

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:

38

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Carrie

L

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.

Walter

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

Ste 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



6th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7

/

1

/

25

THROUGH

12

/

31

/

25

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

OFFICE USE ONLY



2026 JAN 15 10:25
FILED
JAN 15 2026
COUNTY CLERK
DALLAS COUNTY
RECEIVED
BY

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <u>Carrie Singleton</u>		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)	\$ <u>12,316.43</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,101.87</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,616.66</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

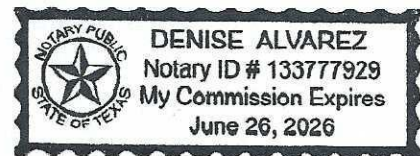
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carrie A. Singleton

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by CARRIE LORAIN SINGLETON this the 15 day of JANUARY, 2026, to certify which, witness my hand and seal of office.

DENISE ALVAREZ 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)

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	\$ 12,316.43
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,601.87
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	\$ 500.00
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: 21
2 FILER NAME Carrie Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Norma Carter	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 1112 Uneli Lane Leeds AL 35094		
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 7/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Pamela Moore	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 896 Hwy 23 Smithville MS 38870		
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 7/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Marcie Singleton	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 4208 Foxborough Trail Arlington TX 76001		
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: 21
2 FILER NAME Carrie Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Edith Davis	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2472 Brush Creek Ln Virginia Beach VA 23454		
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 7/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Margaret Bernhill	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 713 Austerlitz St New Orleans LA 70115		
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 8/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Patrice Heywood	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 6900 Manchester St New Orleans LA 70126		
Contributor's principal occupation Speech Language Pathology		Contributor's job title
Contributor's employer/law firm Manning Family Children's Hospital		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: 21
2 FILER NAME Cerne Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Manlyn Littlejohn	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code 14739 Placid Point Humble TX 77396		
8 Contributor's principal occupation Nurse		9 Contributor's job title
10 Contributor's employer/law firm Aldine ISD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Johnny Young	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code 305 S. Laurel Spring DeSoto TX 75115		
Contributor's principal occupation Community Living Specialist		Contributor's job title
Contributor's employer/law firm Metrocare Services		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Gloria Williams	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 2115 Stonecenter Ln Murfreesboro TN 37128		
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: 21
2 FILER NAME Carric Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jewel Humphrey	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 433 Williams St Cedar Hill TX 75104		
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 8/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Harriet Kempkin	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 106 Sweetspire Dr. Elgin SC 29045		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Kempkin Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Violet Jenkins	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 425 Grove Hill Dr. Stockbridge GA 30281		
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

21

2 FILER NAME

Carrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/7/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Tamera Newman

6 Contributor address;

City;

State;

Zip Code

13009 12 Trees Ct Clarksville MD 21029

7 Amount of contribution (\$)

\$105.72

8 Contributor's principal occupation

CEO

9 Contributor's job title

10 Contributor's employer/law firm

Self-employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/7/25

Full name of contributor

☐ out-of-state PAC ID#:

Philip Saunders

Contributor address;

City;

State;

Zip Code

4227 South Mendota Puyallup WA 98373

Amount of contribution (\$)

\$263.51

Contributor's principal occupation

Executive Director

Contributor's job title

Contributor's employer/law firm

Western Washington Clean Cities

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/7/25

Full name of contributor

☐ out-of-state PAC ID#:

Crystal McCarthy

Contributor address;

City;

State;

Zip Code

7005 Butterfly Ct Jacksonville FL 32258

Amount of contribution (\$)

\$25.00

Contributor's principal occupation

Accountant

Contributor's job title

Contributor's employer/law firm

SBDP

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:

21

2 FILER NAME

Carmu Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/7/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Elisa Young

6 Contributor address;

City;

State;

Zip Code

27318 10th Place S.

