

# 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:

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

FILED  
2026 JAN 5 PM 3:43  
JULIA MANNEN  
COUNTY CLERK  
DALLAS COUNTY

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms Cheryl Williams

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 380392 Duncenville TX 75138

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 702-1609

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr COREY MAPLES

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

909 St George PL De Soto TX 75115

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 837-0332

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

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

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

11 / 5 / 2025 THROUGH 12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Judge Dallas County Court of Criminal App 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

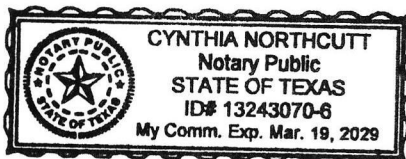
15 JC/OH NAME <i>Cheryl Williams</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,611 <sup>99</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4727 <sup>38</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2027 <sup>38</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500 <sup>00</sup>

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.

*Cheryl Williams*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Cheryl Williams* this the *15th* day of *JANUARY*, 20 *26*, to certify which, witness my hand and seal of office.

*Cynthia Northcutt* *CYNTHIA NORTH CUTT* *Office Administrator*  
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)

# 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:

4

2 FILER NAME

Cheryl Williams

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Shirley Flinn

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

10101 Cliffwood Ct West Chester OH 45241-1056

8 Contributor's principal occupation

Retired

9 Contributor's job title

retired

10 Contributor's employer/law firm

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

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

Date

11/13/25

Full name of contributor

☐ out-of-state PAC ID#:

Erin Molete

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

418 Hageman Cedar Hill TX 75104

Contributor's principal occupation

CEO

Contributor's job title

CEO

Contributor's employer/law firm

Beyond the Ball

Law firm of contributor's spouse (if any)

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

Date

11/13/25

Full name of contributor

☐ out-of-state PAC ID#:

Tracy Williams

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1203 Fern Glen Trail Dallas TX 75241

Contributor's principal occupation

Teacher

Contributor's job title

Teacher

Contributor's employer/law firm

DISD

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

Cheryl Williams

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Randle Clay

7 Amount of contribution (\$)

2500

6 Contributor address;

City;

State;

Zip Code

1603 Ferrier Dr Titusville FL 32780

8 Contributor's principal occupation

Retired

9 Contributor's job title

retired

10 Contributor's employer/law firm

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

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

Date

11/13/25

Full name of contributor

☐ out-of-state PAC ID#:

Willie Williams

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 7440 Huntsville TX 77342

Contributor's principal occupation

CEO

Contributor's job title

CEO

Contributor's employer/law firm

TRIPLE J LOGGING LLC

Law firm of contributor's spouse (if any)

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

Date

11/13/2025

Full name of contributor

☐ out-of-state PAC ID#:

Charles Maduka

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2201 Main St. Ste 800 Dallas TX 75201

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Offices of Charles U. Maduka

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

Cheryl Williams

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Linda Sorrells

7 Amount of contribution (\$)

~~250.00~~  
252.00

6 Contributor address;

City;

State;

Zip Code

6334 Elder Grove Dr Dallas TX 75232

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Office Linda G. Sorrells

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

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

Da

Date

11/13/25

Full name of contributor

☐ out-of-state PAC ID#:

Loren Smith

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

712 Meadow Heath Ln Dallas TX 75232

Contributor's principal occupation

Program Manager

Contributor's job title

Program Manager

Contributor's employer/law firm

Dallas College

Law firm of contributor's spouse (if any)

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

Date

11/17/25

Full name of contributor

☐ out-of-state PAC ID#:

Deborah Currey

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

7761 Royal Lane #6 Dallas TX 75230

Contributor's principal occupation

CEO

Contributor's job title

CEO

Contributor's employer/law firm

D-Bodies Inc.

