

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 ----- NICKNAME LAST SUFFIX	OFFICE USE ONLY	
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 7 / 1 / 25 THROUGH 12 / 31 / 25		11 ELECTION	
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		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

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.

[Handwritten 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

19 FILER NAME Carmen P. White		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Semaj Garrett 6 Contributor address; City; State; Zip Code 325 N. St. Paul St Ste 3100-8104	7 Amount of contribution (\$) 300
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Semaj Garrett Contributor address; City; State; Zip Code 325 N. St. Paul St Ste 3100-8104	Amount of contribution (\$) 500
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Jennifer Castillo Contributor address; City; State; Zip Code 6934 Rocky Top Cir. Dallas, TX 75252	Amount of contribution (\$) 250
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brent Gleason	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 3818 Chicosa Trail Garland, TX 75043		
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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jay Zuckerman	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 3607 Ainsworth Dr. Dallas, TX 75229		
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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charles Humphrey	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 11300 N. Central Expy Ste 430 Dallas, TX 75243		
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)		

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:
2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Monique Ward <hr/> 6 Contributor address; City; State; Zip Code 1017 Twin Creek Dr., Desoto, TX 75115	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 Monique Ward		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Raymond Hindieh <hr/> Contributor address; City; State; Zip Code 304 W. Twelfth St. Dallas, TX 75208	Amount of contribution (\$) \$300
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Raymond Hindieh		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tulani Washington <hr/> Contributor address; City; State; Zip Code 2626 Cole Ave. Ste 300 Dallas, TX 75204-4074	Amount of contribution (\$) \$250
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)		

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:
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#: _____ Olegario Estrada <hr/> 6 Contributor address; City; State; Zip Code 5224 W. Jefferson Blvd. Dallas, TX 75211	7 Amount of contribution (\$) \$1000
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Olegario Estrada		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/9/25	Full name of contributor <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)		
<p>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:
2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Toni Taylor <hr/> 6 Contributor address; City; State; Zip Code 14366 East Arkansas Dr. Aurora, CO 80012	7 Amount of contribution (\$) \$500
8 Contributor's principal occupation Business Owner		9 Contributor's job title Massage Therapist
10 Contributor's employer/law firm Taylor's Therapeutic Touch		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Knox <hr/> Contributor address; City; State; Zip Code 900 Jackson St #650 Dallas, TX 75202	Amount of contribution (\$) \$500
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of William Knox		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#: _____ Myra McIntosh <hr/> Contributor address; City; State; Zip Code 2914 Canada Dr Dallas, TX 75212	Amount of contribution (\$) \$250
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Myra McIntosh		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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		