Des Moines

WA

98198

7 Amount of contribution (\$)

\$250

8 Contributor's principal occupation

Consultant

9 Contributor's job title

10 Contributor's employer/law firm

Perimetrix

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/8/25

Full name of contributor

☐ out-of-state PAC ID#:

Lisa Blitt

Contributor address;

City;

State;

Zip Code

7359 Cove Dr

Dallas

TX

75249

Amount of contribution (\$)

\$10

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

8/8/25

Full name of contributor

☐ out-of-state PAC ID#:

Mary Alice Green

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

\$30

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:

21

2 FILER NAME

Carmie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/9/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Merlene Sanders

6 Contributor address;

City;

State;

Zip Code

3540 E. Broad St., Ste 120-41 Menasha TX 76063

7 Amount of contribution (\$)

\$50

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

8/9/25

Full name of contributor

☐ out-of-state PAC ID#:

Krishon Long

Contributor address;

City;

State;

Zip Code

28192 Cheekbrook Dr Harvest AL 35749

Amount of contribution (\$)

\$26.82

Contributor's principal occupation

Teacher

Contributor's job title

Contributor's employer/law firm

Decatur City Schools

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/10/25

Full name of contributor

☐ out-of-state PAC ID#:

Fredrick Bass

Contributor address;

City;

State;

Zip Code

872 Churchill Ct Stone Mountain GA 30083

Amount of contribution (\$)

\$100

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: 21
2 FILER NAME Carmie Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kimberly Hervey	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 2625 Villa Di Lago, 4 Grand Prairie TX 75054		
8 Contributor's principal occupation Finance		9 Contributor's job title
10 Contributor's employer/law firm Fannie Mae		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Hartman Walker	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 75 Lark Dr South River NJ 08882		
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 8/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Leure Thibodeaux	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2804 Clermont Dr Grand Prairie TX 75052		
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:

21

2 FILER NAME

Carmu Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/12/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Albertz Ward

6 Contributor address;

City;

State;

Zip Code

1804 Pichy St

New Orleans

LA

70117

7 Amount of contribution (\$)

\$50

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

8/12/25

Full name of contributor

☐ out-of-state PAC ID#:

Nancy Jones

Contributor address;

City;

State;

Zip Code

7402 Oakmore Dr

Dallas

TX

75249

Amount of contribution (\$)

\$25

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

8/17/25

Full name of contributor

☐ out-of-state PAC ID#:

Brian Skruich

Contributor address;

City;

State;

Zip Code

12697 Royal Oaks Ln

Fernus Branch

TX

75234

Amount of contribution (\$)

\$25

Contributor's principal occupation

Sales Engineer

Contributor's job title

Contributor's employer/law firm

Semsera

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:

21

2 FILER NAME

Cernie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Kelvin Crump

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

PO Box 1961

Cedar Hill

TX

75106

8 Contributor's principal occupation

Deputy Sheriff

9 Contributor's job title

10 Contributor's employer/law firm

Dallas Sheriff's Department

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/23/25

Full name of contributor

☐ out-of-state PAC ID#:

Jemilz Lee

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

7162 Stillwater Ct

FT Worth

TX

76137

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Texas A's M University School of Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/29/25

Full name of contributor

☐ out-of-state PAC ID#:

Rameses Stewart-Johnson

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

534 150 West

Santaquin

UT

84665

Contributor's principal occupation

Chef

Contributor's job title

Contributor's employer/law firm

Papa Stew's Kitchen

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:

21

2 FILER NAME

Carrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Anita Bass

6 Contributor address;

City;

State;

Zip Code

872 Churchill Ct

Stone Mountain GA 30083

7 Amount of contribution (\$)

\$200

8 Contributor's principal occupation

Customer Experience Expert

9 Contributor's job title

10 Contributor's employer/law firm

Interface

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/4/25

Full name of contributor

☐ out-of-state PAC ID#:

Donald Johnson, Jr

Contributor address;

City;

State;

Zip Code

6029 Somerset Dr

Midland

MI

48640

Amount of contribution (\$)

\$500

Contributor's principal occupation

Physician

Contributor's job title

Contributor's employer/law firm

Covenant Healthcare of Saginaw, MI

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/5/25

Full name of contributor

☐ out-of-state PAC ID#:

Shirley Ephram-Neal

Contributor address;

City;

State;

Zip Code

4901 Alicia Drive Ft. Worth

TX

76133

Amount of contribution (\$)

