

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>MS Cheryl</i>	MI				
	NICKNAME	LAST <i>Williams</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	<i>P.O. Box 380392 Dallas, TX 75138</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(214) 702-1609</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>MR Corey</i>	MI				
	NICKNAME	LAST <i>MAPLES</i>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	<i>909 St George PL De Soto</i>		<i>TX 75115</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(214) 837-0332</i>						
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 <i>11</i>	Day <i>15</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>	
				THROUGH			
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description <i>Judge Dallas County Court of Criminal App 2</i>	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	<i>None</i>			<i>Judge Dallas County Court of Criminal App 2</i>			
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	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		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

Cheryl Williams

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 99

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 4727 38

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2027 38

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2500 00

18 SIGNATURE

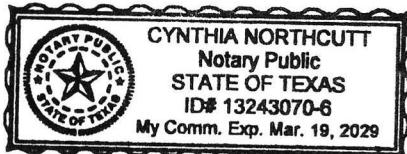
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cheryl Williams

this the 15th day of JANUARY,

20 26, 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 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: <i>4</i>															
2 FILER NAME <i>Cheryl Williams</i>		3 Filer ID (Ethics Commission Filers)															
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Shreley Flin</i>	6 Contributor address; City; State; Zip Code <i>10101 Cliffwood Ct West Chester OH 45241-0856</i>															
7 Amount of contribution (\$) <i>200.00</i>																	
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>															
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)																	
<table border="1"> <tr> <td>Date <i>11/13/25</i></td> <td>Full name of contributor <i>Erika Moleto</i></td> <td>□ out-of-state PAC ID# <i>TX 75104</i></td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code <i>418 Hagerman Cedar Hill TX 75104</i></td> <td>Amount of contribution (\$) <i>50.00</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>CEO</i></td> <td>Contributor's job title <i>CEO</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Beyond the Ball</i></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 <i>11/13/25</i>	Full name of contributor <i>Erika Moleto</i>	□ out-of-state PAC ID# <i>TX 75104</i>	Contributor address; City; State; Zip Code <i>418 Hagerman Cedar Hill TX 75104</i>		Amount of contribution (\$) <i>50.00</i>	Contributor's principal occupation <i>CEO</i>		Contributor's job title <i>CEO</i>	Contributor's employer/law firm <i>Beyond the Ball</i>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/13/25</i>	Full name of contributor <i>Erika Moleto</i>	□ out-of-state PAC ID# <i>TX 75104</i>															
Contributor address; City; State; Zip Code <i>418 Hagerman Cedar Hill TX 75104</i>		Amount of contribution (\$) <i>50.00</i>															
Contributor's principal occupation <i>CEO</i>		Contributor's job title <i>CEO</i>															
Contributor's employer/law firm <i>Beyond the Ball</i>		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 <i>11/13/25</i></td> <td>Full name of contributor <i>Tracy Williams</i></td> <td>□ out-of-state PAC ID# <i>Dallas TX 75241</i></td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code <i>1203 Fern St Glenn Trail</i></td> <td>Amount of contribution (\$) <i>254</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Teacher</i></td> <td>Contributor's job title <i>Teacher</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>DISD</i></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 <i>11/13/25</i>	Full name of contributor <i>Tracy Williams</i>	□ out-of-state PAC ID# <i>Dallas TX 75241</i>	Contributor address; City; State; Zip Code <i>1203 Fern St Glenn Trail</i>		Amount of contribution (\$) <i>254</i>	Contributor's principal occupation <i>Teacher</i>		Contributor's job title <i>Teacher</i>	Contributor's employer/law firm <i>DISD</i>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/13/25</i>	Full name of contributor <i>Tracy Williams</i>	□ out-of-state PAC ID# <i>Dallas TX 75241</i>															
Contributor address; City; State; Zip Code <i>1203 Fern St Glenn Trail</i>		Amount of contribution (\$) <i>254</i>															
Contributor's principal occupation <i>Teacher</i>		Contributor's job title <i>Teacher</i>															
Contributor's employer/law firm <i>DISD</i>		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 <i>Cherry Williams</i>		3 Filer ID (Ethics Commission Filers)															
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Randie Clay</i>	6 Contributor address: <i>1603 Ferrier Dr Titusville FL 32780</i>															
7 Amount of contribution (\$) <i>250.00</i>		8 Contributor's principal occupation <i>Retired</i>															
9 Contributor's job title <i>Retired</i>		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)															
<table border="1"> <tr> <td>Date <i>11/13/25</i></td> <td>Full name of contributor <i>Willie Williams</i></td> <td>□ out-of-state PAC ID#: <i></i></td> </tr> <tr> <td>Contributor address: <i>P.O. Box 7440</i></td> <td>City: <i>Huntsville</i></td> <td>State: Zip Code <i>TX 77342</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>CEO</i></td> <td>Contributor's job title <i>CEO</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>TRIPLE J LOGGING LLC</i></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 <i>11/13/25</i>	Full name of contributor <i>Willie Williams</i>	□ out-of-state PAC ID#: <i></i>	Contributor address: <i>P.O. Box 7440</i>	City: <i>Huntsville</i>	State: Zip Code <i>TX 77342</i>	Contributor's principal occupation <i>CEO</i>		Contributor's job title <i>CEO</i>	Contributor's employer/law firm <i>TRIPLE J LOGGING LLC</i>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/13/25</i>	Full name of contributor <i>Willie Williams</i>	□ out-of-state PAC ID#: <i></i>															
Contributor address: <i>P.O. Box 7440</i>	City: <i>Huntsville</i>	State: Zip Code <i>TX 77342</i>															
Contributor's principal occupation <i>CEO</i>		Contributor's job title <i>CEO</i>															
Contributor's employer/law firm <i>TRIPLE J LOGGING LLC</i>		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 <i>11/13/2025</i></td> <td>Full name of contributor <i>Charles Moduka</i></td> <td>□ out-of-state PAC ID#: <i></i></td> </tr> <tr> <td>Contributor address: <i>2201 Main St. Ste 800 Dallas</i></td> <td>City: <i>TX</i></td> <td>State: Zip Code <i>75201</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Attorney</i></td> <td>Contributor's job title <i>Attorney</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Law Offices of Charles U. Moduka</i></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 <i>11/13/2025</i>	Full name of contributor <i>Charles Moduka</i>	□ out-of-state PAC ID#: <i></i>	Contributor address: <i>2201 Main St. Ste 800 Dallas</i>	City: <i>TX</i>	State: Zip Code <i>75201</i>	Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	Contributor's employer/law firm <i>Law Offices of Charles U. Moduka</i>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/13/2025</i>	Full name of contributor <i>Charles Moduka</i>	□ out-of-state PAC ID#: <i></i>															
Contributor address: <i>2201 Main St. Ste 800 Dallas</i>	City: <i>TX</i>	State: Zip Code <i>75201</i>															
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>															
Contributor's employer/law firm <i>Law Offices of Charles U. Moduka</i>		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#: _____

