

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: <i>38</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Ms.</i>	MI <i>L</i>	OFFICE USE ONLY  Date Received <i>2026 JAN 15</i> BY <i>JUDY WALKER</i> JUDY WALKER COUNTY DALLAS DEPUTY Date Hand-Delivered or Date Postmarked Receipt # <i>1025</i> Amount \$ <i>0.25</i> Date Processed <i>10:25</i> Date Imaged			
	NICKNAME	LAST <i>Carrie Singleton</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	<i>PO Box 386</i>		<i>Cedar Hill</i>	<i>TX</i>	<i>75186</i>		
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(817)</i>	<i>435-1195</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mr.</i>	MI <i>F</i>				
	NICKNAME	LAST <i>Walter Musgrave</i>	SUFFIX <i>111</i>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY:	STATE: ZIP CODE		
	<i>6060 N. Central Expy</i>			<i>Ste 500</i>	<i>Dallas TX 75206</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(214)</i>	<i>516-9769</i>					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit					<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>7</i>	Day <i>/ 1 /</i>	Year <i>25</i>	THROUGH	Month <i>12 / 31 /</i>	Day <i>25</i>	Year
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 2026</i>		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) <i>Judge, County Criminal Court 9</i>			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					

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)

\$ 12,316.43

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,101.87

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12,616.66

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

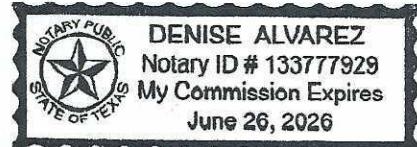
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carrie D. 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,
20 2019, 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	20 Filer ID (Ethics Commission Filers)
Carrie Singleton	
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.

<p>The Instruction Guide explains how to complete this form.</p>				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 ^{Norma Carter}	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) ^{\$250}
	6 Contributor address; ^{1112 Unali Lane}	City; ^{Leeds}	State; Zip Code ^{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 ^{Pamela Moore}	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) ^{\$100}
	Contributor address; ^{896 Hwy 23}	City; ^{Smithville}	State; Zip Code ^{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 ^{Marche Singleton}	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) ^{\$10}
	Contributor address; ^{4208 Foxborough Trail}	City; ^{Arlington}	State; Zip Code ^{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

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<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: <u>21</u>																								
2 FILER NAME <u>Carrie Singleton</u>				3 Filer ID (Ethics Commission Filers)																								
4 Date <u>7/22/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Edith Devu</u> 6 Contributor address; City; State; Zip Code <u>2412 Brush Creek Ln</u> <u>Virginia Beach</u> <u>VA</u> <u>23454</u>			7 Amount of contribution (\$) <u>\$100</u>																								
8 Contributor's principal occupation <u>Unemployed</u>		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)																												
 <table border="1"> <tr> <td>Date <u>7/27/25</u></td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Margaret Bernhill</u> Contributor address; City; State; Zip Code <u>713 Austerlitz St</u> <u>New Orleans</u> <u>LA</u> <u>70115</u> </td> <td>Amount of contribution (\$) <u>\$25</u></td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Unemployed</u> </td> <td>Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> <table border="1"> <tr> <td>Date <u>8/3/25</u></td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Patrice Heywood</u> Contributor address; City; State; Zip Code <u>6900 Manchester St.</u> <u>New Orleans</u> <u>LA</u> <u>70126</u> </td> <td>Amount of contribution (\$) <u>\$100</u></td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Speech Language Pathology</u> </td> <td>Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm <u>Manning Family Children's Hospital</u> </td> <td>Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <u>7/27/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Margaret Bernhill</u> Contributor address; City; State; Zip Code <u>713 Austerlitz St</u> <u>New Orleans</u> <u>LA</u> <u>70115</u>	Amount of contribution (\$) <u>\$25</u>	Contributor's principal occupation <u>Unemployed</u>		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 <u>8/3/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Patrice Heywood</u> Contributor address; City; State; Zip Code <u>6900 Manchester St.</u> <u>New Orleans</u> <u>LA</u> <u>70126</u>	Amount of contribution (\$) <u>\$100</u>	Contributor's principal occupation <u>Speech Language Pathology</u>		Contributor's job title	Contributor's employer/law firm <u>Manning Family Children's Hospital</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: <u>21</u>																				
2 FILER NAME <u>Carrie Singleton</u>				3 Filer ID (Ethics Commission Filers)																				
4 Date <u>8/7/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Manlyn Littlejohn</u> 6 Contributor address; City; State; Zip Code <u>14739 Placid Point</u> <u>Humble</u> <u>TX</u> <u>77396</u>			7 Amount of contribution (\$) <u>\$ 50</u>																				
8 Contributor's principal occupation <u>Nurse</u>		9 Contributor's job title																						
10 Contributor's employer/law firm <u>Aldine ISD</u>		11 Law firm of contributor's spouse (if any)																						
12 If contributor is a child, law firm of parent(s) (if any)																								
 <table border="1"> <tr> <td> Date <u>8/7/25</u> </td> <td colspan="3"> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Johnny Young</u> Contributor address; City; State; Zip Code <u>305 S. Laurel Spring</u> <u>DeSoto</u> <u>TX</u> <u>75115</u> </td> <td> Amount of contribution (\$) <u>\$53.12</u> </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Community Living Specialist</u> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm <u>MetroCare Services</u> </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <u>8/7/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Johnny Young</u> Contributor address; City; State; Zip Code <u>305 S. Laurel Spring</u> <u>DeSoto</u> <u>TX</u> <u>75115</u>			Amount of contribution (\$) <u>\$53.12</u>	Contributor's principal occupation <u>Community Living Specialist</u>		Contributor's job title			Contributor's employer/law firm <u>MetroCare Services</u>		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