\$100

Contributor's principal occupation

Real Estate & Financial Consultant

Contributor's job title

Contributor's employer/law firm

Ephram-Neal Enterprises, Inc

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: 21
2 FILER NAME Carrie Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Aaron Lacy	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 131 E Holly St, Apt 318 Pasadena CA 91103		
8 Contributor's principal occupation Engineer		9 Contributor's job title
10 Contributor's employer/law firm I.T.S.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Issac Tonah	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 7106 Lake Jackson Dr. Arlington TX 76002		
Contributor's principal occupation Manufacturing		Contributor's job title
Contributor's employer/law firm Prett & Whitney / RTX		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Dwayne Mathis	Amount of contribution (\$) \$526.50
Contributor address; City; State; Zip Code 6085 Highway 604 Pearlington MS 39572		
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

21

2 FILER NAME

Carrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Christopher Harris

6 Contributor address;

City;

State;

Zip Code

225 Cedar Dr

Lincoln

DE

19960

7 Amount of contribution (\$)

\$100

8 Contributor's principal occupation

Electrical

9 Contributor's job title

10 Contributor's employer/law firm

Perdue Poultry

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/9/25

Full name of contributor

☐ out-of-state PAC ID#:

Elizabeth Berry

Contributor address;

City;

State;

Zip Code

113 West Beevregard St. San Angelo TX 76903

Amount of contribution (\$)

\$100

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

CVPDO

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/16/25

Full name of contributor

☐ out-of-state PAC ID#:

Rodney Cooksey

Contributor address;

City;

State;

Zip Code

1824 Masker Dr

DeSoto

TX

75115

Amount of contribution (\$)

\$1500

Contributor's principal occupation

Educational Independent Hearing Officer / Consultant

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:

21

2 FILER NAME

Carmie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Donald Johnson

6 Contributor address;

City;

State;

Zip Code

1504 Cherokee St

Arlington

TX

76012

7 Amount of contribution (\$)

\$105.72

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

10/25/25

Full name of contributor

☐ out-of-state PAC ID#:

Phelma Cornist

Contributor address;

City;

State;

Zip Code

2363 Kildeer St.

New Orleans

LA

70122

Amount of contribution (\$)

\$25

Contributor's principal occupation

Nurse

Contributor's job title

Contributor's employer/law firm

Caregivers of Louisiana

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/26/25

Full name of contributor

☐ out-of-state PAC ID#:

Derlyne Crowder

Contributor address;

City;

State;

Zip Code

321 Mass Hill Dr

Arlington

TX

76018

Amount of contribution (\$)

\$105.72

Contributor's principal occupation

UA Analyst

Contributor's job title

Contributor's employer/law firm

Zunehre

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:

21

2 FILER NAME

Cerrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Derron Johnson

6 Contributor address;

City;

State;

Zip Code

211 Garden Walk West Hampton GA 30228

7 Amount of contribution (\$)

\$25

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

11/1/25

Full name of contributor

☐ out-of-state PAC ID#:

Arther Bates

Contributor address;

City;

State;

Zip Code

1698 Kings Row Slidell LA 70461

Amount of contribution (\$)

\$50

Contributor's principal occupation

Engineer

Contributor's job title

Contributor's employer/law firm

GE Healthcare

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/1/25

Full name of contributor

☐ out-of-state PAC ID#:

Timothy Banks

Contributor address;

City;

State;

Zip Code

1417 Gatlinburg Circle DeSoto TX 75115

Amount of contribution (\$)

\$53.12

Contributor's principal occupation

Data Science / Risk Manager

Contributor's job title

Contributor's employer/law firm

Ally Bank

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:

21

2 FILER NAME

Gerne Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Letanya Magee

6 Contributor address;

City;

State;

Zip Code

238 Shady Hill Circle McDonald TN 37353

7 Amount of contribution (\$)

\$25

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

11/4/25

Full name of contributor

☐ out-of-state PAC ID#:

Andell James

Contributor address;

City;

State;

Zip Code

725 East 80th St Brooklyn NY 11236

Amount of contribution (\$)

\$50

Contributor's principal occupation

Seaman

Contributor's job title

Contributor's employer/law firm

NYC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/7/25

Full name of contributor

☐ out-of-state PAC ID#:

