JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

Th	e JC/OH Instruction	Guide explains how to comp	olete this form. 1 Filer ID		2 Total pages filed: 9			
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NAME		Dominique		Date Received			
		NICKNAME	LAST	SUFFIX	2025 BY			
			Torres Williams		D C C T T			
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked			
	MAILING ADDRESS	PO Box 226542			Receipt # 7 Amount			
	Change of Address	Dallas, TX 75260			Date Processed			
					Date Imaged			
					Date imageo			
5	CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI			
	NAME	Mrs.	Debra					
		NICKNAME	LAST		SUFFIX			
			Peek-Haynes					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE); AF	PT / SUITE #; CITY;	STATE; ZIP CODE			
	ADDRESS	2020 W. Wheatland Road, Dallas, TX 75232						
	(Residence or Business)							
7	CAMPAIGN TREASURER PHONE	AREA CODE PHON	NE NUMBER EXTENSION					
8	REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer			
		X July 15	8th day before election	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)			
		X say 15	our day before election	reporting limit	T THAT IS CONTINUED TO STATE IN			
9	PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year			
		31.01.2020						
10	ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION TYPE Runoff	Other			
			General	Special				
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)			
		Dallas County Cri	minal Court No. 4					
		•						
			GO TO PAGE 2					

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH **COVER SHEET PG 2**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES S 3,093. CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD S 164.						
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to gard audissoried Pages General Committee Co	13 C / OH NAME	Torres Williams, Dor	ninique	14 Filer ID		
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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. CARLA GILKEY NOTARY PUBLIC MY COMMISSION # 131197818 EXPIRES: JULY 6, 2029 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said or a subscribed before me, by the said of th				ST DAY OF THE	\$	164.24
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. CARLA GILKEY NOTARY PUBLIC MY COMMISSION # 131197818 EXPIRES: JULY 6, 2029 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				OF THE LAST DAY	\$	0.00
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Code Collyana Code Collyana Code Collyana Code W		scribed before me, by the	said Dominique Torres William	CAShis the July	Ц	_day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of off	Mile	Cala Crilkey C	Tine of officer	administerin	ort Ma