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 <table border="1"> <tr> <td> Date <u>8/7/25</u> </td> <td colspan="3"> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Glone Williams</u> Contributor address; City; State; Zip Code <u>2115 Stonecenter Ln</u> <u>Murfreesboro</u> <u>TN</u> <u>37128</u> </td> <td> Amount of contribution (\$) <u>\$105.72</u> </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Unemployed</u> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <u>8/7/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Glone Williams</u> Contributor address; City; State; Zip Code <u>2115 Stonecenter Ln</u> <u>Murfreesboro</u> <u>TN</u> <u>37128</u>			Amount of contribution (\$) <u>\$105.72</u>	Contributor's principal occupation <u>Unemployed</u>		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)				
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: <i>21</i>																					
2 FILER NAME <i>Carrie Singleton</i>				3 Filer ID (Ethics Commission Filers)																					
4 Date <i>8/7/25</i>	5 Full name of contributor <i>Jewel Humphrey</i>			6 Contributor address; City; State; Zip Code <i>433 Williams St Cedar Hill TX 75104</i>																					
7 Amount of contribution (\$) <i>\$50</i>																									
8 Contributor's principal occupation <i>Unemployed</i>		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)																									
<table border="1"> <tr> <td>Date <i>8/7/25</i></td> <td>Full name of contributor <i>Jewel Humphrey</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: <i></i></td> <td>Amount of contribution (\$) <i>\$250</i></td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code <i>106 Sweetspire Dr. Elgin SC 29045</i></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Attorney</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Hempkin Law Firm</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date <i>8/7/25</i>	Full name of contributor <i>Jewel Humphrey</i>	<input type="checkbox"/> out-of-state PAC ID#: <i></i>	Amount of contribution (\$) <i>\$250</i>	Contributor address; City; State; Zip Code <i>106 Sweetspire Dr. Elgin SC 29045</i>				Contributor's principal occupation <i>Attorney</i>		Contributor's job title		Contributor's employer/law firm <i>Hempkin Law Firm</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/7/25</i>	Full name of contributor <i>Jewel Humphrey</i>	<input type="checkbox"/> out-of-state PAC ID#: <i></i>	Amount of contribution (\$) <i>\$250</i>																						
Contributor address; City; State; Zip Code <i>106 Sweetspire Dr. Elgin SC 29045</i>																									
Contributor's principal occupation <i>Attorney</i>		Contributor's job title																							
Contributor's employer/law firm <i>Hempkin Law Firm</i>		Law firm of contributor's spouse (if any)																							
If contributor is a child, law firm of parent(s) (if any)																									
<table border="1"> <tr> <td>Date <i>8/7/25</i></td> <td>Full name of contributor <i>Violet Jenkins</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: <i></i></td> <td>Amount of contribution (\$) <i>\$105.72</i></td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code <i>425 Grove Hill Dr. Stockbridge GA 30281</i></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Unemployed</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date <i>8/7/25</i>	Full name of contributor <i>Violet Jenkins</i>	<input type="checkbox"/> out-of-state PAC ID#: <i></i>	Amount of contribution (\$) <i>\$105.72</i>	Contributor address; City; State; Zip Code <i>425 Grove Hill Dr. Stockbridge GA 30281</i>				Contributor's principal occupation <i>Unemployed</i>		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 <i>8/7/25</i>	Full name of contributor <i>Violet Jenkins</i>	<input type="checkbox"/> out-of-state PAC ID#: <i></i>	Amount of contribution (\$) <i>\$105.72</i>																						
Contributor address; City; State; Zip Code <i>425 Grove Hill Dr. Stockbridge GA 30281</i>																									
Contributor's principal occupation <i>Unemployed</i>		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 style="text-align: center;">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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 21
2 FILER NAME <i>Carrie Singleton</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/7/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>...Tamera... Newman</i>			7 Amount of contribution (\$) <i>\$105.72</i>
6 Contributor address; <i>13009 12 Tree Ct</i>		City: <i>Clerksville</i>	State: <i>MD</i>	Zip Code <i>21029</i>
8 Contributor's principal occupation <i>CEO</i>		9 Contributor's job title		
10 Contributor's employer/law firm <i>Self-employed</i>		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Philip Saunders</i>			Amount of contribution (\$) <i>\$263.51</i>
Contributor's principal occupation <i>Executive Director</i>		Contributor's job title		
Contributor's employer/law firm <i>Western Washington Clean Cities</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Christel McCarthy</i>			Amount of contribution (\$) <i>\$25.00</i>
Contributor's principal occupation <i>Accountant</i>		Contributor's job title		
Contributor's employer/law firm <i>SBDP</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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2 FILER NAME <i>Carrie Singleton</i>			3 Filer ID (Ethics Commission Filers)																				
4 Date <i>8/7/25</i>	5 Full name of contributor <i>Elsie Young</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$250</i>																				
6 Contributor address; <i>27318 10th Place S.</i>		City; <i>Des Moines</i> State; <i>WA</i> Zip Code <i>98198</i>																					
8 Contributor's principal occupation <i>Consultant</i>		9 Contributor's job title																					
10 Contributor's employer/law firm <i>Parametric</i>		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date <i>8/8/25</i></td> <td>Full name of contributor <i>Lisa Blatt</i></td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>\$10</i></td> </tr> <tr> <td colspan="2">Contributor address; <i>7359 Cave Dr</i></td> <td>City; <i>Dallas</i> State; <i>TX</i> Zip Code <i>75249</i></td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Unemployed</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date <i>8/8/25</i>	Full name of contributor <i>Lisa Blatt</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$10</i>	Contributor address; <i>7359 Cave Dr</i>		City; <i>Dallas</i> State; <i>TX</i> Zip Code <i>75249</i>		Contributor's principal occupation <i>Unemployed</i>		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 <i>8/8/25</i>	Full name of contributor <i>Lisa Blatt</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$10</i>																				