Omer Harrison

Contributor address;

City;

State;

Zip Code

13700 Segre Grouse Dr, #1104 Austin TX 78729

Amount of contribution (\$)

\$500

Contributor's principal occupation

Program Manager

Contributor's job title

Contributor's employer/law firm

Apple

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:

21

2 FILER NAME

Came Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Frederick Russell

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

480 Cooper Lake Rd

Smyma

GA 30126

8 Contributor's principal occupation

Executive Coach

9 Contributor's job title

10 Contributor's employer/law firm

Self-employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/25/25

Full name of contributor

☐ out-of-state PAC ID#:

Law Office of Charles V. Maduka

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

2201 Main St., Ste 800

Dallas

TX

75201

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

9/26/25

Full name of contributor

☐ out-of-state PAC ID#:

Frankie Bass

Amount of contribution (\$)

\$105.72

Contributor address;

City;

State;

Zip Code

807 Amy Ln

Chattanooga

TN

37421

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:

21

2 FILER NAME

Carrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Walker Musgrove

6 Contributor address;

City;

State;

Zip Code

916 Ironwood Dr

DeSoto

TX

75115

7 Amount of contribution (\$)

\$1000

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Musgrove 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

11/19/25

Full name of contributor

☐ out-of-state PAC ID#:

Thomas Cox

Contributor address;

City;

State;

Zip Code

3713 Purdue Ave

Dallas

TX

75225

Amount of contribution (\$)

\$1000

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

12/5/25

Full name of contributor

☐ out-of-state PAC ID#:

Wanda Watts

Contributor address;

City;

State;

Zip Code

11219 Westport Dr

Bowie

MD

20720

Amount of contribution (\$)

\$526.50

Contributor's principal occupation

Medical Laboratory Scientist

Contributor's job title

Contributor's employer/law firm

U.S. Department of State

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:

21

2 FILER NAME

Corne Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

12/8/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Melvin Singleton

6 Contributor address;

City;

State;

Zip Code

4208 Foxborough Trail Arlington TX 76001

7 Amount of contribution (\$)

\$ 250

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

12/11/25

Full name of contributor

☐ out-of-state PAC ID#:

Charles Julius

Contributor address;

City;

State;

Zip Code

12130 Millennium Dr # 300 Los Angeles CA 90094

Amount of contribution (\$)

\$250

Contributor's principal occupation

CEO

Contributor's job title

Contributor's employer/law firm

Lozmy Technologies

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/15/25

Full name of contributor

☐ out-of-state PAC ID#:

Cecil Bailey

Contributor address;

City;

State;

Zip Code

103 Laguna Vista Way Mansfield TX 76063

Amount of contribution (\$)

\$1000

Contributor's principal occupation

Physician

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:

21

2 FILER NAME

Carrie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Anthony Eiland

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

4601 Blue Mesa Ln Mesquite TX 75150

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Self-employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/17/25

Full name of contributor

☐ out-of-state PAC ID#:

Nigel Redmond

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

1202 Regents Park Ct DeSoto TX 75115

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

12/17/25

Full name of contributor

☐ out-of-state PAC ID#:

Morgan Medlock

Amount of contribution (\$)

\$105.72

Contributor address;

City;

State;

Zip Code

1631 Nob Hill Circle Duncanville TX 75137

Contributor's principal occupation

Physician

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:

21

2 FILER NAME

Carmie Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

12/28/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Nicole Carter

6 Contributor address;

City;

State;

Zip Code

146 Ambassador Private Cr Hendersonville TN 37075

7 Amount of contribution (\$)

\$75

8 Contributor's principal occupation

Product Owner

9 Contributor's job title

10 Contributor's employer/law firm

Southwest Airlines

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/29/25

Full name of contributor

☐ out-of-state PAC ID#:

Reagel Meek

Contributor address;

City;

State;

Zip Code

13606 Hotomtot Dr Upper Marlboro MD 20774

Amount of contribution (\$)

\$25

Contributor's principal occupation

CPA

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

12/30/25

Full name of contributor

☐ out-of-state PAC ID#:

Lorraine Seinhart

Contributor address;

City;

State;

Zip Code

803 Ihnes Dr Cedar Hill TX 75104

Amount of contribution (\$)

\$50

Contributor's principal occupation

Financial Service Agency Owner

Contributor's job title

Contributor's employer/law firm

FITH Hope & Finance

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.