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 18 FILER NAME 19 Filer ID Torres Williams, Dominique 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 168.78 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 2,925.00 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Gift/Awards/Memorials Expense Legal Services Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/4 Rpt: 4/9 Torres Williams, Dominique 4 Date 5 Payee name 06/13/2025 DROPBOX 6 Amount (\$) Payee address: State; Zip Code \$12.78 1800 Owens St. San Francisco, CA 94158 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/13/2025 DROPBOX Amount (\$) Payee address; City; State; Zip Code \$12.78 1800 Owens St. San Francisco, CA 94158 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2025 DROPBOX Amount (\$) Payee address; City; State; Zip Code \$12.78 1800 Owens St. San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide explain		es/Contract Labor		OTHER (enter a category not listed above)
1	Total pages Schedule F1:					3	Filer ID
	Sch: 2/4 Rpt: 5/9	Torres Will	liams, Dominique				
4	Date 03/13/2025	5 Payee name DROPBO					
6	Amount (\$) \$12.78	7 Payee addre 1800 Ower San France		ate; Zip Code			
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9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough			Office held
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction G			ages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
	Sch: 3/4 Rpt: 6/9		Torres Willia	ams, Dominiqu	е					
4	Date	5	Payee name					•		
	06/02/2025		GSUITE							
6	Amount (\$)	7	Payee address	ss; City;	State	e; Zip Co	de			
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			Mountain Vi	ew, CA 94043						
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description		
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9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office held
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H										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 4/4 Rpt: 7/9	2 FILER NAME Torres Williams, Dominique 3 Filer ID
	Date 03/03/2025	5 Payee name GSUITE
6	Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/02/2025	Payee name GSUITE
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/02/2025	Payee name GSUITE
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONLINE OFFICE SUPPORT SOFTWARE FOR CAMPAIGN
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Political	y - Gift/Award	s/Memorials Expense P	rinting Expense alaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed a	bove)	
	The Inst	ruction Guide explains ho	v to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 1/2 Rpt: 8/9	Torres Williams, Do	ominique					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI				
ISSUER	US	Bank	EXPENDITURES CHARGED TO A CR	EDIT \$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$500.00	01/16/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	DEMOCRACY TO	OLBOX	PO Box 6250				
			McKinney, TX 75071				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	CONSULTING FEE				
X Political	Consulting Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	expense		
9 Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$375.00	03/01/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	DEMOCRACY TOOLBOX		PO Box 6250				
			McKinney TV 75071				
DUDDOSE OF	(a) Category		McKinney, TX 75071 (b) Description				
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	2025 BIG BLUE SPONSOR FEE				
X Political	Contributions/Donatio	ons Made By er/Political Committee					
Non-Political		of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living e	vnense		
Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held	хрепае		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	ssuer Paid			
	\$250.00	03/15/2025					
	4233,00						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	DALLAGOOUNTY		1414 N. Washington	1414 N. Washington Ave.			
	DALLAS COUNTY						
			Dallas, TX 75204				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	DOUID FEE			
	Contributions/Donation	ons Made By	FISH FRY SPONSOI	KOHIP FEE			
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense		
	0			O#: L-!!			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name Offi	ce sought	Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Serv		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate		bove)			
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID					
Sch: 2/2 Rpt: 9/9	Torres Williams, Do	ominique							
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	D					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED	\$					
			CARD	""					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid					
	\$300.00	04/16/2025							
	\$300.00	04/10/2023							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(a) rayee name				Otate,	Zip Code			
	DALLAS COUNTY		1414 N. Washington Av	re.					
			Dallas TV 75304						
8 PURPOSE OF	(a) Category		Dallas, TX 75204 (b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Texas Justice Tour Apri	il Sponsor Fee					
X Political	Contributions/Donation			ii oponsor i cc					
	Candidate/Officehold	er/Political Committ	tee						
Non-Political	· / L	of Texas. Complete Schedul		TX, officeholder living	expense				
9 Complete ONLY if direct	Candidate/Officeholder	name	Office sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid					
	\$100.00	04/17/2025							
	NAMES TO SERVICE OF THE PARTY O								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			3155 S. Lancaster rf., S	3155 S. Lancaster rf., Ste 240					
	ELITE NEWS								
			Dallas, TX 75216						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Contributions/Donation		EASTER EGG HUNT S	EASTER EGG HUNT SPONSOR					
X Political	Candidate/Officeholde		tee						
Non-Political		of Texas. Complete Schedul		TX, officeholder living	expense				
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held					
expenditure to benefit C/OH			· ·						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid					
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	\$1,400.00	06/09/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(a) Payee name		PO Box 6250	City,	State,	Zip Code			
	DEMOCRACY TO	OLBOX	PO BOX 6250						
			Makingari TV 75071						
PURPOSE OF	(a) Category		McKinney, TX 75071 (b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	CONSULTING FEE						
	Consulting Expense	- 100 W	CONSOLTING FEE						
X Political									
Non-Political	` ' _	of Texas, Complete Schedul		TX, officeholder living	expense				
Complete ONLY if direct	Candidate/Officeholder	name	Office sought	Office held					
expenditure to benefit C/OH									



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

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

- Dominique Torres Williams
- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 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.
- 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 \$33,910 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 2025 Semi Annireport due on July 15, 2025.

 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	CARLA GILKEY NOTARY PUBLIC MY COMMISSION # 1311 EXPIRES: JULY 6, 202			Myw Signature		
NOTARY STAMP/SEAL		<u></u>		/		_
Sworn to and subscribed befor	e me by Dominique	e lones Wil	COMS thi	s the 15	day of _	July.
	witness my hand and seal of c		Cir		Janim!	administering oath
	Sale Mary 62	OR				
2) Unsworn Declaration						
My name is		, and	d my date of b	irth is		
My address is	(street)		(city)	'(state) '	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	
			Si	gnature of Fi	ler (Declarant)	