


# 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 Carmen P. White		<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged		
	NICKNAME LAST SUFFIX _____				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 472 Rowlett, TX 75030				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214 ) 734-7774				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Stanley Mays				
	NICKNAME LAST SUFFIX _____				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1320 Prudential Dr. Dallas, TX 75235				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214 ) 421-9000				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 25    THROUGH    12 / 31 / 25				
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">           ELECTION DATE            Month Day Year            03 / 03 / 26         </td> <td style="width:60%;">           ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month Day Year 03 / 03 / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
ELECTION DATE Month Day Year 03 / 03 / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
<b>GO TO PAGE 2</b>					

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

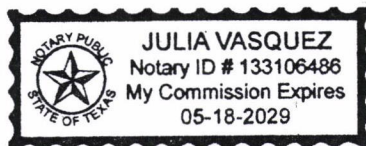
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,065
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 261.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 7533.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8971.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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]*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carmen White this the 15th day of January, 2020, to certify which, witness my hand and seal of office.  
Julia Vasquez Julia Vasquez Notary Public  
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**

<b>19 FILER NAME</b> Carmen P. White		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,065.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 878.15
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5619.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1913.49
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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:

**2** FILER NAME

Carmen P. White

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/8/25

**5** Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Semaj Garrett

**7** Amount of contribution (\$)

300

**6** Contributor address;

City;

State;

Zip Code

325 N. St. Paul St Ste 3100-8104

**8** Contributor's principal occupation

Attorney

**9** Contributor's job title

Attorney

**10** Contributor's employer/law firm

Law Office of Semaj Garrett

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

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

Date

7/1/26

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Semaj Garrett

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

325 N. St. Paul St Ste 3100-8104

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Semaj Garrett

Law firm of contributor's spouse (if any)