Contributor address; <i>7359 Cave Dr</i>		City; <i>Dallas</i> State; <i>TX</i> Zip Code <i>75249</i>																					
Contributor's principal occupation <i>Unemployed</i>		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)																							
<table border="1"> <tr> <td>Date <i>8/8/25</i></td> <td>Full name of contributor <i>Monica Alice Green</i></td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>\$30</i></td> </tr> <tr> <td colspan="2">Contributor address;</td> <td>City; <i>State; Zip Code</i></td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Unemployed</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date <i>8/8/25</i>	Full name of contributor <i>Monica Alice Green</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$30</i>	Contributor address;		City; <i>State; Zip Code</i>		Contributor's principal occupation <i>Unemployed</i>		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 <i>8/8/25</i>	Full name of contributor <i>Monica Alice Green</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$30</i>																				
Contributor address;		City; <i>State; Zip Code</i>																					
Contributor's principal occupation <i>Unemployed</i>		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 <i>Carrie Singleton</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8/9/25</i>	5 Full name of contributor <i>Merlene Sander</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; <i>3540 E. Broad St., Ste 120-41 Mensfield TX 76063</i>		City; State; Zip Code	
8 Contributor's principal occupation <i>Unemployed</i>		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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amount of contribution (\$)			
8/9/25	Kishon Long	<input type="checkbox"/> out-of-state PAC ID#: _____	\$26.82
Contributor address; <i>28192 Chesbrooke Dr Harvest</i>		City; State; Zip Code <i>AL 35749</i>	
Contributor's principal occupation <i>Teacher</i>		Contributor's job title	
Contributor's employer/law firm <i>Decatur City Schools</i>		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#: _____ Amount of contribution (\$)			
8/10/25	Frederick Bass	<input type="checkbox"/> out-of-state PAC ID#: _____	\$100
Contributor address; <i>872 Churchill Ct Stone Mountain GA 30083</i>		City; State; Zip Code	
Contributor's principal occupation <i>Unemployed</i>		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)			

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: 21
2 FILER NAME <i>Carrie Singleton</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/10/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kimberly... Hervey</i> 6 Contributor address; City; State; Zip Code <i>2625 Villa Di Lago, 4 Grand Prairie TX 75054</i>			7 Amount of contribution (\$) <i>\$250</i>
8 Contributor's principal occupation <i>Finance</i>		9 Contributor's job title		
10 Contributor's employer/law firm <i>Fannie Mae</i>		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Hertman Walker</i> Contributor address; City; State; Zip Code <i>75 Lark Dr South River NJ 08882</i>			Amount of contribution (\$) <i>\$25</i>
Contributor's principal occupation <i>Unemployed</i>		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 <i>8/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kimberly Thibodeaux</i> Contributor address; City; State; Zip Code <i>2804 Clermont Dr Grand Prairie TX 75052</i>			Amount of contribution (\$) <i>\$100</i>
Contributor's principal occupation <i>Unemployed</i>		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)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME <u>Carrie Singleton</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>8/12/25</u>	5 Full name of contributor <u>Alberta Ward</u>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <u>\$50</u>
6 Contributor address; <u>1804 Pichy St</u>		City; <u>New Orleans</u> State; <u>LA</u> Zip Code <u>70117</u>	9 Contributor's job title
8 Contributor's principal occupation <u>Unemployed</u>		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 <u>8/12/25</u>		Full name of contributor <u>Nancy Jones</u>	<input type="checkbox"/> out-of-state PAC ID#: _____
Contributor address; <u>7402 Oakmore Dr</u>		City; <u>Dallas</u> State; <u>TX</u> Zip Code <u>75249</u>	Amount of contribution (\$) <u>\$25</u>
Contributor's principal occupation <u>Unemployed</u>		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 <u>8/17/25</u>		Full name of contributor <u>Brian Skruch</u>	<input type="checkbox"/> out-of-state PAC ID#: _____
Contributor address; <u>12697 Royal Oaks Ln</u>		City; <u>Farmers Branch</u> State; <u>TX</u> Zip Code <u>75234</u>	Amount of contribution (\$) <u>\$25</u>
Contributor's principal occupation <u>Sales Engineer</u>		Contributor's job title	
Contributor's employer/law firm <u>Semisera</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME <i>Carrie Singleton</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/20/25</i>	5 Full name of contributor <i>Kelvin Crump</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)		7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; <i>PO Box 1961</i>	City; <i>Ceder Hill</i>	State; <i>TX</i>	Zip Code <i>75106</i>	
8 Contributor's principal occupation <i>Deputy Sheriff</i>		9 Contributor's job title		
10 Contributor's employer/law firm <i>Dallas Sheriff's Department</i>		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/23/25</i>	Full name of contributor <i>Jenni L. Lee</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$) <i>\$100</i>
Contributor address; <i>7162 Shillwater Ct</i>	City; <i>FT Worth</i>	State; <i>TX</i>	Zip Code <i>76137</i>	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title		
Contributor's employer/law firm <i>Texas A&M University School of Law</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>8/29/25</i>	Full name of contributor <i>Ramsey Stewart-Johnson</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$)
Contributor address; <i>534 150 West</i>	City; <i>San Antonio</i>	State; <i>UT</i>	Zip Code <i>84665</i>	
Contributor's principal occupation <i>Chef</i>		Contributor's job title		
Contributor's employer/law firm <i>Papa Stew's Kitchen</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME <u>Carrie Singleton</u>		3 Filer ID (Ethics Commission Filers)												