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: 13		2 FILER NAME Carrie Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 7/3/25		5 Payee name Sam's Club			
6 Amount (\$) \$26.94		7 Payee address; 2900 W. Wheatland Rd		City; Dallas	State; TX
				Zip Code 75237	
		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Custom Campaign Logo Water		
	(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 7/7/25		Payee name Walmart			
Amount (\$) \$12.61		Payee address; 621 Uptown Blvd		City; Cedar Hill	State; TX
				Zip Code 75104	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ice for Campaign Logo Waters		
	<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 7/7/25		Payee name Rully Echols Printing			
Amount (\$) \$143.06		Payee address; 1710 S. Herwood St		City; Dallas	State; TX
				Zip Code 75215	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Cards		
	<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: <div style="text-align: center;">13</div>	2 FILER NAME <div style="text-align: center;">Came Singleton</div>	3 Filer ID (Ethics Commission Filers)																																														
4 Date <div style="text-align: center;">7/7/25</div>	5 Payee name <div style="text-align: center;">The UPS Store</div>																																															
6 Amount (\$) <div style="text-align: center;">\$8.12</div>	7 Payee address; <div style="display: flex; justify-content: space-between;"> <div>445 EFM Rd 1382</div> <div>City; Cedar Hill</div> <div>State; TX</div> <div>Zip Code 75104</div> </div> <input type="checkbox"/> Check if individual's residence address.																																															
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>																																															
	(b) Description <div style="text-align: center;">Petitions</div>																																															
	<input type="checkbox"/> (c) 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held																																											
Candidate / Officeholder name	Office sought	Office held																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date <div style="text-align: center;">7/14/25</div></td> <td colspan="3">Payee name <div style="text-align: center;">The Brown Barbie</div></td> </tr> <tr> <td>Amount (\$) <div style="text-align: center;">\$150.00</div></td> <td colspan="3"> Payee address; <div style="display: flex; justify-content: space-between;"> <div>1704 N. Hampton Rd</div> <div>City; DeSoto</div> <div>State; TX</div> <div>Zip Code 75115</div> </div> <input type="checkbox"/> Check if individual's residence address. </td> </tr> <tr> <td rowspan="3">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div></td> <td>Description <div style="text-align: center;">Campaign T-Shirts</div></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="3"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> </td> </tr> <tr> <td colspan="4"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date <div style="text-align: center;">7/21/25</div></td> <td colspan="3">Payee name <div style="text-align: center;">Good Day Cafe</div></td> </tr> <tr> <td>Amount (\$) <div style="text-align: center;">\$74.62</div></td> <td colspan="3"> Payee address; <div style="display: flex; justify-content: space-between;"> <div>3758 S. Cornett Pkwy #100</div> <div>City; Grand Prairie</div> <div>State; TX</div> <div>Zip Code 75052</div> </div> <input type="checkbox"/> Check if individual's residence address. </td> </tr> <tr> <td rowspan="3">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage Expense</div></td> <td>Description <div style="text-align: center;">Campaign Volunteer Meal</div></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Check if travel outside of Texas. 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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>		Description <div style="text-align: center;">Campaign T-Shirts</div>	<input type="checkbox"/> Check if travel outside of Texas. 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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Cerne Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/25	5 Payee name PayPal	
6 Amount (\$) \$ 4.16	7 Payee address; 2211 N. 1st St City: San Jose State: CA Zip Code: 95131 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donation Vendor
	(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 7/31/25	Payee name DonorBox		
Amount (\$) \$ 10.62	Payee address; 1520 Belle View Blvd, #4106 City: Alexandria State: VA Zip Code: 22307 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donation Vendor	
	<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 8/4/25	Payee name Cerne Singleton		
Amount (\$) \$2,682.44	Payee address; PO Box 386 City: Cedar Hill State: TX Zip Code: 75106 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Campaign Kickoff Event Reimbursement	
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Cernie Singleton	3 Filer ID (Ethics Commission Filers)
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4 Date 8/14/25	5 Payee name Beyond the Slogan Consulting
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6 Amount (\$) \$85.00	7 Payee address; 2719 Roth St., #1102 <input type="checkbox"/> Check if individual's residence address.	City; Richardson	State; TX	Zip Code 75082
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description Cell Time
	(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
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Date 8/18/25	Payee name The UPS Store			
Amount (\$) \$4.05	Payee address; 445 E FM Rd 1382, #3 <input type="checkbox"/> Check if individual's residence address.	City; Cedar Hill	State; TX	Zip Code 75104

