

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Marcos

NICKNAME

LAST

SUFFIX

Soto

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

228 W 7th St.

Apt. 113

Dallas, TX 75208

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

729-8623

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Alejandra

M.

NICKNAME

LAST

SUFFIX

Martinez

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

228 W 7th St.

Apt. 113

Dallas

TX

75208

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

546-8142

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

09

26

2025

THROUGH

12

31

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace, Precinct 5, Place 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

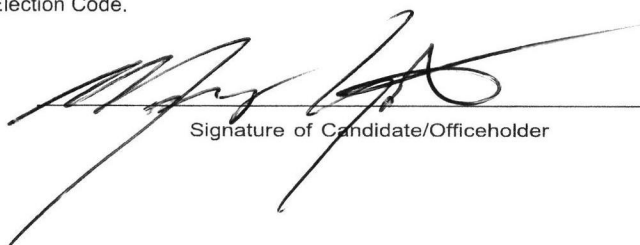
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Marcos Soto		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)	\$ 242.79
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,147.98 7,247.98 M.S.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 77.77
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,130.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,117.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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


Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

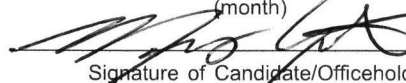
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Marcos Soto, and my date of birth is September 21, 1987.
My address is 228 W 7th St. Apt. 113, Dallas, TX, 75208, USA.
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of Texas, on the 14th day of January, 2026.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME

Marcos Soto

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,147.98
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4130.03
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bianca Juarez	7 Amount of contribution (\$) \$5129
6 Contributor address; City; State; Zip Code 6223 Lotta Dr. Dallas, TX 75227		
8 Contributor's principal occupation Social Security Administration	9 Contributor's job title Customer Service Representative	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bianca Juarez	Amount of contribution (\$) \$4972
Contributor address; City; State; Zip Code 6223 Lotta Dr. Dallas, TX 75227		
Contributor's principal occupation Social Security Administration		Contributor's job title Customer Service Representative
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 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel S. Nathan	Amount of contribution (\$) \$2575
Contributor address; City; State; Zip Code 6211 W. Northwest Hwy Ste C258 Dallas, TX 75225		
Contributor's principal occupation Nathan Law PLLC		Contributor's job title Attorney
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: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Marcos Soto	7 Amount of contribution (\$) \$50⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 228 W. 7th St. Dallas TX 75208		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Gibson Herod Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bailey Knight	Amount of contribution (\$) \$23.79^{xx}
Contributor address; City; State; Zip Code 2730 Blue Bell Lane Brenham, TX 77833		
Contributor's principal occupation American College of Radiology		Contributor's job title Technical Writer
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 9/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Chris Soto	Amount of contribution (\$) \$48.06^{xx}
Contributor address; City; State; Zip Code 7336 Seco Blvd. Dallas, TX 75217		
Contributor's principal occupation Self-Employed		Contributor's job title Influencer
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: 11
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maria Soto	7 Amount of contribution (\$) \$48.00
6 Contributor address; City; State; Zip Code 7336 Seco Blvd Dallas TX 75217		
8 Contributor's principal occupation Retired		9 Contributor's job title Retired
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 10/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Armstrong	Amount of contribution (\$) \$23.79
Contributor address; City; State; Zip Code 13603 Pebble Walk San Antonio, TX 78217		
Contributor's principal occupation Amazon		Contributor's job title Warehouse Associate
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 10/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marcos Soto	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 228 W. 7th St. Dallas, TX 75208		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Gipson Herod Law		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>110</u>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/03/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Mitzinta Perez Tapia</u>	7 Amount of contribution (\$) <u>\$25.00</u>
6 Contributor address; City; State; Zip Code <u>5757 Preston View Blvd Dallas TX 75246</u>		
8 Contributor's principal occupation <u>Self Employed</u>		9 Contributor's job title <u>Entrepreneur</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>10/9/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Domingo Garcia</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>1111 W. Mockingbird Ln Ste 1200 Dallas TX 75247</u>		
Contributor's principal occupation <u>Lawyer</u>		Contributor's job title <u>Lawyer</u>
Contributor's employer/law firm <u>Domingo Garcia Law Office</u>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <u>10/24/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Liz Roman</u>	Amount of contribution (\$) <u>\$291.04</u>
Contributor address; City; State; Zip Code <u>1010 S. Montclair Dallas TX 75208</u>		
Contributor's principal occupation <u>KPMG</u>		Contributor's job title <u>HR Director</u>
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 10/34/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Liz Roman	7 Amount of contribution (\$) \$282.19
6 Contributor address; City; State; Zip Code 1010 S. Montclair Ave Dallas, TX 75208		
8 Contributor's principal occupation KPMG		9 Contributor's job title HR Director
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 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Macias	Amount of contribution (\$) \$25.55
Contributor address; City; State; Zip Code 6831 Timothy Dr. Dallas, TX 75227		
Contributor's principal occupation Dallas County		Contributor's job title Deputy District Clerk III
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 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Macias	Amount of contribution (\$) \$24.76
Contributor address; City; State; Zip Code 6831 Timothy Dr. Dallas, TX 75227		
Contributor's principal occupation Dallas County		Contributor's job title Deputy District Clerk III
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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael LaPrade	7 Amount of contribution (\$) \$23.79 XX
6 Contributor address; City; State; Zip Code 4407 Jenkins Cir. The Colony, TX 75056		
8 Contributor's principal occupation Goldman Sachs		9 Contributor's job title Senior Savings Specialist
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maria Aldana	Amount of contribution (\$) \$408.84 XX
Contributor address; City; State; Zip Code 1403 S. Montreal Ave. Dallas, TX 75208		
Contributor's principal occupation Retired		Contributor's job title Retired
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 11/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maria Aldana	Amount of contribution (\$) \$396.41 XX
Contributor address; City; State; Zip Code 1403 S. Montreal Ave Dallas, Tx 75208		
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Nayelly Dominguez	7 Amount of contribution (\$) \$93.87 xx
6 Contributor address; City; State; Zip Code 1407 Spyglass Dr. Mansfield, TX 76063		
8 Contributor's principal occupation 7-Eleven, Inc		9 Contributor's job title Attorney
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Nayelly Dominguez	Amount of contribution (\$) \$96.82 xx
Contributor address; City; State; Zip Code 1407 Spyglass Dr. Mansfield, TX 76063		
Contributor's principal occupation 7-Eleven, Inc		Contributor's job title Attorney
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 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mitz Perez	Amount of contribution (\$) \$49.72 xx
Contributor address; City; State; Zip Code 4226 Wycliff Ave. Dallas, TX 75219		
Contributor's principal occupation Casa Nisia		Contributor's job title Owner Operator
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mitzinta Perez Tapia	7 Amount of contribution (\$) \$51²⁹_{xx}
6 Contributor address; City; State; Zip Code 5757 Preston View Blvd Dallas TX 75240		
8 Contributor's principal occupation Self Employed		9 Contributor's job title Entrepreneur
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: April Roman	Amount of contribution (\$) \$98⁶⁰_{xx}
Contributor address; City; State; Zip Code 119 Rain Cloud Dr. Waxahatchie, TX 75165		
Contributor's principal occupation Argenx		Contributor's job title Nurse Case Manager
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 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Reagan Herod	Amount of contribution (\$) \$247⁸³_{xx}
Contributor address; City; State; Zip Code 1302 Cedar Hill Ave Dallas TX 75208		
Contributor's principal occupation Gibson Herod Law		Contributor's job title Attorney
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Reagan Herod	7 Amount of contribution (\$) \$255.00 xx
6 Contributor address; City; State; Zip Code 1302 Cedar Hill Ave. Dallas, TX 75208		
8 Contributor's principal occupation Gibson Herod Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Salvador Ruiz	Amount of contribution (\$) \$50.00 xx
Contributor address; City; State; Zip Code 214 N. Jester Ave Dallas, TX 75211		
Contributor's principal occupation Dykema Gossett, PLLC		Contributor's job title Attorney
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 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jennifer Longfellow	Amount of contribution (\$) \$50.00 xx