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: 1

2 FILER NAME

Cheryl Williams

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/25

5 Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Leslie Patterson

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

5436 Brazier Dr Grand Prairie TX 75052

8 Contributor's principal occupation

Retired

9 Contributor's job title

Retired

10 Contributor's employer/law firm

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

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

Date

11/21/25

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

Jennifer Williams

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

208 Pinehurst St Decatur GA 30030

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

Full name of contributor

☐ 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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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	
2 FILER NAME Cheryl Williams		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/13/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Bowie	8 Amount of Contribution \$ 634.99	9 In-kind contribution description Campaign kick-off + photographer
7 Contributor address; City; State; Zip Code 1321 Yordley Place DeSoto TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Manager		11 Employer (FOR NON-JUDICIAL)(See Instructions) CITY OF DALLAS	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# 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

Cheryl Williams

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/10/2025

6 Full name of contributor

☐ out-of-state PAC (ID#:

Cobb Professional Services Inc

7 Contributor address;

City;

State;

Zip Code

P.O. Box 1657 Cedar Hill TX 75106

8 Amount of Contribution \$

\$5,000.00

9 In-kind contribution description

Political Campaign  
Consulting

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Afra B. Cobb President (Agency Owner)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Cobb Professional Services Inc

12 Contributor's principal occupation (FOR JUDICIAL)

Executive

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

President (Agency Owner)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Amount of Contribution \$

In-kind contribution description

☐ 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)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME <i>Cheryl Williams</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ <i>2,500.00</i>
<b>5</b> Date of loan <i>11/05/2025</i>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl Williams</i>	<b>9</b> Loan Amount (\$) <i>2500.00</i>
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <i>P.O. Box 380392 Duncannon TX 75138</i>	<b>10</b> Interest rate <i>0</i>
		<b>11</b> Maturity date <i>NONE</i>
<b>12</b> Lender's Principal Occupation <i>Retired</i>		<b>13</b> Lender's Job Title <i>Retired</i>
<b>14</b> Lender's Employer/Law Firm <i>N/A</i>		<b>15</b> Law Firm of lender's spouse (if any) <i>N/A</i>
<b>16</b> If lender is a child, law firm of parent(s) (if any) <i>N/A</i>		
<b>17</b> Description of Collateral  <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>Cheryl Williams</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/7/2025</b>		5 Payee name <b>MMS Compny Ad Specialties LLC</b>			
6 Amount (\$) <b>\$4503</b>		7 Payee address; <b>217 N Interstate 35 E</b>		City; <b>DeSoto</b>	State; <b>TX</b>
				Zip Code <b>75115</b>	
		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>		(b) Description <b>Name plate/pin</b>		
	<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 <b>Cheryl Williams</b>		Office sought <b>Judge Dallas County Court of Criminal App 2</b>	Office held <b>None</b>
Date <b>11-15-2025</b>		Payee name <b>Preston Hollow Democrats</b>			
Amount (\$) <b>\$3500</b>		Payee address; <b>PO Box 670631</b>		City; <b>Dallas TX</b>	State; <b>TX</b>
				Zip Code <b>75367</b>	
		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>membership</b>		
	<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 <b>Cheryl Williams</b>		Office sought <b>Judge Dallas Co Court of Crim App 2</b>	Office held <b>None</b>
Date <b>11-19-2025</b>		Payee name <b>Banken Printing</b>			
Amount (\$) <b>27063</b>		Payee address; <b>2357 S Collins St</b>		City; <b>Arlington TX</b>	State; <b>TX</b>
				Zip Code <b>76014</b>	
		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Push cards</b>		
	<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 <b>Cheryl Williams</b>		Office sought <b>Judge Dallas County Ct of Crim App 2</b>	Office held <b>None</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cheryl Williams</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>12-2-2025</i>	5 Payee name <i>Active Funky East Dallas Democrat</i>
----------------------------	--

6 Amount (\$) <i>54.00</i>	7 Payee address; <i>P O Box 181734</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75218-8734</i>
-------------------------------	--	------------------------	---------------------	-------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Meeting donation</i>
	(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 <i>Cheryl Williams</i>	Office sought <i>Judge Dallas County Court of Criminal Appeals 2</i>	Office held <i>NONE</i>
--	---	---	----------------------------

Date <i>12-5-2025</i>	Payee name <i>Dallas County Democrat Party</i>
--------------------------	---