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Petitions
	<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
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Date 8/18/25	Payee name Walmart			
Amount (\$) 5.27	Payee address; 621 Uptown Blvd <input type="checkbox"/> Check if individual's residence address.	City; Cedar Hill	State; TX	Zip Code 75104

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13		2 FILER NAME Cerne Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 8/18/25		5 Payee name Democracy Toolbox			
6 Amount (\$) \$600.00		7 Payee address; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code McKinney TX 75071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign Management		
	(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					
Date 8/18/25		Payee name Democracy Toolbox			
Amount (\$) \$350.00		Payee address; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code McKinney TX 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Judicial Tour Big Blue BBQ		
	<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 8/25/25		Payee name Reilly Echols Printing			
Amount (\$) \$246.81		Payee address; 1710 S. Henwood St <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code Dallas TX 75215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Cards		
	<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <u>13</u>		2 FILER NAME <u>Cerne Singleton</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>8/30/25</u>		5 Payee name <u>PayPal</u>			
6 Amount (\$) <u>\$63.73</u>		7 Payee address; City; State; Zip Code <u>2211 N. 1st St</u> <u>San Jose</u> <u>CA</u> <u>95131</u> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Online Donation Vendor</u>		
	(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 <u>8/30/25</u>		Payee name <u>DonorBox</u>			
Amount (\$) <u>\$54.50</u>		Payee address; City; State; Zip Code <u>1520 Belle View Blvd, #4100</u> <u>Alexandria</u> <u>VA</u> <u>22307</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Online Donation Vendor</u>		
	<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 <u>9/11/25</u>		Payee name <u>Beyond the Slogan Consulting</u>			
Amount (\$) <u>\$350.00</u>		Payee address; City; State; Zip Code <u>2719 Roth St, #1102</u> <u>Richardsa</u> <u>TX</u> <u>75082</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Fees</u>		Description <u>Campaign Doorhangers</u>		
	<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				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Cerrie Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/25	5 Payee name PayPal	
6 Amount (\$) \$28.90	7 Payee address; 2211 N. 1st St City; San Jose State; CA Zip Code 95131 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donation Vendor
	(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 9/30/25	Payee name DonorBox		
Amount (\$)	Payee address; 1520 Belle View Blvd., #4106 <input type="checkbox"/> Check if individual's residence address.	City; Alexandria	State; Zip Code VA 22307
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donation Vendor	
	<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 10/10/25	Payee name Alpha Phi Alpha		
Amount (\$)	Payee address; 3124 Al Lipscomb Way <input type="checkbox"/> Check if individual's residence address.	City; Dallas	State; Zip Code TX 75215
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Gate Brochure 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 _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13		2 FILER NAME Cornie Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/25		5 Payee name Donor Box			
6 Amount (\$)		7 Payee address; 1520 Belle New Blvd., #4106		City; Alexandria	State; VA
				Zip Code 22307	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Online Donation Vendor	
		(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 11/6/25		Payee name Cornie Singleton			
Amount (\$) \$500		Payee address; PO Box 386		City; Cedar Hill	State; TX
				Zip Code 75106	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Elite News Campaign Advertisement Reimbursement	
		<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 11/20/25		Payee name Democracy Toolbox			
Amount (\$) \$150.00		Payee address; PO Box 6250		City; McKinney	State; TX
				Zip Code 75071	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Judicial State Brochure	
		<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <u>13</u>		2 FILER NAME <u>Cornie Singleton</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/24/25</u>		5 Payee name <u>The Pelican Horse</u>			
6 Amount (\$) <u>\$96.59</u>		7 Payee address; City; State; Zip Code <u>107 S. Cedar Ridge Dr Duncenville TX 75116</u> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description <u>Campaign Volunteer Meal</u>		
	(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 <u>11/30/25</u>		Payee name <u>PayPal</u>			
Amount (\$) <u>\$80.04</u>		Payee address; City; State; Zip Code <u>2211 N. 1st St San Jose CA 95131</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Online Donation Vendor</u>		
	<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 <u>11/30/25</u>		Payee name <u>Donor Box</u>			