4 Date <u>8/31/25</u>	5 Full name of contributor <u>Anita Bass</u> 6 Contributor address; <u>872 Churchill Ct</u> City: State: Zip Code <u>Stone Mountain GA 30083</u>	7 Amount of contribution (\$) <u>\$200</u>												
8 Contributor's principal occupation <u>Customer Experience Expert</u>		9 Contributor's job title												
10 Contributor's employer/law firm <u>Interface</u>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <u>9/4/25</u></td> <td>Full name of contributor <u>Donald Johnson, Jr.</u> Contributor address; <u>6029 Summerset Dr</u> City: State: Zip Code <u>Midland MI 48640</u></td> <td>Amount of contribution (\$) <u>\$500</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>Physician</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Covenant Healthcare of Saginaw, MI</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>9/4/25</u>	Full name of contributor <u>Donald Johnson, Jr.</u> Contributor address; <u>6029 Summerset Dr</u> City: State: Zip Code <u>Midland MI 48640</u>	Amount of contribution (\$) <u>\$500</u>	Contributor's principal occupation <u>Physician</u>		Contributor's job title	Contributor's employer/law firm <u>Covenant Healthcare of Saginaw, MI</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>9/4/25</u>	Full name of contributor <u>Donald Johnson, Jr.</u> Contributor address; <u>6029 Summerset Dr</u> City: State: Zip Code <u>Midland MI 48640</u>	Amount of contribution (\$) <u>\$500</u>												
Contributor's principal occupation <u>Physician</u>		Contributor's job title												
Contributor's employer/law firm <u>Covenant Healthcare of Saginaw, MI</u>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <u>9/5/25</u></td> <td>Full name of contributor <u>Shirley Ephrem-Neel</u> Contributor address; <u>4901 Alice Drive</u> City: State: Zip Code <u> Ft. Worth TX 76133</u></td> <td>Amount of contribution (\$) <u>\$100</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>Real Estate & Financial Consultant</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Ephram-Neel Enterprises, Inc</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>9/5/25</u>	Full name of contributor <u>Shirley Ephrem-Neel</u> Contributor address; <u>4901 Alice Drive</u> City: State: Zip Code <u> Ft. Worth TX 76133</u>	Amount of contribution (\$) <u>\$100</u>	Contributor's principal occupation <u>Real Estate & Financial Consultant</u>		Contributor's job title	Contributor's employer/law firm <u>Ephram-Neel Enterprises, Inc</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>9/5/25</u>	Full name of contributor <u>Shirley Ephrem-Neel</u> Contributor address; <u>4901 Alice Drive</u> City: State: Zip Code <u> Ft. Worth TX 76133</u>	Amount of contribution (\$) <u>\$100</u>												
Contributor's principal occupation <u>Real Estate & Financial Consultant</u>		Contributor's job title												
Contributor's employer/law firm <u>Ephram-Neel Enterprises, Inc</u>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: <i>21</i>
2 FILER NAME <i>Carrie Singleton</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/25</i>	5 Full name of contributor <i>Aaron Lacy</i>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; <i>131 E Holly St, Apt 318</i>	City; <i>Pasadena</i>	State; <i>CA</i>	Zip Code <i>91103</i>	
8 Contributor's principal occupation <i>Engineer</i>		9 Contributor's job title		
10 Contributor's employer/law firm <i>I.T.S.</i>		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>9/24/25</i>	Full name of contributor <i>ISSAC Tonah</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$50</i>
Contributor address; <i>7106 Lake Jackson Dr. Arlington</i>	City; <i>TX</i>	State; <i>76002</i>	Zip Code	
Contributor's principal occupation <i>Manufacturing</i>	Contributor's job title			
Contributor's employer/law firm <i>Prett & Whitney / RTX</i>	Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
Date <i>9/29/25</i>	Full name of contributor <i>Dwayne Methis</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$526.50</i>
Contributor address; <i>1085 Highway 604</i>	City; <i>Peerlington</i>	State; <i>MS</i>	Zip Code <i>39572</i>	
Contributor's principal occupation <i>Unemployed</i>	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)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: <u>21</u>
2 FILER NAME <u>Carrie Singletton</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>10/3/25</u>	5 Full name of contributor <u>Christyber Items</u>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <u>\$100</u>
6 Contributor address; <u>225 Ceder Dr</u>	City: <u>Lincoln</u>	State: <u>DE</u>	Zip Code: <u>19960</u>
8 Contributor's principal occupation <u>Electrical</u>		9 Contributor's job title	
10 Contributor's employer/law firm <u>Perdue Poultry</u>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <u>10/9/25</u>	Full name of contributor <u>Elizabeth Bony</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>\$100</u>
Contributor address; <u>113 West Beavergard St. San Angelo TX 76903</u>	City: <u></u>	State: <u></u>	Zip Code: <u></u>
Contributor's principal occupation <u>Attorney</u>		Contributor's job title	
Contributor's employer/law firm <u>CVP DO</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <u>10/16/25</u>	Full name of contributor <u>Rodney Corker</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>\$1500</u>
Contributor address; <u>1824 Masters Dr</u>	City: <u>DeSoto</u>	State: <u>TX</u>	Zip Code: <u>75115</u>
Contributor's principal occupation <u>Educational Independent Hearing Officer / Consultant</u>		Contributor's job title	
Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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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 10/18/25	5 Full name of contributor Donald Johnson	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) \$105.72
6 Contributor address; 1504 Cherokee St	City; Arlington	State; TX	Zip Code 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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:				
10/25/25 Phelma Cornish Contributor address; City; State; Zip Code 2363 Kildeer St. New Orleans LA 70122				
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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:				
10/26/25 Darlyne Crowder Contributor address; City; State; Zip Code 321 Mass Hill Dr Arlington TX 76018				
Contributor's principal occupation VA Analyst		Contributor's job title		
Contributor's employer/law firm Zunich		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>21</i>																
2 FILER NAME <i>Carrie Singletz</i>		3 Filer ID (Ethics Commission Filers)																
4 Date <i>10/28/25</i>	5 Full name of contributor <i>Demian Johnson</i>	6 Contributor address; City; State; Zip Code <i>211 Garden Walk West Hampton GA 30228</i>																
