

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME CARRIE SINGLETON		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,805.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,578.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 974.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

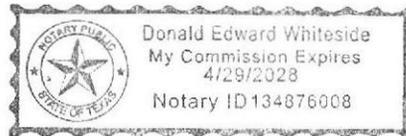
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carrie Singleton

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carrie Singleton this the 23rd day of February,

2026, to certify which, witness my hand and seal of office.

Donald Edward Whiteside

Donald Whiteside

Notary

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)

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS CARRIE L. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX SINGLETON	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 386 CEDAR HILL TX 75106	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 435-1195	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. WALTER F <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX MUSGROVE III	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6060 N. CENTRAL EXPY SUITE 500 DALLAS TX 75206		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 516-9769		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 23 / 26 THROUGH 2 / 21 / 26		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUDGE, DALLAS COUNTY CRIMINAL COURT 9	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME CARRIE 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	\$ 10,805.32
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	\$ 1,500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,578.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,000
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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey Rosenfield	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 7812 Glenmeade Dr Dallas TX 75248		
8 Contributor's principal occupation Judge		9 Contributor's job title Retired Judge
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 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Keisha Dunlap	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3603 Wintergreen St Midlothian TX 76065		
Contributor's principal occupation Executive		Contributor's job title
Contributor's employer/law firm CUSA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Terese Young	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6012 Radcliff Rd Columbus OH 43232		
Contributor's principal occupation Physical Therapist		Contributor's job title
Contributor's employer/law firm MANV		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Anne Dee Stewart - Johnson	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 534 150 West Santaguin UT 84655		
8 Contributor's principal occupation Portfolio Management		9 Contributor's job title
10 Contributor's employer/law firm Amegy Bank		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marilyn Littlejohn	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 14739 Placid Point Humble TX 77396		
Contributor's principal occupation Unemployed		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 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sherletha Jasmine	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2101 Silverstone Dr Carpentersville IL 61010		
Contributor's principal occupation Engineer		Contributor's job title
Contributor's employer/law firm State of Illinois		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DeAnne Jackson	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4571 Northwest 17th Terrace Ft Lauderdale FL 33309		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm Broward County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shelby Provost	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 12100 Viste Oak Blvd Burleson TX 76028		
Contributor's principal occupation Coach		Contributor's job title
Contributor's employer/law firm Orange Theory Fitness		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jack Banks	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5221 Whispering Oaks Dr Dallas TX 75236		
Contributor's principal occupation Unemployed		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)		
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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Omase West	7 Amount of contribution (\$) \$26.52
6 Contributor address; City; State; Zip Code 216 Pebble Creek Dr. SW Madras AL 35756		
8 Contributor's principal occupation Unemployed		9 Contributor's job title
10 Contributor's employer/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 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kathleen Wiley	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 14201 North Kentucky Ave, #133 Oklahoma City OK 73134		
Contributor's principal occupation Unemployed		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 1/25/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ashley Humphrey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 760 Wedgewood Park # 303 Nashville TN 37203		
Contributor's principal occupation Dentist		Contributor's job title
Contributor's employer/law firm Self-employed		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Genevra Rideaux	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 503 Cooper Street Grand Prairie TX 75052	
8 Contributor's principal occupation Unemployed		9 Contributor's job title
10 Contributor's employer/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 1/26/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Barbara Borkye	Amount of contribution (\$) \$105.72
	Contributor address; City; State; Zip Code 8477 Emerald Creek N. Richland Hills, TX 76180	
Contributor's principal occupation Unemployed		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 1/26/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephen Sanders	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8951 Collin McKinney Pkwy, # 201 McKinney, TX 75070	
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Self-employed		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Donald Johnson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1504 Cherokee St Arlington TX 76012		
8 Contributor's principal occupation Reservationist		9 Contributor's job title
10 Contributor's employer/law firm Hilton		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/29/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ebony Holland	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2313 Liberty Hwy Herndon VA 20171		
Contributor's principal occupation Principal		Contributor's job title
Contributor's employer/law firm Polomac Conference		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KID Stewart	Amount of contribution (\$) \$316.11
Contributor address; City; State; Zip Code 7405 Converse Court Arlington TX 76016		
Contributor's principal occupation Field Construction		Contributor's job title
Contributor's employer/law firm Onco		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Laurelee Brown	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 5115 Northern France Ln Columbia MD 21044		
8 Contributor's principal occupation Director		9 Contributor's job title
10 Contributor's employer/law firm MTF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Barbara Taylor	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 7204 Nape Ln GrandPrere TX 75054		
Contributor's principal occupation Unemployed		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 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephen Ellis	Amount of contribution (\$) \$1052.49
Contributor address; City; State; Zip Code 2525 Turtle Creek Blvd Dallas TX 75219		
Contributor's principal occupation Senior Manager		Contributor's job title
Contributor's employer/law firm Toyota Motors North America		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kim Robinson	7 Amount of contribution (\$) \$263.51
	6 Contributor address; City; State; Zip Code 6964 Ferner Ln Frisco TX 75036	
8 Contributor's principal occupation Nonprofit leader		9 Contributor's job title
10 Contributor's employer/law firm Semenjak House		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shakira Lee	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 6710 Trovogen Drive Dallas TX 75241	
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Dallas County Public Defender's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shirley Esley	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 901 N. Polk St DeSoto TX 75115	
Contributor's principal occupation Unemployed		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)		

