

# 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:

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**Ms. Remeko Tranisha**  
NICKNAME LAST SUFFIX  
**Edwards**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. Box 1402, Desoto, Texas 75123**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 403-9689**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**Mr. Pasquel Anthony**  
NICKNAME LAST SUFFIX  
**"Pat" Lee**

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**2201 Main St., Ste. No. 400-10 Dallas, Texas 75201**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 935-3755**

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 \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
**01 01 2018 06 30 2018**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**11 06 2018**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Judge of County Criminal Court No. 7  
Dallas County, Texas**

OFFICE USE ONLY

Date Received

JOHN F. WARREN  
COUNTY CLERK  
DALLAS COUNTY  
DEPUTY

2018 JUL 16 PM 3:53

FILED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

**REMEKO TRANISHA EDWARDS**

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 126.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,051.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,023.00

4. TOTAL POLITICAL EXPENDITURES

\$ 16,602.30

CONTRIBUTION  
BALANCE

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

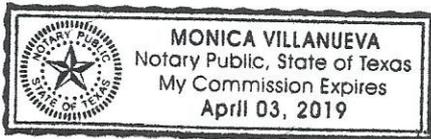
\$ 132.00

OUTSTANDING  
LOAN TOTALS

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

\$ 3,750.00

18 AFFIDAVITS



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.

*RE Edwards*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Remeko Edwards, this the 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

*Monica Villanueva*

Signature of officer administering oath

Monica Villanueva

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - JC/OH

<b>19 FILER NAME</b> <b>REMEKO TRANISHA EDWARDS</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	<b>\$ 4,925.00</b>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	<b>\$ 0</b>
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	<b>\$ 0</b>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 14,793.00</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 786.30</b>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 4,500.00</b>

**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**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

**REMEKO TRANISHA EDWARDS**

4 Date <b>01/30/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Dr. Karry D. Wesley &amp; Cheryl Wesley</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>935 Bentle Branch Ln., Cedar Hill, Texas 75104</b>		

7 Contributor's principal occupation <b>Pastor &amp; First Lady</b>	9 Contributor's job title <b>Pastor &amp; First Lady</b>
--	---

10 Contributor's employer/law firm <b>Antioch Fellowship Missionary Baptist Church</b>	11 Law firm of contributor's spouse (if any) <b>N/A</b>
---	--

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

Date <b>03/01/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Willie F. Ingram, Sr.</b>	Amount of contribution (\$) <b>\$75.00</b>
Contributor address; City; State; Zip Code <b>1801 N. Hampton, Ste. 430, Desoto, Texas 75115</b>		

Contributor's principal occupation <b>Attorney</b>	Contributor's job title <b>Attorney</b>
---	--

Contributor's employer/law firm <b>Self-Employed</b>	Law firm of contributor's spouse (if any) <b>N/A</b>
---	---

If contributor is a child, law firm of parent(s) (if any)  
**N/A**

Date <b>03/06/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Horace &amp; Marie Edwards</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>737 Havencrest, Desoto, Texas 75115</b>		

Contributor's principal occupation <b>Retired</b>	Contributor's job title <b>Retired</b>
--	---

Contributor's employer/law firm <b>N/A</b>	Law firm of contributor's spouse (if any) <b>N/A</b>
---	---

If contributor is a child, law firm of parent(s) (if any)  
**N/A**

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**2**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/06/2018**

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

**Denise Kirby**

7 Amount of contribution (\$)

**\$1,000.00**

6 Contributor address; City; State; Zip Code

**212 Alverstone, Desoto, Texas 75104**

7 Contributor's principal occupation

**HR Business Partner**

9 Contributor's job title

**HR Business Partner**

10 Contributor's employer/law firm

**Mercedes Benz Financial Services**

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

**N/A**

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

**N/A**

Date

**04/26/2018**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Carl Hays**

Amount of contribution (\$)

**\$250.00**

Contributor address; City; State; Zip Code

**400 S. Zang Blvd., Ste. 802, Dallas, Texas 75208**

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Self-Employed**

Law firm of contributor's spouse (if any)

**N/A**

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

**N/A**

Date

**06/02/2018**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Honorable Jeffrey L. Rosenfield**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**7812 Glenneagle Dr., Dallas, Texas 76248**

Contributor's principal occupation

**Judge of County Criminal Court of Appeals No. 2**

Contributor's job title

**Judge of County Criminal Court of Appeals No. 2**

Contributor's employer/law firm

**Dallas County**

Law firm of contributor's spouse (if any)