6 Contributor address:

City: State: Zip Code

7 Amount of contribution (\$)

~~250.00~~
252.00

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Office of 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)

Bar

Date

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

11/13/25

Loren Smith

Contributor address: City: State: Zip Code

~~100.00~~

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

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

11/17/25

Deborah Curran

Contributor address: City: State: Zip Code

~~500.00~~

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: <i>1</i>																				
2 FILER NAME <i>Chery Williams</i>			3 Filer ID (Ethics Commission Filers)																				
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Leslie Patterson</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>500</i>																				
6 Contributor address; <i>5430 Brazia Dr Grand Prairie TX 75052</i>		City; State; Zip Code																					
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>																					
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)																							
<table border="1"> <tr> <td>Date <i>11/21/25</i></td> <td>Full name of contributor <i>Jennifer Williams</i></td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>500</i></td> </tr> <tr> <td colspan="2">Contributor address; <i>208 Pinehurst St Decatur GA 30030</i></td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Unemployed</i></td> <td colspan="2">Contributor's job title <i>Unemployed</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Unemployed</i></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 <i>11/21/25</i>	Full name of contributor <i>Jennifer Williams</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500</i>	Contributor address; <i>208 Pinehurst St Decatur GA 30030</i>		City; State; Zip Code		Contributor's principal occupation <i>Unemployed</i>		Contributor's job title <i>Unemployed</i>		Contributor's employer/law firm <i>Unemployed</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/21/25</i>	Full name of contributor <i>Jennifer Williams</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500</i>																				
Contributor address; <i>208 Pinehurst St Decatur GA 30030</i>		City; State; Zip Code																					
Contributor's principal occupation <i>Unemployed</i>		Contributor's job title <i>Unemployed</i>																					
Contributor's employer/law firm <i>Unemployed</i>		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 colspan="2">Contributor address;</td> <td>City; State; Zip Code</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)																							