7 Amount of contribution (\$)		 <i>\$25</i>																
8 Contributor's principal occupation <i>Unemployed</i>		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)																		
<table border="1"> <tr> <td>Date <i>11/1/25</i></td> <td>Full name of contributor <i>Arthur Botes</i></td> <td>□ out-of-state PAC ID#: <i>Slidell LA 70461</i></td> <td>Amount of contribution (\$) <i>\$50</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Engineer</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>G/E Healthcare</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date <i>11/1/25</i>	Full name of contributor <i>Arthur Botes</i>	□ out-of-state PAC ID#: <i>Slidell LA 70461</i>	Amount of contribution (\$) <i>\$50</i>	Contributor's principal occupation <i>Engineer</i>		Contributor's job title		Contributor's employer/law firm <i>G/E Healthcare</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/1/25</i>	Full name of contributor <i>Arthur Botes</i>	□ out-of-state PAC ID#: <i>Slidell LA 70461</i>	Amount of contribution (\$) <i>\$50</i>															
Contributor's principal occupation <i>Engineer</i>		Contributor's job title																
Contributor's employer/law firm <i>G/E Healthcare</i>		Law firm of contributor's spouse (if any)																
If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date <i>11/1/25</i></td> <td>Full name of contributor <i>Timothy Banks</i></td> <td>□ out-of-state PAC ID#: <i>Desoto TX 75115</i></td> <td>Amount of contribution (\$) <i>\$53.12</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Debt Service / Risk Manager</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Ally Bank</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date <i>11/1/25</i>	Full name of contributor <i>Timothy Banks</i>	□ out-of-state PAC ID#: <i>Desoto TX 75115</i>	Amount of contribution (\$) <i>\$53.12</i>	Contributor's principal occupation <i>Debt Service / Risk Manager</i>		Contributor's job title		Contributor's employer/law firm <i>Ally Bank</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/1/25</i>	Full name of contributor <i>Timothy Banks</i>	□ out-of-state PAC ID#: <i>Desoto TX 75115</i>	Amount of contribution (\$) <i>\$53.12</i>															
Contributor's principal occupation <i>Debt Service / Risk Manager</i>		Contributor's job title																
Contributor's employer/law firm <i>Ally Bank</i>		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: <u>21</u>
2 FILER NAME <u>Carmie Singleton</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>11/3/25</u>	5 Full name of contributor <u>Anthony E. Maguire</u>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <u>\$25</u>
6 Contributor address; <u>238 Shady Hill Circle</u>	City; <u>McDonald TN 37353</u>	State; Zip Code	
8 Contributor's principal occupation <u>Unemployed</u>	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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Amount of contribution (\$)			
11/4/25	Andell James	<input type="checkbox"/>	\$50
Contributor address; <u>725 East 80th St</u>	City; <u>Brooklyn</u>	State; Zip Code <u>NY 11236</u>	
Contributor's principal occupation <u>Schmen</u>	Contributor's job title		
Contributor's employer/law firm <u>NYC</u>	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# Amount of contribution (\$)			
11/7/25	Omer Harbison	<input type="checkbox"/>	\$500
Contributor address; <u>13700 Sage Grouse Dr, #1604</u>	City; <u>Austin</u>	State; Zip Code <u>TX 78729</u>	
Contributor's principal occupation <u>Program Manager</u>	Contributor's job title		
Contributor's employer/law firm <u>Apple</u>	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: <i>21</i>
2 FILER NAME <i>Carrie singleton</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/25</i>	5 Full name of contributor <i>Fredrick Russell</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; <i>480 Cooper Lake Rd</i>	City; <i>Smyrna</i>	State; Zip Code <i>GA 30126</i>	
8 Contributor's principal occupation <i>Executive Coach</i>		9 Contributor's job title	
10 Contributor's employer/law firm <i>Self-employed</i>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/25/25</i>	Full name of contributor <i>Law Office of Charles V. Maduke</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$250</i>
Contributor address; <i>2201 Main St, Ste 800</i>	City; <i>Dallas</i>	State; Zip Code <i>TX 75201</i>	
Contributor's principal occupation <i>Attorney</i>	Contributor's job title		
Contributor's employer/law firm <i>Self-employed</i>	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/26/25</i>	Full name of contributor <i>Frankie Bass</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$105.72</i>
Contributor address; <i>807 Amy Ln</i>	City; <i>Chattanooga</i>	State; Zip Code <i>TN 37421</i>	
Contributor's principal occupation <i>Unemployed</i>	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

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: <u>21</u>																				
2 FILER NAME <u>Carrie Singleton</u>				3 Filer ID (Ethics Commission Filers)																				
4 Date <u>11/19/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Walker Musgrave</u> 6 Contributor address; City; State; Zip Code <u>916 Ironwood Dr</u> <u>DeSoto</u> <u>TX</u> <u>75115</u>			7 Amount of contribution (\$) <u>\$1000</u>																				
8 Contributor's principal occupation <u>Attorney</u>		9 Contributor's job title																						
10 Contributor's employer/law firm <u>Musgrave Law Firm</u>		11 Law firm of contributor's spouse (if any)																						
12 If contributor is a child, law firm of parent(s) (if any)																								
<table border="1"> <tr> <td> Date <u>11/19/25</u> </td> <td colspan="3"> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Thomas Cox</u> Contributor address; City; State; Zip Code <u>3713 Purdue Ave</u> <u>Dallas</u> <u>TX</u> <u>75225</u> </td> <td> Amount of contribution (\$) <u>\$1000</u> </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Attorney</u> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm <u>Self-employed</u> </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <u>11/19/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Thomas Cox</u> Contributor address; City; State; Zip Code <u>3713 Purdue Ave</u> <u>Dallas</u> <u>TX</u> <u>75225</u>			Amount of contribution (\$) <u>\$1000</u>	Contributor's principal occupation <u>Attorney</u>		Contributor's job title			Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date <u>11/19/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Thomas Cox</u> Contributor address; City; State; Zip Code <u>3713 Purdue Ave</u> <u>Dallas</u> <u>TX</u> <u>75225</u>			Amount of contribution (\$) <u>\$1000</u>																				