**N/A**

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

**N/A**

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/04/2018</b>	<b>5</b> Payee name <b>Outfront Media</b>	
<b>6</b> Amount (\$) <b>\$1,299.01</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 US Highway 46, Fairfield, New Jersey 07004</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <b>01/04/2018</b>	Payee name <b>Outfront Media</b>	
Amount (\$) <b>\$4,053.75</b>	Payee address; City; State; Zip Code <b>185 US Highway 46, Fairfield, New Jersey 07004</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <b>01/08/2018</b>	Payee name <b>RamWeb Design</b>	
Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>7537 Gayglen Dr., Dallas, Texas 75217</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/05/2018</b>	<b>5</b> Payee name <b>Edible Arrangements</b>	
<b>6</b> Amount (\$) <b>\$204.09</b>	<b>7</b> Payee address; City; State; Zip Code <b>3900 Cheney Dr., Ste. 121, Arlington, Texas 76018</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Fundraising Expense</b>	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <b>02/07/2018</b>	Payee name <b>Bishop Dunne Catholic School</b>	
Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>3900 Rugged Dr., Dallas, Texas 75224</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>03/06/2018</b>	Payee name <b>The Island Spot</b>	
Amount (\$) <b>\$399.50</b>	Payee address; City; State; Zip Code <b>309 W. Jefferson Blvd., Dallas, Texas 75208</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Event Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/06/2018</b>	<b>5</b> Payee name <b>Walmart</b>	
<b>6</b> Amount (\$) <b>\$209.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>951 W. Beltline Rd., Desoto, Texas 75115</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
<b>Date</b> <b>03/15/2018</b>	<b>Payee name</b> <b>Outfront Media</b>	
<b>Amount (\$)</b> <b>\$5,067.19</b>	<b>Payee address; City; State; Zip Code</b> <b>185 US Highway 46, Fairfield, New Jersey 07004</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought
<b>Date</b> <b>03/16/2018</b>	<b>Payee name</b> <b>RamWeb Design</b>	
<b>Amount (\$)</b> <b>\$295.00</b>	<b>Payee address; City; State; Zip Code</b> <b>7537 Gaylen Dr., Dallas, Texas 75217</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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>7</b>	2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/16/2018</b>	5 Payee name <b>Senate District 16 C/O David Griggs &amp; Susan Bradley</b>
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6 Amount (\$) <b>\$200.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 795247 Dallas, Texas 75379</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/16/2018</b>	Payee name <b>Senate District 16 C/O David Griggs &amp; Susan Bradley</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 795247 Dallas, Texas 75379</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution/Sponsorship</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/16/2018</b>	Payee name <b>Ray &amp; Wood Attys at Law</b>
---------------------------	--

Amount (\$) <b>\$437.01</b>	Payee address; City; State; Zip Code <b>2700 Bee Caves Rd., Ste. 200, Austin, Texas 78746</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Legal Services</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/18/2018</b>	<b>5</b> Payee name <b>Senate District 23 C/O Nigel Redmond, Chair</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1910 Pacific Ave., Ste. 5015, Dallas, Texas 75201</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/19/2018</b>	Payee name <b>RamWeb Design</b>
---------------------------	------------------------------------

Amount (\$) <b>\$295.00</b>	Payee address; City; State; Zip Code <b>7537 Gaylen Dr., Dallas, Texas 75217</b>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/19/2018</b>	Payee name <b>Elite News</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>1411 E. Red Bird Ln., Dallas, Texas 75241</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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>7</b>	2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/26/2018</b>	5 Payee name <b>Christians In Public Services (CIPS)</b>
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6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 226723, Dallas, Texas 75222</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/11/2018</b>	Payee name <b>Delta Sigma Theta Sorority, Inc. – ND Suburban Alumnae Chapter</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>P. O. Box 830604, Richardson, Texas 75083</b>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Advertising Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/01/2018</b>	Payee name <b>Bill Gipson for Constable Pct. 2</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 850994, Mesquite, Texas 75185</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made by  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F2: <b>1</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
<b>5</b> Date <b>06/02/2018</b>	<b>6</b> Payee name <b>Ray &amp; Wood Attys at Law</b>	
<b>7</b> Amount (\$) <b>\$786.30</b>	<b>8</b> Payee address; City; State; Zip Code <b>2700 Bee Caves Rd., Ste. 200, Austin, Texas 78746</b>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Legal Services</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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 sought expenditure to benefit C/OH	Candidate / Officeholder name	Office      Office held

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/2018

5 Name of person from whom amount is received

**Yvette Harris**

8 Amount (\$)

**\$4,500.00**

6 Address of person from whom amount is received; City; State; Zip Code

**11001 Lakeline Blvd., Austin, Texas 78717**

7 Purpose for which amount is received

Check if political contribution returned to filer

**Purchase of Outfront Billboard Contract**

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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