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

Date

11/16/26

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Jennifer Castillo

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

6934 Rocky Top Cir. Dallas, TX 75252

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Jennifer Castillo

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:
2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date  10/16/25	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brent Gleason</div> <div>6 Contributor address; City; State; Zip Code 3818 Chicosa Trail Garland, TX 75043</div>	7 Amount of contribution (\$)  \$250
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Attorney Brent Gleason		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date  9/30/25	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jay Zuckerman</div> <div>Contributor address; City; State; Zip Code 3607 Ainsworth Dr. Dallas, TX 75229</div>	Amount of contribution (\$)  \$250
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Jay Zuckerman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date  9/30/25	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charles Humphrey</div> <div>Contributor address; City; State; Zip Code 11300 N. Central Expy Ste 430 Dallas, TX 75243</div>	Amount of contribution (\$)  \$250
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Charles Humphrey		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  10/12/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Monique Ward <hr/> <b>6</b> Contributor address; City; State; Zip Code 1017 Twin Creek Dr., Desoto, TX 75115	<b>7</b> Amount of contribution (\$)  \$250
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Attorney Monique Ward		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b>  10/15/25	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Raymond Hindieh <hr/> <b>Contributor address; City; State; Zip Code</b> 304 W. Twelfth St. Dallas, TX 75208	<b>Amount of contribution (\$)</b>  \$300
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Law Office of Raymond Hindieh		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b>  10/13/25	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Tulani Washington <hr/> <b>Contributor address; City; State; Zip Code</b> 2626 Cole Ave. Ste 300 Dallas, TX 75204-4074	<b>Amount of contribution (\$)</b>  \$250
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Law Office of Bruce Anton		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  10/8/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Olegario Estrada <hr/> <b>6</b> Contributor address; City; State; Zip Code 5224 W. Jefferson Blvd. Dallas, TX 75211	<b>7</b> Amount of contribution (\$)  \$1000
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Olegario Estrada		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date  10/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shelly Poe <hr/> Contributor address; City; State; Zip Code 1813 Stanton Ct. Flower Mound, TX 75028	Amount of contribution (\$)  \$101
Contributor's principal occupation Attorney		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  10/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Allison Brunson <hr/> Contributor address; City; State; Zip Code 282 E. Nickajack Rd., Ringgold, GA 30736	Amount of contribution (\$)  \$50
Contributor's principal occupation Unemployed		Contributor's job title Unemployed
Contributor's employer/law firm Unemployed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/2/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Toni Taylor <b>6</b> Contributor address; City; State; Zip Code 14366 East Arkansas Dr. Aurora, CO 80012	<b>7</b> Amount of contribution (\$) \$500
<b>8</b> Contributor's principal occupation Business Owner		<b>9</b> Contributor's job title Massage Therapist
<b>10</b> Contributor's employer/law firm Taylor's Therapeutic Touch		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 11/3/25	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ William Knox <b>Contributor address; City; State; Zip Code</b> 900 Jackson St #650 Dallas, TX 75202	<b>Amount of contribution (\$)</b> \$500
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Law Office of William Knox		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 11/11/25	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Myra McIntosh <b>Contributor address; City; State; Zip Code</b> 2914 Canada Dr Dallas, TX 75212	<b>Amount of contribution (\$)</b> \$250
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Law Office of Myra McIntosh		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/8/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Russell Wilson <b>6</b> Contributor address; City; State; Zip Code 1910 Pacific Ave. Suite 12050 Dallas, TX 75201	<b>7</b> Amount of contribution (\$) 750
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Russell Wilson		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Snipes Contributor address; City; State; Zip Code 101 South Brookside Dr. #2107 Dallas, TX 75214	Amount of contribution (\$) 250
Contributor's principal occupation Retired Judge		Contributor's job title Retired Judge
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James and Crystal Carlise Contributor address; City; State; Zip Code 1631 Lancaster Dr. 235 Grapevine, TX 76051	Amount of contribution (\$) \$250
Contributor's principal occupation Physician		Contributor's job title Physician
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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey Rosenfield 6 Contributor address; City; State; Zip Code 7812 Glenneagle Dr. Dallas, TX 75248	7 Amount of contribution (\$) \$100
8 Contributor's principal occupation Retired Judge		9 Contributor's job title Retired Judge
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randel Cross Contributor address; City; State; Zip Code 3 Brookside Ct. Mansfield, TX 76063	Amount of contribution (\$) \$3000.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Randel Cross		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lex Fitzenhagen Contributor address; City; State; Zip Code 3824 Marquette St. Dallas, TX 75225	Amount of contribution (\$) \$500
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Lex Fitzenhagen		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Roberto Alonzo 6 Contributor address; City; State; Zip Code 400 S. Zang Blvd. Suite 810 Dallas, TX 75208	7 Amount of contribution (\$) \$4
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sakinna Thomas Contributor address; City; State; Zip Code 600 E. John Carpenter Fwy. Suite 276, Irving, TX 75062	Amount of contribution (\$) \$300
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Sakinna Thomas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Taylor Johnson Contributor address; City; State; Zip Code 900 Jackson St. Ste. 650 Dallas, TX 75202-4401	Amount of contribution (\$) \$500
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Taylor Johnson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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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<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/19/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Malcolm Hamilton <b>6</b> Contributor address; City; State; Zip Code 4341 Horizon N. Parkway #336 Dallas, TX 75287	<b>7</b> Amount of contribution (\$)  \$10
<b>8</b> Contributor's principal occupation Sales		<b>9</b> Contributor's job title Sales
<b>10</b> Contributor's employer/law firm Texacoma		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Crystal Williamson Contributor address; City; State; Zip Code 300 Bruce Street C 205 Conway, AR 72032	Amount of contribution (\$)  \$100
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bruce Anton Contributor address; City; State; Zip Code 9420 Springwater Dr. Dallas, TX 75228	Amount of contribution (\$)  \$500
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Bruce Anton		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  
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<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/8/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stanley Mays <b>6</b> Contributor address; City; State; Zip Code 1320 Prudential Dr. Dallas, TX 75235	<b>7</b> Amount of contribution (\$) 1000
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Stanley Mays		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 108/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Finn Contributor address; City; State; Zip Code 4015 Main Street Suite 100 Dallas, TX 75226	Amount of contribution (\$) 300
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of David Finn		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randall Isenberg Contributor address; City; State; Zip Code 6830 Prestonshire Ln. Dallas, TX 75225	Amount of contribution (\$) 1000
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Randall Isenberg		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/20/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Warren Abrams <b>6</b> Contributor address; City; State; Zip Code 10300 N. Central Expy Ste 283	<b>7</b> Amount of contribution (\$) 500
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Stanley Mays		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$) 1000
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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**3** Filer ID (Ethics Commission Filers)

