

UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

T. Maxine Woods-McMillan

3 TYPE OF FILER

CANDIDATE/ OFFICEHOLDER

POLITICAL COMMITTEE

JUDICIAL CANDIDATE/ OFFICEHOLDER

POLITICAL PARTY

PERSONAL FINANCIAL STATEMENT

STATE/COUNTY CHAIR

DIRECT CAMPAIGN EXPENDITURE

4 TYPE OF REPORT

January 15 Semi-annual Report

5 DUE DATE

January 15, 2026

6 UNSWORN DECLARATION:

My name is T. Maxine Woods-McMillan, and my date of birth is Nov. 03, 1978.

My Address is 1401 Indian Creek Drive, DeSoto, Texas, 75115.

(street)

(city)

(state)

(zip code)

(country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Dallas County, State of Texas, on the 15 day of January, 2026.



Signature of Filer/ Committee Representative
(Declarant)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 42

13 C / OH NAME Woods-McMillan, T.Maxine	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,230.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,973.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,256.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Woods-McMillan, T.Maxine		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,230.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,973.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/42
2 FILER NAME Woods-McMillan, T.Maxine		3 Filer ID
4 Date 09/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akere Esq., Lollie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 9841 Crest Meadow Drive Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Akere & Akere PC
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Esq., Chelsea	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7024 Chapelridge Drive Dallas, TX 75249		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Atmos Energy
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Esq., Marivious	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 505 Orleans Street Ste. 505 Beaumont, TX 77701		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carrier Law Group
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur, Khalila (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1592 Taylor Dr North Brunswick Township, NJ 08902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Citi
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Derek	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1117 Germany Drive Cedar Hill, TX 75104		
Principal occupation / Job title (See Instructions) Community Builder		Employer (See Instructions) Coir Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/42
2 FILER NAME Woods-McMillan, T.Maxine		3 Filer ID
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks Esq., Skyla	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Amber	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 15310 Timberlea Dr Missouri City, TX 77489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakemore, Chevera	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chriesman, Nikki	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Kyla	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/42
2 FILER NAME Woods-McMillan, T.Maxine		3 Filer ID
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comer Esq., Arielle 6 Contributor address; City; State; Zip Code 6440 North Central Expy Suite 326 Dallas, TX 75206	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Comer Law Group
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Anthony Contributor address; City; State; Zip Code 814 Park Pt San Antonio, TX 78253	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Evelyn Contributor address; City; State; Zip Code 1725 Thorntree Dr DeSoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickerson, Debra Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Karla Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/42
2 FILER NAME Woods-McMillan, T.Maxine		3 Filer ID
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Equity Esquire	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6060 N Central Expressway Suite 500 DALLAS, TX 75206		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godsey, Kimberly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6836 Wilderness Way Drive Grand Prairie, TX 75054		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Second Nature
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Marisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillo, Judith	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 95 Old Barn Trail Ormond Beach, TX 32174		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison Esq., Kamiel	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3839 McKinney Avenue Suite 155-5154 Dallas, TX 75035		
Principal occupation / Job title (See Instructions) Managing Attorney		Employer (See Instructions) The Harrison Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/42
2 FILER NAME Woods-McMillan, T.Maxine		3 Filer ID
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson Esq., David 6 Contributor address; City; State; Zip Code 300 S Edgefield Avenue Dallas, TX 75208	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ellwanger Henderson Law
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Esq., Cortney Contributor address; City; State; Zip Code 5489 Bullseye Circle Jacksonville, FL 32244	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Morgan & Morgan
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffler, Lynn Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson , Yolanda Contributor address; City; State; Zip Code 401 Curtiss Drive Fate, TX 75087	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) RISD
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Bridgette (Ms.) Contributor address; City; State; Zip Code 8710 Arthur Knight Drive Perry Hall, MD 21128	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Self