Contributor's principal occupation <u>Attorney</u>		Contributor's job title																						
Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)																						
If contributor is a child, law firm of parent(s) (if any)																								
<table border="1"> <tr> <td> Date <u>12/5/25</u> </td> <td colspan="3"> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Wendy Watts</u> Contributor address; City; State; Zip Code <u>11219 Westport Dr</u> <u>Bowie</u> <u>MD</u> <u>20120</u> </td> <td> Amount of contribution (\$) <u>\$526.50</u> </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <u>Medical Laboratory Scientist</u> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm <u>U.S. Department of State</u> </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <u>12/5/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Wendy Watts</u> Contributor address; City; State; Zip Code <u>11219 Westport Dr</u> <u>Bowie</u> <u>MD</u> <u>20120</u>			Amount of contribution (\$) <u>\$526.50</u>	Contributor's principal occupation <u>Medical Laboratory Scientist</u>		Contributor's job title			Contributor's employer/law firm <u>U.S. Department of State</u>		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date <u>12/5/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Wendy Watts</u> Contributor address; City; State; Zip Code <u>11219 Westport Dr</u> <u>Bowie</u> <u>MD</u> <u>20120</u>			Amount of contribution (\$) <u>\$526.50</u>																				
Contributor's principal occupation <u>Medical Laboratory Scientist</u>		Contributor's job title																						
Contributor's employer/law firm <u>U.S. Department of State</u>		Law firm of contributor's spouse (if any)																						
If contributor is a child, law firm of parent(s) (if any)																								

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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: <u>21</u>												
2 FILER NAME <u>Carrie Singleton</u>		3 Filer ID (Ethics Commission Filers)												
4 Date <u>12/8/25</u>	5 Full name of contributor <u>Melvin Singleton</u> 6 Contributor address; <u>4208 Foxborough Trail Arlington TX 76001</u>	□ out-of-state PAC ID#: _____ 7 Amount of contribution (\$) <u>\$ 250</u>												
8 Contributor's principal occupation <u>Unemployed</u>		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)														
<table border="1"> <tr> <td>Date <u>12/11/25</u></td> <td>Full name of contributor <u>Charles Julius</u> Contributor address; <u>12130 Millennium Dr # 300 Los Angeles CA 90094</u></td> <td>□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 250</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>CEO</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Locom Technologies</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>12/11/25</u>	Full name of contributor <u>Charles Julius</u> Contributor address; <u>12130 Millennium Dr # 300 Los Angeles CA 90094</u>	□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 250</u>	Contributor's principal occupation <u>CEO</u>		Contributor's job title	Contributor's employer/law firm <u>Locom Technologies</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>12/11/25</u>	Full name of contributor <u>Charles Julius</u> Contributor address; <u>12130 Millennium Dr # 300 Los Angeles CA 90094</u>	□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 250</u>												
Contributor's principal occupation <u>CEO</u>		Contributor's job title												
Contributor's employer/law firm <u>Locom Technologies</u>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <u>12/15/25</u></td> <td>Full name of contributor <u>Cecil Bailey</u> Contributor address; <u>103 Laguna Vista Way Mansfield TX 76063</u></td> <td>□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 1000</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>Physician</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Self-employed</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>12/15/25</u>	Full name of contributor <u>Cecil Bailey</u> Contributor address; <u>103 Laguna Vista Way Mansfield TX 76063</u>	□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 1000</u>	Contributor's principal occupation <u>Physician</u>		Contributor's job title	Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>12/15/25</u>	Full name of contributor <u>Cecil Bailey</u> Contributor address; <u>103 Laguna Vista Way Mansfield TX 76063</u>	□ out-of-state PAC ID#: _____ Amount of contribution (\$) <u>\$ 1000</u>												
Contributor's principal occupation <u>Physician</u>		Contributor's job title												
Contributor's employer/law firm <u>Self-employed</u>		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
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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: <u>21</u>												
2 FILER NAME <u>Carrie Singleton</u>		3 Filer ID (Ethics Commission Filers)												
4 Date <u>12/17/25</u>	5 Full name of contributor <u>Anthony Eilend</u> 6 Contributor address; <u>4601 Blue Mesa Ln</u> City: <u>Mesquite</u> State: <u>TX</u> Zip Code <u>75150</u>	7 Amount of contribution (\$) <u>\$500</u>												
8 Contributor's principal occupation <u>Attorney</u>		9 Contributor's job title												
10 Contributor's employer/law firm <u>Self-employed</u>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <u>12/17/25</u></td> <td>Full name of contributor <u>Nigel Redmond</u> Contributor address; <u>1202 Regents Park Ct</u> City: <u>Desoto</u> State: <u>TX</u> Zip Code <u>75115</u></td> <td>Amount of contribution (\$) <u>\$250</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>Attorney</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Self-employed</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>12/17/25</u>	Full name of contributor <u>Nigel Redmond</u> Contributor address; <u>1202 Regents Park Ct</u> City: <u>Desoto</u> State: <u>TX</u> Zip Code <u>75115</u>	Amount of contribution (\$) <u>\$250</u>	Contributor's principal occupation <u>Attorney</u>		Contributor's job title	Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>12/17/25</u>	Full name of contributor <u>Nigel Redmond</u> Contributor address; <u>1202 Regents Park Ct</u> City: <u>Desoto</u> State: <u>TX</u> Zip Code <u>75115</u>	Amount of contribution (\$) <u>\$250</u>												
Contributor's principal occupation <u>Attorney</u>		Contributor's job title												
Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <u>12/27/25</u></td> <td>Full name of contributor <u>Murjan McLock</u> Contributor address; <u>1631 Nob Hill Circle</u> City: <u>Duncanville</u> State: <u>TX</u> Zip Code <u>75137</u></td> <td>Amount of contribution (\$) <u>\$105.72</u></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <u>Physician</u></td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <u>Self-employed</u></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <u>12/27/25</u>	Full name of contributor <u>Murjan McLock</u> Contributor address; <u>1631 Nob Hill Circle</u> City: <u>Duncanville</u> State: <u>TX</u> Zip Code <u>75137</u>	Amount of contribution (\$) <u>\$105.72</u>	Contributor's principal occupation <u>Physician</u>		Contributor's job title	Contributor's employer/law firm <u>Self-employed</u>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <u>12/27/25</u>	Full name of contributor <u>Murjan McLock</u> Contributor address; <u>1631 Nob Hill Circle</u> City: <u>Duncanville</u> State: <u>TX</u> Zip Code <u>75137</u>	Amount of contribution (\$) <u>\$105.72</u>												
Contributor's principal occupation <u>Physician</u>		Contributor's job title												
Contributor's employer/law firm <u>Self-employed</u>		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 Singletan				3 Filer ID (Ethics Commission Filers)
4 Date 12/28/28	5 Full name of contributor Nicole Carter	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) \$75
6 Contributor address; 146 Ambassador Private Cr	City; Hendersonville	State; TN	Zip Code	
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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Amount of contribution (\$)				
12/29/28	Reginald Mack	<input type="checkbox"/> out-of-state PAC ID#:		\$25
Contributor address; 13606 Hotomot Dr		City; Upper Marlboro	State; MD	Zip Code 20774
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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Amount of contribution (\$)				
12/30/28	Lorraine Scinho	<input type="checkbox"/> out-of-state PAC ID#:		\$50
Contributor address; 803 Ihnes Dr		City; Cedar Hill	State; TX	Zip Code 75104
Contributor's principal occupation Financial Service Agency Owner		Contributor's job title		
Contributor's employer/law firm Faith Hope & Finance		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 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 <input type="checkbox"/> Check if individual's residence address.	City: Dallas State: TX Zip Code: 75237	
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 ONLY 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 <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) 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/7/25	Payee name Reilly Echols Printing		
Amount (\$) \$ 143.04	Payee address; 1710 S. Harwood St <input type="checkbox"/> Check if individual's residence address.	City: Dallas State: TX Zip Code: 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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Came Singleton		
4 Date	5 Payee name		
7/1/25	The UPS Store		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$ 8.12	445 EFM Rd 1382	Cedar Hill TX 75104	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	Petitions	
	<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
Date	Payee name		
7/14/25	The Brow Barbie		
Amount (\$)	Payee address:	City; State; Zip Code	
\$150.00	1704 N. Hampton Rd	DeSoto TX 75115	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Campaign T-Shirts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/21/25	Good Day Cafe'		
Amount (\$)	Payee address:	City; State; Zip Code	
\$74.62	3758 S. Central Pkwy #100	Grand Prairie TX 75052	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Food/Beverage Expense	Campaign Volunteer Meal	
	<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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Carrie Singleton		
4 Date	5 Payee name		
7/31/25	PayPal		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 4.16	2211 N. 1st St	San Jose CA 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)	(b) Description	
	Fees	Donation Vendor	
<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		
7/31/25	Donor Box		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 10.62	1520 Bells View Blvd, #4106	Alexandria VA 22307	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	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	Payee name		
8/4/25	Carrie Singleton		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 2,682.44	PO Box 386	Cedar Hill TX 75106	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Loan Repayment/Reimbursement	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Cerry Singleton	3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/25	5 Payee name Beyond the Slogan Consulting		
6 Amount (\$) \$ 85.00	7 Payee address; 2719 Roth St., #1102	City; Richardson State; TX Zip Code 75082	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description Cell Time	
	<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 8/18/25	Payee name The UPS Store		
Amount (\$) \$ 4.05	Payee address; 445 E FM Rd 1382, #3	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) Printing Expense	Description Deftions	
	<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 8/18/25	Payee name Walmart		
Amount (\$) 5.27	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) Solicitation / Fundraising Expense	Description Campaign Envelopes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Carmie Singleton		
4 Date	5 Payee name		
8/18/25	Democracy Toolbox		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$600.00	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)	(b) Description	
	Consulting Expense	Campaign Management	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/18/25	Democracy Toolbox		
Amount (\$)	Payee address;	City; State; Zip Code	
\$350.00	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)	Description	
	Event Expense	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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/25/25	Reilly Echoes Printing		
Amount (\$)	Payee address;	City; State; Zip Code	
\$246.81	1710 S. Herwood St	Dallas TX 75215	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	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

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Carrie Singleton	3 Filer ID (Ethics Commission Filers)	
4 Date 8/30/25	5 Payee name PayPal		
6 Amount (\$) \$63.73	7 Payee address; 2211 N. 1st St <input type="checkbox"/> Check if individual's residence address.	City: San Jose State: CA Zip Code 95131	
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 8/30/25	Payee name Donor Box		