# 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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2025	5 Payee name Tejano 23rd Senatorial District	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P. O. Box 226534 Dallas, TX 75222 <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sponsorship my name on the list of sponsor for an event
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/24/25	Payee name Dollar Tree	
Amount (\$) 2.71	Payee address; City; State; Zip Code 8505 Lakeview Pkwy #300 Rowlett, TX 75088 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expense/Business	Description Folder to organize Petitions
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/24/25	Payee name UPS Store	
Amount (\$) 40.00	Payee address; City; State; Zip Code 8301 Lakeview Pkwy #111 Rowlett, TX 75088 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Business/filing expense	Description Notary of Petitions
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Payee name Canva	
6 Amount (\$) 65.50	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Bldg. 1 Suite 1300 Austin, TX 78702 <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Business Expense	(b) Description Donation Cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 8/17/25	Payee name Noon Exchange	
Amount (\$) 50.00	Payee address; City; State; Zip Code P.O. Box 72791 Garland, TX 75047 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Labor Day Parade Entry Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 8/11/25	Payee name UPS Store	
Amount (\$) 10.29	Payee address; City; State; Zip Code 7324 Gaston Ave. #124, Dallas, TX 75214 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Business/Campaign Expense	Description Copy Petitions
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
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.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/2/25		<b>5</b> Payee name Chase			
<b>6</b> Amount (\$) 3.00		<b>7</b> Payee address; City; State; Zip Code 8928 ERL Thornton, Dallas, TX 75228 <input type="checkbox"/> Check if individual's residence address.			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Temporary Check purchase		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/2/25		Payee name Ashanequia Webb			
Amount (\$) \$84.00		Payee address; City; State; Zip Code 2400 S, Hampton Rd #9304 Glenn Heights, TX 75154 <input checked="" type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Notary of Petitions		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/24/25		Payee name Bands of Hope Charity Organization			
Amount (\$) \$469.71		Payee address; City; State; Zip Code P.O. Box 850442 Garland, TX 75040 <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event + Advertising		Description Advertisement +Event Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 9/29/25		<b>5</b> Payee name Call Multiplier, Inc.			
<b>6</b> Amount (\$) 38.00		<b>7</b> Payee address; City; State; Zip Code 201 Robert S. Kerr Ave. Suite 210 Oklahoma, OK 73102 <input type="checkbox"/> Check if individual's residence address.			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Service to Call/Text multiple people		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/22/26		Payee name Luxzui			
Amount (\$) 562.50		Payee address; City; State; Zip Code 3811 Main St. Rowlett, TX <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description Space for Campaign Commercial		
	<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"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Payee name Garland NAACP Chapter	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code P.O. Box 460944 Garland, TX 75046 <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description NAACP Freedom Breakfast
	(c) <input checked="" 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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/24/2025	Payee name Tejano 23rd Senatorial District	
Amount (\$) 20.00	Payee address; City; State; Zip Code P. O. Box 226534 Dallas, TX 75222 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Club Membership Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 09/02/25	Payee name IS Sports	
Amount (\$) 261.64	Payee address; City; State; Zip Code 111 14th St Grand Prairie, TX 75050 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Shirts
	<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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Carmen P. White		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/20/25		<b>5</b> Payee name Shanta Plowden			
<b>6</b> Amount (\$) \$100		<b>7</b> Payee address; City; State; Zip Code 628 Glacier St. Desoto, TX 75115 <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Expense		<b>(b)</b> Description Petition Notary		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 11/17/25		Payee name Carla Gilkey			
Amount (\$) 120.00		Payee address; City; State; Zip Code 1213 Whitecreek Dr. Glenn Heights 7515 <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Expense		Description Petition Notary		
	<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"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description C		
	<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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 7/1-21/31/2025	5 Payee name Stripe	
6 Amount (\$) 417.54	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, California 94080 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Costs of electronic fundraiser platform
	(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 12/1/25	Payee name Collective Activism Dr. Pamela Grayson	
Amount (\$) 50	Payee address; City; State; Zip Code 5207 Groveweel St. Dallas, TX 75210 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description Obtain Petition Signatures
	<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
	Carmen P. White	Judge Dallas County Criminal Court 8 Judge Dallas County Criminal Court 8