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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Benjamin Francis	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 2045 Saddle Place Idarvey LA 70658		
8 Contributor's principal occupation Pastor		9 Contributor's job title
10 Contributor's employer/law firm Southwest Region Conference		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/6/20	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Aubrey "Nick" Pittman	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 901 Main St, Sk 3670 Dallas TX 75202		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm The Pittman Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/7/20	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Calvin Johnson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2305 Worthington St, #108 Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Self-employed		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Blocker	7 Amount of contribution (\$) \$105.72
	6 Contributor address; City; State; Zip Code 11500 Lago Vista E, #1136 Farmers Branch TX 75234	
8 Contributor's principal occupation Unemployed		9 Contributor's job title
10 Contributor's employer/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 2/12/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randel Cross	Amount of contribution (\$) \$263.51
	Contributor address; City; State; Zip Code 3 Brookside Ct Mansfield TX 76063	
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sara Phipps	Amount of contribution (\$) \$1250.00
	Contributor address; City; State; Zip Code 620 5th Ave New York NY 10018	
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Goodwin Procter LLP		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sydney Phipps	7 Amount of contribution (\$) \$1250.00
6 Contributor address; City; State; Zip Code 599 Lexington Ave New York NY 10022		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm A&O Sherman		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Andree Brown	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1112 Kensington Ln Dallas TX 75115		
Contributor's principal occupation Physician		Contributor's job title
Contributor's employer/law firm Epic Medical Research		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephen Silvester	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 239 Bell Tower Pkwy Commerce MS 39424		
Contributor's principal occupation Physical Therapist		Contributor's job title
Contributor's employer/law firm Self-employed		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Zina Jordan	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2467 Lakewood Dr Grand Prairie TX 75054		
8 Contributor's principal occupation Pharmacist		9 Contributor's job title
10 Contributor's employer/law firm JPS		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/18/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Derlyne Crowder	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 321 Moss Hill Dr Arlington TX 76018		
Contributor's principal occupation UA Analyst		Contributor's job title
Contributor's employer/law firm Zurchina		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/21/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cory Williamson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3504 Olympia Fields Dr Berks TX 76028		
Contributor's principal occupation Physician		Contributor's job title
Contributor's employer/law firm North Star Anesthesia		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: 13
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Danielle Byrd	7 Amount of contribution (\$) \$10,00
6 Contributor address; City; State; Zip Code 3219 Kosher Drive Cedar Hill TX 75104		
8 Contributor's principal occupation Teacher		9 Contributor's job title
10 Contributor's employer/law firm Southwest Region Conference		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 500.00
5 Date of loan 2/6/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRIE SINGLETON	9 Loan Amount (\$) 500.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 386 CEDAR HILL TX 75106	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation ATTORNEY		13 Lender's Job Title SELF-EMPLOYED
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME CARRIE SINGLETON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1000.00
5 Date of loan 2/10/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRIE SINGLETON	9 Loan Amount (\$) 1000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 386 CEDAR HILL TX 75106	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation ATTORNEY		13 Lender's Job Title SELF-EMPLOYED
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center">4</p>	2 FILER NAME CARRIE SINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/26	5 Payee name YARDSIGNPLUS	
6 Amount (\$) \$250.05	7 Payee address; 10511 Kipp Way St., #430	City; State; Zip Code Houston TX 77099
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description Campaign Yard Signs
	(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 1/30/26	Payee name Reilly Echols Printing	
Amount (\$) \$5,888.00	Payee address; 1710 S. Harwood Drive	City; State; Zip Code Dallas TX 75215
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Mailers
	<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 2/2/26	Payee name PNC Bank	
Amount (\$) 15.00	Payee address; 3311 E. Broad St, Suite 101	City; State; Zip Code Mansfield TX 76063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign Account Service 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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME CARRIE SINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/26	5 Payee name Duney Box	
6 Amount (\$) 86.86	7 Payee address; City; State; Zip Code 1520 Belle View Blvd, #4106 Alexandria VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donation Platform Fees
	(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 1/31/26	Payee name Pay Pal	
Amount (\$) 86.57	Payee address; City; State; Zip Code 2211 N. 1st St San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 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	
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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME CARRIE SINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/26	5 Payee name Finishing and Mailing Center	
6 Amount (\$) \$9,512.34	7 Payee address; 2151 W. Commerce St.	City; State; Zip Code Dallas TX 75212
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description Campaign Mailers
	(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 2/6/26	Payee name Dallas NAACP	
Amount (\$) \$125.00	Payee address; 5150 Mark Trail Way	City; State; Zip Code Dallas TX 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Campaign Ad
	<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 2/9/26	Payee name Ramweb Design	
Amount (\$) \$189.31	Payee address; PO BOX 171752	City; State; Zip Code Dallas TX 75117
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Door Hangers
	<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.

1 Total pages Schedule F1: 4	2 FILER NAME CARRIE SINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Payee name IMMLLC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 320 S.R.L. Thornton Fwy, Ste 100 Dallas TX 75203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Political Ad
	(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 2/15/26	Payee name Northeast Dallas Chapter, Jack & Jill of America, Inc	
Amount (\$) \$98.45	Payee address; City; State; Zip Code PO Box 461152 Garland TX 75046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Campaign Ad
	<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 2/20/26	Payee name Democracy Toolbox	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 6250 McKinney TX 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Radio Ad
	<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME CARRIE SINGLETON	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 2/13/26	5 Payee name ELITE NEWS
--------------------------	-----------------------------------

6 Amount (\$) 2000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 3155 S. LANCASTER RD., #240	City; DALLAS	State; TX	Zip Code 75216
--	--	-----------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN MAILER
	(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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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