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: <u>2</u>
2 FILER NAME <i>Cheryl Williams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <u>11/13/2025</u>	6 Full name of contributor <i>Sandra Bowie</i> 7 Contributor address; City; State; Zip Code <i>1321 Yardley Place Dallas TX</i>	8 Amount of Contribution \$ <u>634.99</u> 9 In-kind contribution description <i>Campaign kickoff + photographer</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>CITY OF DALLAS</i>
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 Contributor address; City; State; Zip Code	Amount of Contribution \$ <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)		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 <i>Cheryl Williams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>1/10/2025</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cobb Professional Services Inc</i>)	8 Amount of Contribution \$ <i>\$5,000.00</i>
7 Contributor address; <i>P.O. Box 1657 Cedar Hill TX 75106</i>	City; State; Zip Code	9 In-kind contribution description <i>Political Campaign Consulting</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Afia B. Cobb President (Agency Owner)</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cobb Professional Services Inc</i>
12 Contributor's principal occupation (FOR JUDICIAL) <i>Executive</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>President (Agency Owner)</i>
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 \$ <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)		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.		1 Total pages Schedule E(J):
2 FILER NAME <i>Cheryl Williams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>2,500.00</i>
5 Date of loan <i>14/05/2025</i>	7 Name of lender <i>Cheryl Williams</i>	8 Lender address; City; State; Zip Code <i>P. O. Box 380392 Duncanville TX 75138</i>
9 Loan Amount (\$) <i>2500.00</i>	10 Interest rate <i>0</i>	11 Maturity date <i>None</i>
12 Lender's Principal Occupation <i>Retired</i>	13 Lender's Job Title <i>Retired</i>	
14 Lender's Employer/Law Firm <i>N/A</i>	15 Law Firm of lender's spouse (if any) <i>N/A</i>	
16 If lender is a child, law firm of parent(s) (if any) <i>N/A</i>		
17 Description of Collateral <input checked="" type="checkbox"/> none	18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	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	Cheryl Williams		
4 Date	5 Payee name		
11/17/2025	MMS Copy Ad Specialties LLC		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$45.03	217 N Interstate 35 E	DeSoto TX 75115	
<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	
	Advertising Exp	Name plate/pin	
	<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
	Cheryl Williams	Judge Dallas County Criminal App Z	None
Date	Payee name		
11-15-2025	Preston Hollow Democrats		
Amount (\$)	Payee address:	City: State: Zip Code	
\$35.00	Po Box 670631	Dallas TX	75367
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	OTHER	Membership	
	<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
	Cheryl Williams	Judge Dallas Co Court of Crim App Z	None
Date	Payee name		
11-19-2025	Banken Printing		
Amount (\$)	Payee address:	City: State: Zip Code	
\$20.63	2357 S Collins St	Arlington TX	76014
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Push cards	
	<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
	Cheryl Williams	Judge Dallas County Ct of Crim App Z	None

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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>ActBlue Funky East Dallas Democrat</i>	
6 Amount (\$) <i>54.00</i>	7 Payee address; <i>P O Box 181734</i>	City: <i>Dallas</i> State: <i>TX</i> Zip Code <i>75218-8734</i>
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Meeting donation</i>
	<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>	City: <i>Dallas</i> State: <i>TX</i> Zip Code <i>75204</i>
<input type="checkbox"/> Check if individual's residence address.		
P PURPOSE OF EXPENDITURE	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>28216</i>	Payee address; <i>P O Box 6250</i>	City: <i>McKinney</i> State: <i>TX</i> Zip Code <i>75041</i>
<input type="checkbox"/> Check if individual's residence address.		
P PURPOSE OF EXPENDITURE	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City: State: Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Exp	Communication/Judicial ad slate brochure
	<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
Cheryl Williams		Judge Dallas County Court of Criminal Appeals 2
		Office held
Date	Payee name	
11-24-2025	Elite News	
Amount (\$)	Payee address;	City: State: Zip Code
500.00	P O Box 38007	Duncanville TX 75138
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Ad
	<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
Cheryl Williams		Judge Dallas County Court of Criminal App 2
		Office held
Date	Payee name	
12-3-2025	Stone Wall Democrats of Dallas	
Amount (\$)	Payee address;	City: State: Zip Code
35.00	P O Box 192305	Dallas TX 75219
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Other	membership
	<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
Cheryl Williams		Judge Dallas County Court of Criminal App 2
		Office held

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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 PURPOSE OF EXPENDITURE	(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 of 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</i> State: <i>TX</i> Zip Code <i>75219</i>
PURPOSE OF EXPENDITURE	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 of 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 Rawlings 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>
PURPOSE OF EXPENDITURE	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 of 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.

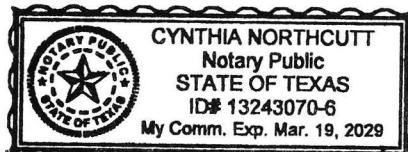
Filer name <i>Cheryl Williams</i>	Filer ID #
--------------------------------------	------------

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

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 Board 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

Signature of Filer

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.

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 _____, _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

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