Amount (\$) <u>\$79.00</u>		Payee address; City; State; Zip Code <u>1520 Belk View Blvd, #4106 Alexandria VA 22301</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Online Donation Vendor</u>		
	<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				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Came Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/25	5 Payee name Silverio Group	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 8199 Robertson Dr Fresno TX 75036 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Voters Guide
	(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 12/15/25	Payee name Democracy Toolbox		
Amount (\$) \$600.00	Payee address; City; State; Zip Code Po Box 6250 McKinney TX 75071 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Management	
	<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 12/15/25	Payee name Democracy Toolbox		
Amount (\$) \$160.00	Payee address; City; State; Zip Code Po Box 6250 McKinney TX 75071 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Judicial Tour Temple Fest / Toy Drive	
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Cernie Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/25	5 Payee name Rena Web Design	
6 Amount (\$) \$50.00	7 Payee address; Po Box 171752 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Dallas TX 75217
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Sign Graphic Design
	(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 12/31/25	Payee name PayPal		
Amount (\$) \$84.04	Payee address; 2211 N. 1st St. <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donorbox Vendor	
	<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 12/31/25	Payee name Donor Box		
Amount (\$) \$82.09	Payee address; 1520 Belle View Blvd., # 4106 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donorbox Vendor	
	<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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Carrie Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 9/8/25		5 Payee name Elite News			
6 Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 3155 S. Lancaster Rd., #1102 City: Dallas State: TX Zip Code: 75216 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Advertisement	
		(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: <input type="checkbox"/> Check if individual's residence address.			
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: <input type="checkbox"/> Check if individual's residence address.			
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: <input type="checkbox"/> Check if individual's residence address.			
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 _____					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13		2 FILER NAME Cornie Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/25		5 Payee name Hyge Encourage Love Protect (HELP-Dallas)			
6 Amount (\$) \$150.00		7 Payee address; 400 N. Ervay St., #133054		City; Dallas	State; TX
				Zip Code 75313	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description MLK Parade Campaign Participation	
		(c) <input type="checkbox"/> Check if individual's residence address.		<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					
Date 10/23/25		Payee name Democracy Toolbox			
Amount (\$) \$600.00		Payee address; Po Box 6250		City; McKinney	State; TX
				Zip Code 75071	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management	
		<input type="checkbox"/> Check if individual's residence address.		<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 10/23/25		Payee name Democracy Toolbox			
Amount (\$) \$310.00		Payee address; PO Box 6250		City; McKinney	State; TX
				Zip Code 75071	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Voter's Guide Brochure	
		<input type="checkbox"/> Check if individual's residence address.		<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 10/23/25		Payee name Democracy Toolbox			
Amount (\$) \$310.00		Payee address; PO Box 6250		City; McKinney	State; TX
				Zip Code 75071	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Voter's Guide Brochure	
		<input type="checkbox"/> Check if individual's residence address.		<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13	2 FILER NAME Corne Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/25	5 Payee name Democracy Toldbox	
6 Amount (\$) \$65.00	7 Payee address; City; State; Zip Code PO Box 6250 McKinney TX 75071 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Justice Tour Community Breakfast
	(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 10/29/25	Payee name Silverio Group		
Amount (\$)	Payee address; City; State; Zip Code 8199 Robertson Dr Frisco TX 75036 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Voters Guide	
	<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 10/31/25	Payee name Paypal		
Amount (\$) \$58.92	Payee address; City; State; Zip Code 2211 N. 1st St San Jose CA 95131 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donation Vendor	
	<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		

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