Contributor address; City; State; Zip Code 2615 Wilton Ave Dallas, TX 75211		
Contributor's principal occupation Dallas County		Contributor's job title Attorney
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Stephanie Franco	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2641 Blue Myrtle Way Dallas, TX 75212		
8 Contributor's principal occupation UT Southwestern Medical Center		9 Contributor's job title Administrator
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Maurice Aguilar	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2735 Magellan Grand Prairie, TX 75054		
Contributor's principal occupation Office For Court Admin Dallas County		Contributor's job title Associate Judge
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 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Natosha Adkins	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3018 Thomas Ave, G6 Dallas TX 75204		
Contributor's principal occupation Vedder Price		Contributor's job title Attorney
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Caila Coleman	7 Amount of contribution (\$) \$99³⁵/₁₀₀
6 Contributor address; City; State; Zip Code 310 Granville Court Atlanta, GA 30328		
8 Contributor's principal occupation Self		9 Contributor's job title Attorney
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jovahana Avila	Amount of contribution (\$) \$242²⁸/₁₀₀
Contributor address; City; State; Zip Code 3914 Nancy Jane Cir, Rowlett, TX 75088		
Contributor's principal occupation Ebay Inc		Contributor's job title Director
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 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Michael LaPrade	Amount of contribution (\$) \$48⁰⁶/₁₀₀
Contributor address; City; State; Zip Code 4607 Jenkins Cir The Colony, TX 75056		
Contributor's principal occupation Goldman Sachs		Contributor's job title Senior Savings Specialist
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Maria Negrete	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4902 Rolling Meadows Dr, Apt 203, Dallas TX 75211		
8 Contributor's principal occupation Bank of America		9 Contributor's job title Cyber Security
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jesus Juarez	Amount of contribution (\$) \$96.42
Contributor address; City; State; Zip Code 6223 Latta Dr Dallas TX 75227		
Contributor's principal occupation Small Business Administration		Contributor's job title Loan Specialist
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 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kathryn Kibby	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 7424 W. Northwest Hwy Dallas, TX 75225		
Contributor's principal occupation Unemployed		Contributor's job title Unemployed
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: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Erika Estrada	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 8827 Gaston Pkwy. Apt. D Dallas, TX 75228		
8 Contributor's principal occupation White Rock Montessori		9 Contributor's job title Teacher
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Caila Coleman	Amount of contribution (\$) \$102.37
Contributor address; City; State; Zip Code P.O. Box 770771 Winter Garden, FL 34777		
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm Coleman Law, PLLC		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#: Ashley Ramos	Amount of contribution (\$) \$46.78
Contributor address; City; State; Zip Code 205 Edison Lane Wylie, TX 75098		
Contributor's principal occupation Dallas Area Rapid Transit		Contributor's job title Attorney
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: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Anne Casey 6 Contributor address; City; State; Zip Code 4718 Amesbury Dr. Apt C Dallas, TX 75206	7 Amount of contribution (\$) \$51.29
8 Contributor's principal occupation		9 Contributor's job title Administrative Assistant
10 Contributor's employer/law firm Gibson Herod Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Andrew J. Klopfer Contributor address; City; State; Zip Code 413 Orchard Hill Dr. Southlake, TX 76092	Amount of contribution (\$) \$500.00
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm The Lenaham Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Alan Perez Contributor address; City; State; Zip Code 9690 Skillman St. Suite 285 Dallas TX 75243	Amount of contribution (\$) \$500.00
Contributor's principal occupation Law		Contributor's job title Lawyer
Contributor's employer/law firm Law Office of Alan D. Perez		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>16</u>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/12/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>David Gibson</u>	7 Amount of contribution (\$) <u>\$500.00</u> xx
6 Contributor address; City; State; Zip Code <u>15400 Knoll Trail Dr. Ste. 205 Dallas, TX 75248</u>		
8 Contributor's principal occupation <u>Gibson Herod Law</u>		9 Contributor's job title <u>Lawyer</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>11/12/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Ashley Ramos</u>	Amount of contribution (\$) <u>\$48.26</u> xx
Contributor address; City; State; Zip Code <u>205 Edison Ln Wylie TX 75098</u>		
Contributor's principal occupation <u>DART</u>		Contributor's job title <u>Attorney</u>
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>11/14/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <u>Annie Casey</u>	Amount of contribution (\$) <u>\$49.72</u> xx
Contributor address; City; State; Zip Code <u>4718 Amesbury Drive Apt C Dallas TX 75206</u>		
Contributor's principal occupation <u>Gibson Herod Law</u>		Contributor's job title <u>Intake Coordinator</u>
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: 16
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Nathan	7 Amount of contribution (\$) \$24.96
6 Contributor address; City; State; Zip Code 6211 W Northwest Hwy C258 Dallas, TX 75225		
8 Contributor's principal occupation Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm Nathan Law, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bryant Diaz	Amount of contribution (\$) \$102.17
Contributor address; City; State; Zip Code 8530 Prairie Hill Lane Dallas, TX		
Contributor's principal occupation Groundwork Outreach		Contributor's job title Chief of Campaigns
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 11/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Macario Rodriguez	Amount of contribution (\$) \$19.45
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Type text here</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/3/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alejandra Martinez</i>	8 Amount of Contribution \$ <i>\$375.00</i>	9 In-kind contribution description <i>Door Hangers</i>
7 Contributor address; City; State; Zip Code <i>228 W. 11th St. #113 Dallas, TX 75208</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Commercial Manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Hana Group</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria del Consuelo Estrada</i>	Amount of Contribution \$ <i>375.00</i>	In-kind contribution description <i>Door Hangers</i>
Contributor address; City; State; Zip Code <i>20109 Bul ton Bridge Ln, Humble, TX 77338</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Customer Service Rep</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Derrick Equipment Corp.</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B(J):	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code					
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
10 Pledgor's principal occupation			11 Pledgor's job title		
12 Pledgor's employer/law firm			13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)					
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code					
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Pledgor's principal occupation			Pledgor's job title		
Pledgor's employer/law firm			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code					
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Pledgor's principal occupation			Pledgor's job title		
Pledgor's employer/law firm			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code					
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Pledgor's principal occupation			Pledgor's job title		
Pledgor's employer/law firm			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

