

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 Carmen P. White NICKNAME LAST SUFFIX			MI		
				OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received BY JOHNSON COUNTY DALLAS CITY 2026 JAN 15 PM 2:59 FILED		
	P.O. Box 472 Rowlett, TX 75030					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered or Date Postmarked Receipt # Amount \$		
	(214) 734-7774					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Stanley Mays NICKNAME LAST SUFFIX			Date Processed Date Imaged		
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 7	Day / 1 /	Year 25	Month 12	Day / 31 /	Year 25
11 ELECTION	ELECTION DATE Month 03 Day / 03 / Year 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)	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				

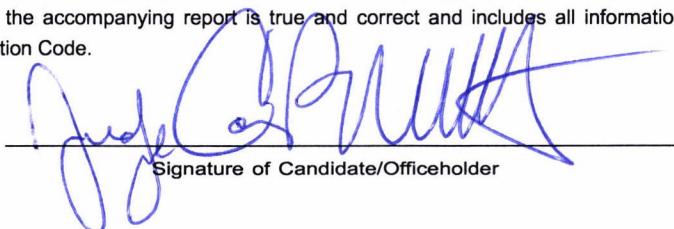
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

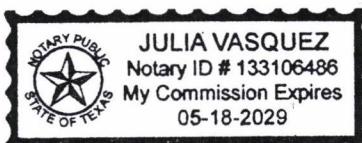
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,065
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 261.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 7533.38
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8971.66
	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 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,
20 20, to certify which, witness my hand and seal of office.

Julia Vasquez Signature of officer administering oath

Julia Vasquez Printed name of officer administering oath

Notary Public 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 Semaj Garrett 6 Contributor address; 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)														
<table border="1"> <tr> <td> Date 7/1/26 </td> <td> Full name of contributor Semaj Garrett Contributor address; 325 N. St. Paul St Ste 3100-8104 </td> <td> Amount of contribution (\$) 500 </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation Attorney </td> <td> Contributor's job title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Law Office of Semaj Garrett </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 7/1/26	Full name of contributor Semaj Garrett Contributor address; 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 7/1/26	Full name of contributor Semaj Garrett Contributor address; 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)														
<table border="1"> <tr> <td> Date 11/16/26 </td> <td> Full name of contributor Jennifer Castillo Contributor address; 6934 Rocky Top Cir. Dallas, TX 75252 </td> <td> Amount of contribution (\$) 250 </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation Attorney </td> <td> Contributor's job title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Law Office of Jennifer Castillo </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/16/26	Full name of contributor Jennifer Castillo Contributor address; 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)		
Date 11/16/26	Full name of contributor Jennifer Castillo Contributor address; 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)														
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>														

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
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 6 Contributor address; 3818 Chicosa Trail Garland, TX 75043	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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jay Zuckerman Contributor address; 3607 Ainsworth Dr. Dallas, TX 75229	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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charles Humphrey Contributor address; 11300 N. Central Expy Ste 430 Dallas, TX 75243	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)		

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 10/12/25	5 Full name of contributor Monique Ward 6 Contributor address; 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 Raymond Hindieh Contributor address; 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 Tulani Washington Contributor address; 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

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 Olegario Estrada 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)														
<table border="1"> <tr> <td>Date 10/19/25</td> <td>Full name of contributor Shelly Poe Contributor address; City; State; Zip Code 1813 Stanton Ct. Flower Mound, TX 75028</td> <td>Amount of contribution (\$) \$101</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/19/25	Full name of contributor Shelly Poe 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 10/19/25	Full name of contributor Shelly Poe 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)														
<table border="1"> <tr> <td>Date 10/9/25</td> <td>Full name of contributor Allison Brunson Contributor address; City; State; Zip Code 282 E. Nickajack Rd., Ringgold, GA 30736</td> <td>Amount of contribution (\$) \$50</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Unemployed</td> <td>Contributor's job title Unemployed</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Unemployed</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/9/25	Full name of contributor Allison Brunson 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)		
Date 10/9/25	Full name of contributor Allison Brunson 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)														