Amount (\$) \$54.50	Payee address; 1520 Belle View Blvd, #4100 <input type="checkbox"/> Check if individual's residence address.	City: Alexandria	State: VA Zip Code 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 9/11/25	Payee name Beyond the Slogan Consulting		
Amount (\$) \$350.00	Payee address; 2719 Routh St, #1102 <input type="checkbox"/> Check if individual's residence address.	City: Richardson	State: TX Zip Code 75082
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Fees	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

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Cerrie Singletar		
4 Date	5 Payee name		
9/30/25	PayPal		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$28.90	2211 N. 1st St	San Jose CA 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)	(b) Description	
	Fees	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		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/30/25	DonorBox		
Amount (\$)	Payee address;	City; State; Zip Code	
	1520 Belle View Blvd., #4106	Alexandria VA 22367	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/25	Alpha Phi Alpha		
Amount (\$)	Payee address;	City; State; Zip Code	
	3124 Al Lipscomb Way	Dallas TX 75215	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Gift 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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Carrie Singletor		
4 Date	5 Payee name		
10/31/25	Donor Box		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
	1520 Belleview Blvd., #4106	Alexandria VA 22307	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Fee	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/25	Carrie Singletor		
Amount (\$)	Payee address;	City: State: Zip Code	
\$500	Po Box 386	Cedar Hill TX 75180	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Loan Repayment/Reimbursement	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/25	Democracy Toolbox		
Amount (\$)	Payee address;	City: State: Zip Code	
\$150.00	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)	Description	
	Printing Expense	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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Carmie Singleton	3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/25	5 Payee name The Pelican House		
6 Amount (\$) \$96.59	7 Payee address; 107 S. Cedar Ridge Dr <input type="checkbox"/> Check if individual's residence address.	City; Duncenville State; TX Zip Code 75116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Volunteer Meal	
	(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
Date 11/30/25	Payee name PayPal		
Amount (\$) \$80.04	Payee address; 2211 N. 1st St <input type="checkbox"/> Check if individual's residence address.	City; San Jose State; CA Zip Code 95131	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/30/25	Payee name Donor Box		
Amount (\$) \$79.00	Payee address; 1520 Belk View Blvd, #4106 <input type="checkbox"/> Check if individual's residence address.	City; Alexandria State; VA Zip Code 22301	
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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Carrie Singletar	3 Filer ID (Ethics Commission Filers)	
4 Date 12/2/25	5 Payee name Silverio Group		
6 Amount (\$) \$1000.00	7 Payee address; 8199 Robertson Dr <input type="checkbox"/> Check if individual's residence address.	City; Frisco State; TX Zip Code 75036	
8 PURPOSE OF EXPENDITURE Advertising Expense	(a) Category (See Categories listed at the top of this schedule)	(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 ONLY 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; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.	City; McKinney State; TX Zip Code 75071	
PURPOSE OF EXPENDITURE Consulting Expense	Category (See Categories listed at the top of this schedule)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/15/25	Payee name Democracy Toolbox		
Amount (\$) \$100.00	Payee address; PO Box 6250 <input type="checkbox"/> Check if individual's residence address.	City; McKinney State; TX Zip Code 75071	
PURPOSE OF EXPENDITURE Event Expense	Category (See Categories listed at the top of this schedule)	Description Judicial Toy Tamale 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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Carrie Singleton		
4 Date	5 Payee name		
12/18/25	Ram Web Design		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$50.00	Po Box 171752	Dallas TX 75217	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Yard Sign Graphic Design	
<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
Date	Payee name		
12/31/25	Pay Pal		
Amount (\$)	Payee address;	City; State; Zip Code	
\$84.04	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)	Description	
	Fees	Online Donor Vendor	
<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
Date	Payee name		
12/31/25	Donor Box		
Amount (\$)	Payee address;	City; State; Zip Code	
\$82.09	1520 Belle View Blvd., # 4106	Alexandria VA 22307	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	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 ONLY 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Carmen Singleton		
4 Date	5 Payee name		
10/23/25	1 type Encourage Love Protect (HELP-Dallas)		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$150.00	400 N. Envoy St., #133054	Dallas TX 75313	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	MLK Parade Campaign Participation.	
	<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
Date	Payee name		
10/23/25	Democracy Toolbox		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1600.00	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)	Description	
	Consulting Expense	Campaign Management	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/23/25	Democracy Toolbox		
Amount (\$)	Payee address;	City; State; Zip Code	
\$310.00	Po Box 4250	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)	Description	
	Printing Expense	Voter's Guide Brochure	
	<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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Cerrie Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/25	5 Payee name Democracy Toolbox	
6 Amount (\$) \$65.00	7 Payee address; Po Box 6250	City; McKinney State; TX Zip Code 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
	<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; 8199 Robertson Dr	City; Frisco State; TX Zip Code 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; 2211 N. 1st St.	City; San Jose State; CA Zip Code 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 Donations 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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