Amount (\$) <i>2500.00</i>	Payee address; <i>1414 N Washington Ave</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75204</i>
-------------------------------	---	------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Candidate Filing Fee</i>
	<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 <i>Cheryl Williams</i>	Office sought <i>Judge Dallas County Court of Criminal Appeals 2</i>	Office held <i>NONE</i>
--	---	---	----------------------------

Date <i>12-8-2025</i>	Payee name <i>Democracy Toolbox</i>
--------------------------	--

Amount (\$) <i>282.16</i>	Payee address; <i>P O Box 6250</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>McKinney</i>	State; <i>TX</i>	Zip Code <i>76014</i>
------------------------------	--	--------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Pastor's breakfast/ tamale festival</i>
	<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 <i>Cheryl Williams</i>	Office sought <i>Judge, Dallas County Court of Crim. App. 2</i>	Office held <i>None</i>
--	---	--	----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Cheryl Williams</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/24/2025</i>		5 Payee name <i>Democracy Tool box</i>			
6 Amount (\$) <i>156.89</i>		7 Payee address; City; State; Zip Code <i>PO Box 6250 McKinney TX 75071</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>		(b) Description <i>Communication/Judicial ad state brochure</i>		
	(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 <i>Cheryl Williams</i>		Office sought <i>Judge Dallas County Court &amp; Criminal Appeals 2</i>	
				Office held <i>None</i>	
Date <i>11-24-2025</i>		Payee name <i>Elite News</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>PO Box 38007 Duncanville TX 75138</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad</i>		
	<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 <i>Cheryl Williams</i>		Office sought <i>Judge Dallas County Court &amp; Criminal App 2</i>	
				Office held <i>None</i>	
Date <i>12-3-2025</i>		Payee name <i>Stone Wall Democrats of Dallas</i>			
Amount (\$) <i>35.00</i>		Payee address; City; State; Zip Code <i>PO Box 192305 Dallas TX 75219</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <i>membership</i>		
	<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 <i>Cheryl Williams</i>		Office sought <i>Judge Dallas County Court &amp; Criminal App 2</i>	
				Office held <i>None</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cheryl Williams</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>12-8-2025</i>	5 Payee name <i>Dallas Photo Lab</i>
----------------------------	---

6 Amount (\$) <i>360.00</i>	7 Payee address; <i>3824 Cedar Springs Rd</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75219</i>
--------------------------------	---	------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Push card design, yard sign design</i>
	(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 <i>Cheryl Williams</i>	Office sought <i>Judge Dallas County Court &amp; Criminal App 2</i>	Office held <i>None</i>
--	---	--	----------------------------

Date <i>12-15-25</i>	Payee name <i>Dallas Photo Lab</i>
-------------------------	---------------------------------------

Amount (\$) <i>388.67</i>	Payee address; <i>3824 Cedar Springs Rd #169</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Dallas TX</i>	State; <i>TX</i>	Zip Code <i>75219</i>
------------------------------	--	---------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Push cards</i>
	<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 <i>Cheryl Williams</i>	Office sought <i>Judge, Dallas County Court &amp; Criminal App 2</i>	Office held <i>None</i>
--	---	---	----------------------------

Date <i>11/7/2025</i>	Payee name <i>Beltline Area Democrats</i>
--------------------------	--

Amount (\$) <i>100.00</i>	Payee address; <i>3710 Rawlins St Ste 1420</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75219</i>
------------------------------	--	------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>advertising</i>
	<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 <i>Cheryl Williams</i>	Office sought <i>Judge Dallas County Court &amp; Criminal App 2</i>	Office held <i>None</i>
--	---	--	----------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

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

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name

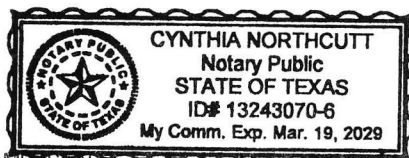
Cheryl Williams

Filer ID #

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

Please complete either option below:

#### (1) Affidavit



NOTARY STAMP / SEAL

Cheryl Williams

Signature of Filer

Sworn to and subscribed before me by Cheryl Williams this the 15th day of JANUARY

2026 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, 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 Filer (Declarant)

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