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 11/2/25	5 Full name of contributor Toni Taylor 6 Contributor address; 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 William Knox Contributor address; 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 Myra McIntosh Contributor address; 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)		

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 Russell Wilson	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) 750																				
	6 Contributor address; 1910 Pacific Ave. Suite 12050 Dallas, TX 75201	City; State; Zip Code																					
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney																					
10 Contributor's employer/law firm Law Office of Russell Wilson		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 10/7/25</td> <td>Full name of contributor Michael Snipes</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) 250</td> </tr> <tr> <td></td> <td>Contributor address; 101 South Brookside Dr. #2107 Dallas, TX 75214</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Retired Judge</td> <td colspan="2">Contributor's job title Retired Judge</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm NA</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 10/7/25	Full name of contributor Michael Snipes	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 250		Contributor address; 101 South Brookside Dr. #2107 Dallas, TX 75214	City; State; Zip Code		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 10/7/25	Full name of contributor Michael Snipes	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 250																				
	Contributor address; 101 South Brookside Dr. #2107 Dallas, TX 75214	City; State; Zip Code																					
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)																							
<table border="1"> <tr> <td>Date 10/8/25</td> <td>Full name of contributor James and Crystal Carlise</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) \$250</td> </tr> <tr> <td></td> <td>Contributor address; 1631 Lancaster Dr. 235 Grapevine, TX 76051</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Physician</td> <td colspan="2">Contributor's job title Physician</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 10/8/25	Full name of contributor James and Crystal Carlise	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$250		Contributor address; 1631 Lancaster Dr. 235 Grapevine, TX 76051	City; State; Zip Code		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)			
Date 10/8/25	Full name of contributor James and Crystal Carlise	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$250																				
	Contributor address; 1631 Lancaster Dr. 235 Grapevine, TX 76051	City; State; Zip Code																					
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)																							

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 9/25/25	5 Full name of contributor Jeffrey Rosenfield 6 Contributor address; 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 Randel Cross Contributor address; 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 Lex Fitzenhagen Contributor address; 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)			

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 10/18/25	5 Full name of contributor Roberto Alonzo 6 Contributor address; 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)														
<table border="1"> <tr> <td>Date 10/18/25</td> <td>Full name of contributor Sakinna Thomas Contributor address; 600 E. John Carpenter Fwy. Suite 276, Irving, TX 75062</td> <td>Amount of contribution (\$) \$300</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Law Office of Sakinna Thomas</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/18/25	Full name of contributor Sakinna Thomas Contributor address; 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 Sakinna Thomas Contributor address; 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)														
<table border="1"> <tr> <td>Date 10/18/25</td> <td>Full name of contributor Taylor Johnson Contributor address; 900 Jackson St. Ste. 650 Dallas, TX 75202-4401</td> <td>Amount of contribution (\$) \$500</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Law Office of Taylor Johnson</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/18/25	Full name of contributor Taylor Johnson Contributor address; 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)		
Date 10/18/25	Full name of contributor Taylor Johnson Contributor address; 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)														

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 10/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Malcolm Hamilton 6 Contributor address; City; State; Zip Code 4341 Horizon N. Parkway #336 Dallas, TX 75287	7 Amount of contribution (\$) \$10
8 Contributor's principal occupation Sales		9 Contributor's job title Sales
10 Contributor's employer/law firm Texacoma		11 Law firm of contributor's spouse (if any)
12 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)		

