

JUDICIAL CANDIDATE / OFFICEHOLDER SPECIAL SESSION REPORT

FORM JC/OH-SS

1 FILER ID (Ethics Commission Filers)						2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST		MI		OFFICE USE ONLY	
	NICKNAME	LAST			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					Date Hand-delivered or Postmarked	
<input type="checkbox"/> change of address						Receipt #	Amount \$
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed
	/	/		/	/		Date Imaged
6 OFFICE HELD (if applicable)	<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> Attorney General <input type="checkbox"/> Comptroller <input type="checkbox"/> Land Commissioner <input type="checkbox"/> Supreme Court Justice			<input type="checkbox"/> Railroad Commissioner <input type="checkbox"/> Agriculture Commissioner <input type="checkbox"/> State Senator: District # _____ <input type="checkbox"/> State Representative: District # _____ <input type="checkbox"/> Secretary of State <input type="checkbox"/> Court of Criminal Appeals Judge			
7 OFFICE: SOUGHT (if applicable)	<input type="checkbox"/> Supreme Court Justice			<input type="checkbox"/> Court of Criminal Appeals Judge			

Please complete either option below:

Signature of Candidate or Officeholder

(1) Affidavit

NOTARY STAMP / SFAI

Sworn to and subscribed before me by _____ this the _____ day of
_____, 20_____, 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) (country) (zip code)

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

Signature of Candidate or Officeholder

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#:_ _ _ _ _)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

9 Contributor's job title

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

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)

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-SS

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2-SS:</p>
<p>2 FILER NAME</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>6 Contributor address; City; State; Zip Code</p>	<p>7 Amount of Contribution \$ 8 In-kind contribution description</p> <p>.....</p>
		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>9 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>10 Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>11 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>12 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>13 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>14 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>15 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution \$ In-kind contribution description</p> <p>.....</p>
		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution \$ In-kind contribution description</p> <p>.....</p>
		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B-SS

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B-SS:</p>	
<p>2 FILER NAME</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 Date</p>	<p>5 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>6 Pledgor address; City; State; Zip Code</p>		<p>7 Amount of Pledge \$ 8 In-kind contribution description</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>9 Principal occupation / Job title (See Instructions)</p>		<p>10 Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$ In-kind contribution description</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$ In-kind contribution description</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$ In-kind contribution description</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$ In-kind contribution description</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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.**

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule T:												
2 FILER NAME		3 Filer ID (Ethics Commission Filers)												
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
5 Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> 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													
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)													
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
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	Destination city or name of destination location													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)													
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	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 _____ 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 _____ this the _____ day of _____,
20 _____, 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 _____, _____, _____, _____, _____, _____, _____.

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**