Date 12/1/25	Payee name Ruby Nealon	
Amount (\$) 25	Payee address; City; State; Zip Code 5327 Grovewood St. Dallas, TX 75210 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Soliciation Expense	Description Petition Notary
	<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
	Carmen P. White	Judge Dallas County Criminal Court 8 Judge Dallas County Criminal Court 8
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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date Sept. - Dec. 2025	5 Payee name Adobe	
6 Amount (\$) 86.56	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) Fees	(b) Description Site to create and sign documents
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/1-12-31 2025	Payee name Canva	
Amount (\$) 77.94	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) Fees	Description Site to create documents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/4/25	Payee name Dallas County Democratic Party	
Amount (\$) \$2500	Payee address; City; State; Zip Code 1414 N. Washington Ave., Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Filing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Payee name Jack and Jill Loudon County Chapter Inc./Renee Cole	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 1930 17th St. NW Washington DC 20009 <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Ad
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/24/2025	Payee name Canva	
Amount (\$) 51.25	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Bldg. 1 Suite 1300 Austin, TX 78702 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expense/Business	Description Thank You Cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/24/2025	Payee name Amazon	
Amount (\$) 42.79	Payee address; City; State; Zip Code 410 Terry Ave N. Seattle, WA 98109 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Decorations for Campaign Kick-off
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
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 Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Payee name Camille White	
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 261192 Dallas, TX 75227 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description Gather Signatures on Peitions
	(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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 11/10/2025	Payee name Rowlett Eagle Theater Company	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4700 President George Bush Hwy Rowlett, TX 75088 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement in Playbills
	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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 10/20/25	Payee name USPS	
Amount (\$) 39.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3416 Enterprise Dr. Rowlett, TX 75088 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Stamps for Thank You Cards
	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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/25	5 Payee name Elite News	
6 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 380071 Duncanville, TX 75183 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ad
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 10/12/25	Payee name Arkansas Conference Debutante Masters Program AME Church	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1825 S. Pulaski St. Little Rock, AR 72206 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement in Program
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
Date 10/08/2025	Payee name Walmart	
Amount (\$) 156.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 Lakeview Pkwy Rowlett, TX 75088/7401 Samuel Blvd. Dallas, TX 75228 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Items for Campaign Fundraiser
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8 Office held Judge Dallas County Criminal Court 8
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2025	5 Payee name Diamond Flores	
6 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3321 Edgecliff Dr. Garland, TX 75043 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media Campaign Commercial
	(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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
Date 10/1/25	Payee name Hot Donuts	
Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8602 Lakeview Pkwy Rowlett, TX 75088 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Commercial Actors
	<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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
Date 8/14/25	Payee name Dallas Democratic Party	
Amount (\$) 100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 N. Washington Ave. Dallas, TX 75204 <small>Check if individual's residence address.</small>	
	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Table Labor Day Picnic
	<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 Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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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)

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1 Total pages Schedule G:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/25	5 Payee name Walmart	
6 Amount (\$) 86.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2501 Lakeview Pkwy Rowlett, TX 75088 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Material for Back to School Event
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
Date 08/4/25	Payee name Yamun Hempstean	
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 805 Paisley Ln. Red Oak, TX 75154 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description Obtain Signatures for Petitions
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Carmen P. White	Office sought Judge Dallas County Criminal Court 8
		Office held Judge Dallas County Criminal Court 8
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