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 10/8/25	5 Full name of contributor Stanley Mays 6 Contributor address; 1320 Prudential Dr. Dallas, TX 75235	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 Stanley Mays		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 108/25 </td> <td> Full name of contributor David Finn Contributor address; 4015 Main Street Suite 100 Dallas, TX 75226 </td> <td> Amount of contribution (\$) 300 </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation Attorney </td> <td> Contributor's job title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Law Office of David Finn </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 108/25	Full name of contributor David Finn Contributor address; 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 108/25	Full name of contributor David Finn Contributor address; 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)														
<table border="1"> <tr> <td> Date 11/16/25 </td> <td> Full name of contributor Randall Isenberg Contributor address; 6830 Prestonshire Ln. Dallas, TX 75225 </td> <td> Amount of contribution (\$) 1000 </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation Attorney </td> <td> Contributor's job title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Law Office of Randall Isenberg </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/16/25	Full name of contributor Randall Isenberg Contributor address; 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)		
Date 11/16/25	Full name of contributor Randall Isenberg Contributor address; 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)														
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 12/20/25	5 Full name of contributor Warren Abrams 6 Contributor address; 10300 N. Central Expy Ste 283		7 Amount of contribution (\$) 500																				
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney																					
10 Contributor's employer/law firm Law Office of Stanley Mays		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>				Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address; City; State; Zip Code			Contributor's principal occupation		Contributor's job title		Contributor's employer/law firm		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)																				
	Contributor address; City; State; Zip Code																						
Contributor's principal occupation		Contributor's job title																					
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																					
If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code</td> <td></td> <td>1000</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>				Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address; City; State; Zip Code		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)			
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)																				
	Contributor address; City; State; Zip Code		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)																							
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 813.74
5 Date 10/8/2025	6 Full name of contributor Jesus Martinez	8 Amount of Contribution \$ \$813.74
	7 Contributor address; 11300 N. Central Expy Ste 370 Dallas, TX 75243	9 In-kind contribution description Paid for Campaign Kickoff
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL)(See Instructions) Attorney
14 Contributor's employer/law firm (FOR JUDICIAL) Jesus Martinez Attorney at Law		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/8/25	Full name of contributor Randel Cross	Amount of Contribution \$ 64.41
	Contributor address; 3 Brookside Ct Mansfield, TX 76063	In-kind contribution description Campaign Kickoff Drinks
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL)(See Instructions) Attorney
Contributor's employer/law firm (FOR JUDICIAL) Law Office of Randel Cross		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 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; P. O. Box 226534 Dallas, TX 75222	City; State; Zip Code	
	Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sponsorship my name on the list of sponsor for an event	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 11/24/25	Payee name Dollar Tree		
Amount (\$) 2.71	Payee address; 8505 Lakeview Pkwy #300 Rowlett, TX 75088	City; State; Zip Code	
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense/Business	Description Folder to organize Petitions	
	Check if travel outside of Texas. Complete Schedule T.		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 11/24/25	Payee name UPS Store		
Amount (\$) 40.00	Payee address; 8301 Lakeview Pkwy #111 Rowlett, TX 75088	City; State; Zip Code	
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Business/filing expense	Description Notary of Petitions	
	Check if travel outside of Texas. Complete Schedule T.		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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 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; 3212 E. Cesar Chavez St. Bldg. 1 Suite 1300 Austin, TX 78702	City; State; Zip Code
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Business Expense	(b) Description Donation Cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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 8/17/25	Payee name Noon Exchange	
Amount (\$) 50.00	Payee address; P.O. Box 72791 Garland, TX 75047	City; State; Zip Code
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Labor Day Parade Entry Fee
	Check if travel outside of Texas. Complete Schedule T. 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 8/11/25	Payee name UPS Store	
Amount (\$) 10.29	Payee address; 7324 Gaston Ave. #124, Dallas, TX 75214	City; State; Zip Code
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Business/Campaign Expense	Description Copy Petitions
	Check if travel outside of Texas. Complete Schedule T. 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/VWages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
12/2/25	5 Payee name Chase		
6 Amount (\$) 3.00	7 Payee address; 8928 ERL Thornton, Dallas, TX 75228 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Temporary Check purchase	
	(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 12/2/25	Payee name Ashanequia Webb		
Amount (\$) \$84.00	Payee address; 2400 S, Hampton Rd #9304 Glenn Heights, TX 75154 <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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; P.O. Box 850442 Garland, TX 75040 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 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; P.O. Box 460944 Garland, TX 75046 <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 NAACP Freedom Breakfast