LOANS (JUDICIAL)

SCHEDULE E(J)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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"/> Check if individual's residence address.	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Marcos Soto</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11/6/2025</u>	5 Payee name <u>4 Imprint</u>	
6 Amount (\$) <u>532.10</u>	7 Payee address; City; State; Zip Code <u>101 Commerce St. Dshkosh, WI 54901</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Purchased promotional items for event</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>12/8/2025</u>	Payee name <u>Dallas County Democratic Party</u>	
Amount (\$) <u>\$1,000.00</u>	Payee address; City; State; Zip Code <u>1414 N. Washington Ave Dallas, TX 75204</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Candidate filing fee Regulatory</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>11/20/2025</u>	Payee name <u>Hernandez and Associates</u>	
Amount (\$) <u>\$2,000.00</u>	Payee address; City; State; Zip Code <u>202 Duncanville Rd. Dallas, TX 75211</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	Description <u>Professional Marketing Media expense</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

☐ Check if individual's residence address.

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

☐ Check if individual's residence address.

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code <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
	(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	Business name		
Amount (\$)	Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

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 L:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

LENDER
INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

6 Name of guarantor

☐ not applicable

7 Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

The Instruction Guide explains when and how to complete this form.		1 Total pages Schedule M:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Marcos Soto</u>	Filer ID #
----------------------------------	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Judicial Candidate report due on 1/15/2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Marcos Soto, and my date of birth is 09/21/1987.
My address is 228 W 7th St. Apt 113, Dallas, TX, 75208, USA.
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of Texas, on the 14th day of January, 20 26.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**