	State; CA Zip Code 95131
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Electronic Donation Platform Fee		
	<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					
Date 6/1/25		Payee name FedEx Office			
Amount (\$) 371.35		Payee address; 425 E. Pleasant Run Rd., Ste 275		City; Cedar Hill	State; TX Zip Code 75104
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Poster		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Carrie L Singleton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/1/25	<b>5</b> Payee name FedEx Office	
<b>6</b> Amount (\$) 35.18	<b>7</b> Payee address; 425 E Pleasant Run Rd., Ste 275 City: Cedar Hill State: TX Zip Code: 75104	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign Poster Mailing
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/4/25	Payee name Ultimate Tees Print Studio, LLC	
Amount (\$) 440.68	Payee address; 7940 Rodeo Trail, Ste 360 City: Mansfield State: TX Zip Code: 76063	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign T-Shirts
	<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 6/10/25	Payee name Walmart	
Amount (\$) 10.79	Payee address; 930 N. Walnut Creek, Ste 800 City: Mansfield State: TX Zip Code: 76063	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Campaign Envelopes
	<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

# EXPENDITURES MADE BY CREDIT CARD

## 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  
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 2		<b>2 FILER NAME</b> Carnie L Singlebn		<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>				\$ 0	
<b>5 CREDIT CARD ISSUER</b>		Name of financial institution Bank of America			
<b>6 PAYMENT</b>		(a) Amount Charged \$ 12.53	(b) Date Expenditure Charged 3/8/25	(c) Date(s) Credit Card Issuer Paid 3/10/25	
<b>7 PAYEE</b>		(a) Payee name Hostinger.com		(b) Payee address; City, State, Zip Code Hostinger, UAB Svitrigoilos str. 34, 03230	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Website Email Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held
<b>PAYMENT</b>		(a) Amount Charged \$ 100	(b) Date Expenditure Charged 4/4/25	(c) Date(s) Credit Card Issuer Paid 4/5/25	
<b>PAYEE</b>		(a) Payee name Ram Web Design		(b) Payee address; City, State, Zip Code PO Box 171752 Dallas TX 75217	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Logo	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held
<b>PAYMENT</b>		(a) Amount Charged \$ 13.85	(b) Date Expenditure Charged 5/2/25	(c) Date(s) Credit Card Issuer Paid 5/8/25	
<b>PAYEE</b>		(a) Payee name Office Depot Orders		(b) Payee address; City, State, Zip Code 6600 North Military Trail Boca Raton FL 33496	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign Name Tag	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# EXPENDITURES MADE BY CREDIT CARD

## 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  
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Carrie L Singleton	3 FILER ID (Ethics Commission Filers)
---------------------------------	------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
-------------------------------------------------------------	------

5 CREDIT CARD ISSUER	Name of financial institution Bank of America
-------------------------	--------------------------------------------------

6 PAYMENT	(a) Amount Charged \$ 108.49	(b) Date Expenditure Charged 5/26/25	(c) Date(s) Credit Card Issuer Paid 5/29/25
-----------	---------------------------------	-----------------------------------------	------------------------------------------------

7 PAYEE	(a) Payee name McKestickers.com	(b) Payee address; City, State, Zip Code 18621 81st Ave Tinkypark IL 60477
---------	------------------------------------	-------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Logo Labels
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
----------------------------------------------------------	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 2,682.44	(b) Date Expenditure Charged 6/2/25	(c) Date(s) Credit Card Issuer Paid 6/4/25
---------	-----------------------------------	----------------------------------------	-----------------------------------------------

PAYEE	(a) Payee name Culinary Dropout	(b) Payee address; City, State, Zip Code 150 Turtle Creek Blvd, #101 Dallas TX 75207
-------	------------------------------------	-----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Kick off
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--------------------------------------------------------	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
-------	----------------	------------------------------------------

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	2		Cerrie L Singleton	
<b>4</b> Date	<b>5</b> Payee name			
3/14/25	Jeffrey Delton (Democracy Toolbox)			
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
500	PO Box 6250	McKinney	TX	75071
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
	Consulting Expense		Campaign Management	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
4/11/25	Jeffrey Delton (Democracy Toolbox)			
Amount (\$)	Payee address;	City;	State;	Zip Code
300	PO Box 6250	McKinney	TX	75071
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	Event Expense		Justice Tour April 26 Event	
	<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			
5/5/25	Koleworld Productions, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
150	1779 San Gabriel Avenue	Decatur	GA	30032
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	Advertising Expense		Campaign Website Balance	
	<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.

<b>1</b> Total pages Schedule G: 2		<b>2</b> FILER NAME Carrie L. Singleton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/12/25		<b>5</b> Payee name Reilly Echols Printing, Inc			
<b>6</b> Amount (\$) 138.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 1710 South Hardwood Dallas TX 75215			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description Campaign Business Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> 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					
<b>PURPOSE OF EXPENDITURE</b>	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					
<b>PURPOSE OF EXPENDITURE</b>	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 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME Cernie L Singleton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/30/25		<b>5</b> Payee name Donor Box			
<b>6</b> Amount (\$) 45.77		<b>7</b> Payee address; 1520 Belle View Blvd, #4106		City; Alexandria	State; VA
				Zip Code 22307	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Electronic Donation Platform Fee		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/30/25		Payee name Paypal			
Amount (\$) 158.41		Payee address; 2211 N. 1st St		City; San Jose	State; CA
				Zip Code 95131	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Electronic Donation Platform Fee		
	<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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					