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Tejano 23rd Senatorial District		
Amount (\$) 20.00	Payee address; P. O. Box 226534 Dallas, TX 75222 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Club Membership Fee
	<small>Check if travel outside of Texas. Complete Schedule T. 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 09/02/25	Payee name IS Sports		
Amount (\$) 261.64	Payee address; 111 14th St Grand Prairie, TX 75050 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Shirts
	<small>Check if travel outside of Texas. Complete Schedule T. 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 11/20/25	5 Payee name Shanta Plowden		
6 Amount (\$) \$100	7 Payee address; 628 Glacier St. Desoto, TX 75115 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Petition Notary	
	(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 11/17/25	Payee name Carla Gilkey		
Amount (\$) 120.00	Payee address; 1213 Whitecreek Dr. Glenn Heights 7515 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	Carmen P. White			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
417.54	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)	(b) Description			
	Fundraising Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
12/1/25	Collective Activism Dr. Pamela Grayson				
Amount (\$)	Payee address;	City;	State;	Zip Code	
50	5207 Grovewell 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)	Description			
	Solicitation Expense	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 <u>ONLY</u> 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	Payee name				
12/1/25	Ruby Nealon				
Amount (\$)	Payee address;	City;	State;	Zip Code	
25	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)	Description			
	Solicitation Expense	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	
	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date <i>Sept. - Dec. 2025</i>	5 Payee name <i>Adobe</i>		
6 Amount (\$) 86.56	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
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 <i>7/11-12-31 2025</i>	Payee name <i>Canva</i>		
Amount (\$) 77.94	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 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 <i>12/4/25</i>	Payee name <i>Dallas County Democratic Party</i>		
Amount (\$) \$2500	Payee address; <i>1414 N. Washington Ave., Dallas, TX 75204</i>	City; State; Zip Code	
 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carmen P. White	3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2025	5 Payee name Jack and Jill Louden County Chapter Inc./Renee Cole		
6 Amount (\$) 120.00	7 Payee address; 1930 17th St. NW Washington DC 20009 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Ad	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 Canva		
Amount (\$) 51.25	Payee address; 3212 E. Cesar Chavez St. Bldg. 1 Suite 1300 Austin, TX 78702 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense/Business	Description Thank You Cards	
	Check if travel outside of Texas. Complete Schedule T. 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 11/24/2025	Payee name Amazon		
Amount (\$) 42.79	Payee address; 410 Terry Ave N. Seattle, WA 98109 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Decorations for Campaign Kick-off	
	Check if travel outside of Texas. Complete Schedule T. 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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME 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; P.O. Box 261192 Dallas, TX 75227 <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description Gather Signatures on Petitions
	(c) Check if travel outside of Texas. Complete Schedule T.	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 11/10/2025	Payee name Rowlett Eagle Theater Company	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4700 President George Bush Hwy Rowlett, TX 75088 <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
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 <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 10/20/25	Payee name USPS	
Amount (\$) 39.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3416 Enterprise Dr. Rowlett, TX 75088 <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME 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; P.O. Box 380071 Duncanville, TX 75183 Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ad
	(c) Check if travel outside of Texas. Complete Schedule T.	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 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; 1825 S. Pulaski St. Little Rock, AR 72206 Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement in Program
	Check if travel outside of Texas. Complete Schedule T.	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 10/08/2025	Payee name Walmart	
Amount (\$) 156.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2501 Lakeview Pkwy Rowlett, TX 75088/7401 Samuel Blvd. Dallas, TX 75228 Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Items for Campaign Fundraiser
	Check if travel outside of Texas. Complete Schedule T.	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
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME 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; 3321 Edgecliff Dr. Garland, TX 75043 Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media Campaign Commercial	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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; 8602 Lakeview Pkwy Rowlett, TX 75088 Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Commercial Actors	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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; 1414 N. Washington Ave. Dallas, TX 75204 Check if individual's residence address.		
	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Table Labor Day Picnic	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME 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; 2501 Lakeview Pkwy Rowlett, TX 75088 Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Material for Back to School Event	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/4/25	Payee name Yamun Hempstean		
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 805 Paisley Ln. Red Oak, TX 75154 Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description Obtain Signatures for Petitions
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
Amount (\$)	Payee address; Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. 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			