### JUDICIAL CANDIDATE / OFFICEHOLDER SPECIAL SESSION REPORT

FORM JC/OH-SS

1 FILER ID (Ethics Comm	ssion Filers)		2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address			Receipt # Amount\$
5 PERIOD COVERED	Month Day Year	Month Day Year	Date Processed Date Imaged
6 OFFICE HELD (if applicable)	<ul> <li>Governor</li> <li>Lt. Governor</li> <li>Attorney General</li> <li>Comptroller</li> <li>Land Commissioner</li> <li>Supreme Court Justice</li> </ul>	<ul> <li>Railroad Commission</li> <li>Agriculture Commission</li> <li>State Senator: Distribution</li> <li>State Representative</li> <li>Secretary of State</li> <li>Court of Criminal Approximation</li> </ul>	ssioner ict # e: District #
7 OFFICE: SOUGHT (if applicable)	Supreme Court Justice	Court of Criminal Apple 1	opeals Judge
8 SIGNATURE	I swear, or affirm, under penalty of perju information required to be reported by me un		s true and correct and includes all
Please complete either	option below:	Signature of Cand	idate or Officeholder
(1) Affidavit			
NOTARY STAMP	/SEAL		
Sworn to and subscrib	ed before me by	this the	day of
	_, 20, to certify which, witness my	hand and seal of office.	
Signature of officer administ	ering oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration			
			·
My address is	(street)	,,,,,,,,,, (state)	_,,, (country) (zip code)
Executed in	County, State of ,		
		Signature of	Candidate or Officeholder

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this	s form.				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor □ out-of-state PA 6 Contributor address; City; State	C (ID#:) 7 Amount of contribution (\$)				
8 Contributor's principal occupation	9 Contributor's job title				
<b>10</b> Contributor's employer/law firm	<b>11</b> Law firm of contributor's spouse (if any)				
<b>12</b> If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributor Out-of-state PA	C (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 Out-of-state PA	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)					
	OF THIS SCHEDULE AS NEEDED truction guide for additional reporting requirements.				

#### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2-SS

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

· · · · ·						
т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ule A2-SS:		
2 FILER NAM	1E		3 Filer ID (Ethics Cor	nmission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of Contribution \$   8 In-kind contribution description			
	6 Contributor address; City; State; Zip Code	e				
9 Principal or		10 Employ	er (FOR NON-JUDICI	ide of Texas. Complete Schedule T.		
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See instructions)		
11 Contributor	s principal occupation (FOR JUDICIAL)	12 Contribu	utor's job title (FOR JL	IDICIAL) (See Instructions)		
13 Contributor	s employer/law firm (FOR JUDICIAL)	14 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)		
15 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State; Zip Cod	e				
			Check if travel outs	ide 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)				
lf contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State; Zip Cod	e		l ide of Texas. Complete Schedule T.		
Principal or	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	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	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1 f contributor is out-of-state PAC, please see instruction			requirements.		

## PLEDGED CONTRIBUTIONS

SCHEDULE B-SS

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedu	ule B-SS:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of pledgor Out-of-state PAC (ID#:	)	7 Amount of Pledge \$	<b>8</b> In-kind contribution description
		6 Pledgor address; City; S	State; Zip Code		   
				Check if travel outsi	de of Texas. Complete Schedule T.
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Z	Zip Code		   
				Check if travel outsi	I. de of Texas. Complete Schedule T.
┢	Principal occup	ation / Job title (See Instructions)	Employer (See		<u>.</u>
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Z	Zip Code		   
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See					
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
		Pledgor address; City; State; Z	Zip Code		   
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See					
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Z	ip Code		   
				Check if travel outs	 ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See		
	lfr	ATTACH ADDITIONAL COPIES ( ontributor is out-of-state PAC, please see ins		-	requirements.
1		entitient is out of state 1 Ao, piedoe ace ina	a solion guide for a	a and a second s	qui onionioi

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instru	uction Guide	explains	how to complete t	this form.	<b>1</b> Total pages Schedule T:			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee				
5 Contribution / Expend	iture reported	on:						
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel	7 Name of	person(s)	traveling					
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
<b>10</b> Means of transportation <b>11</b> Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	l on:						
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2								
Dates of travel Name of person(s) traveling								
	Departure city or name of departure location							
Destination city or name of destination location								
Means of transportation Purpo			urpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	l on:						
Schedule A2	Schedu	lle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	es of travel Name of person(s) traveling							
	Departu	re city or n	ame of departure loc	ation				
	Destinat	ion city or	name of destination	location				
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)						
	TA	TACH AE	DITIONAL COPIE	S OF THIS SCHEDUI	E AS NEEDED			

				OFFICE U	JSE ONLY
	AFFIDA CANDIDATE OR ( ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	or Data Rostmarked
				Date Halld-delivered	of Date Fostillarked
Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.			Receipt #	Amount \$	
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 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 \$32,810 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 \_\_\_\_\_\_ report due on \_\_\_\_\_. 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	th	is the	day of		
20, to certify which, witness my h	and and seal of office. Printed name of officer admini	storing oath		Title of officer	administering o
	OR	stering bath		The of officer	administering o
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is(st	reet)	(city)	'(state) '	,,,	(country)
	State of, on the _	day of _	(month)	, 20 (year)	
Executed in County, s			,		