

**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:  
**20**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**MS. REMEKO TRANISHA**  
NICKNAME LAST SUFFIX  
**EDWARDS**

**OFFICE USE ONLY**

Date Received

**FILED**  
2019 JAN 15 PM 3:32  
JOHN F. WARRIN  
COUNTY CLERK  
DALLAS COUNTY  
DEPUTY

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. BOX 1402, DESOTO, TEXAS 75123**

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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. 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  
**07 / 01 / 2018**      **12 / 31 / 2018**

11 ELECTION1

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

12 OFFICE

OFFICE HELD (if any)  
**JUDGE, COUNTY CRIMINAL  
COURT NO. 7, DALLAS  
COUNTY, TEXAS**

13 OFFICE SOUGHT (if known)

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

**\$202.00**

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

**\$7,900.00**

EXPENDITURE  
TOTALS

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

**\$1,069.00**

4. TOTAL POLITICAL EXPENDITURES

**\$5,456.00**

CONTRIBUTION  
BALANCE

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

**\$1,709.00**

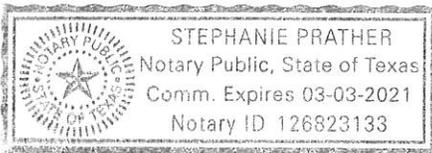
OUTSTANDING  
LOAN TOTALS

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

**\$1,950.00**

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Remeko Tranisha Edwards, this the 15 day of January, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Stephanie Prather

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**SUBTOTALS - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	<b>\$8,102.00</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>\$6,525.00</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$0</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>\$750.00</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>\$ 0</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:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**09/29/2018**

5 Full name of contributor

**SHERROD EDWARDS**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address;

City: State: Zip Code  
**700 N. PEARL ST., STE. 2170, DALLAS, TEXAS 75201**

8 Contributor's principal occupation

**SELF-EMPLOYED**

9 Contributor's job title

**ATTORNEY**

10 Contributor's employer/law firm

**LAW OFFICE OF SHERROD J. EDWARDS**

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

**09/29/2018**

Full name of contributor

**PASQUEL LEE**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$250.00**

Contributor address;

City: State: Zip Code  
**2201 MAIN ST., STE. 400-10, DALLAS, TEXAS 75201**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**PASQUEL LEE & ASSOCIATES, PLLC**

Law firm of contributor's spouse (if any)

**N/A**

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

Date

**09/29/2018**

Full name of contributor

**ALEXANDRA ZAPATA**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$100.00**

Contributor address;

City: State: Zip Code  
**404 GOLD POND CT., DESOTO, TEXAS 75115**

Contributor's principal occupation

**AUDITOR**

Contributor's job title

**AUDITOR**

Contributor's employer/law firm

**EPA OFFICE OF INSPECTOR GENERAL**

Law firm of contributor's spouse (if any)

**N/A**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
**11**

2 FILER NAME  
**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/29/2018**

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

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**2214 OWENS BLVD., RICHARDSON, TEXAS 75082**

8 Contributor's principal occupation  
**ATTORNEY**

9 Contributor's job title  
**COMPLIANCE ATTORNEY**

10 Contributor's employer/law firm  
**BANK OF AMERICA**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$150.00**

Contributor address; City; State; Zip Code  
**3400 CARLISLE ST., STE. 550, DALLAS, TEXAS 75204**

Contributor's principal occupation  
**SELF-EMPLOYED**

Contributor's job title  
**ATTORNEY**

Contributor's employer/law firm  
**THE COCHRAN FIRM**

Law firm of contributor's spouse (if any)  
**THE TAYLOR LAW FIRM, P.C.**

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

Date  
**10/04/2018**

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

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**100 N. CENTRAL EXPWY, STE. 300, RICHARDSON, TEXAS 75080**

Contributor's principal occupation  
**SELF-EMPLOYED**

Contributor's job title  
**ATTORNEY**

Contributor's employer/law firm  
**LAW OFFICE OF WILLIAM M. JACOB, PLLC**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/04/2018**

5 Full name of contributor

**CHARLES MADUKA**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$250.00**

6 Contributor address;

City: State: Zip Code  
**3917 W. SUBLETT RD., ARLINGTON, TEXAS 76017**

8 Contributor's principal occupation

**SELF-EMPLOYED**

9 Contributor's job title

**ATTORNEY**

10 Contributor's employer/law firm

**LAW OFFICES OF CHARLES U. MADUKA**

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

**10/04/2018**

Full name of contributor

**JAIME RESENDEZ**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$500.00**

Contributor address;

City: State: Zip Code  
**636 ESTERINE RD., DALLAS, TEXAS 75217**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**JAIME RESENDEZ, ATTORNEY AT LAW**

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

**10/04/2018**

Full name of contributor

**ANTHONY EILAND**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$250.00**

Contributor address;

City: State: Zip Code  
**1910 PACIFIC AVE., STE. 5015, DALLAS, TEXAS 75201**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**THE EILAND LAW FIRM**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
**11**

2 FILER NAME  
**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/04/2018**

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

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**2201 MAIN ST., STE. 502, DALLAS, TEXAS 75201**

8 Contributor's principal occupation  
**SELF-EMPLOYED**

9 Contributor's job title  
**ATTORNEY**

10 Contributor's employer/law firm  
**THE WARD LAW GROUP, PLLC**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**512 N. HAMPTON RD., #419, DESOTO, TEXAS 75115**

Contributor's principal occupation  
**SUPERVISOR**

Contributor's job title  
**SUPERVISOR**

Contributor's employer/law firm  
**UPS**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$200.00**

Contributor address; City; State; Zip Code  
**4605 CEDAR SPRINGS, #141, DALLAS, TEXAS 75219**

Contributor's principal occupation  
**SELF-EMPLOYED**

Contributor's job title  
**ATTORNEY**

Contributor's employer/law firm  
**CROCKETT LAW, PLLC**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/04/2018**

5 Full name of contributor

**NORMA RICO**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address;

City: State: Zip Code  
**P.O. BOX 331883, DALLAS, TEXAS 75219**

8 Contributor's principal occupation

**COURT REPORTER**

9 Contributor's job title

**COURT REPORTER/FREELANCER**

10 Contributor's employer/law firm

**SELF-EMPLOYED**

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

**10/04/2018**

Full name of contributor

**TREY BLACK**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$500.00**

Contributor address;

City: State: Zip Code  
**2426 W. TENTH ST., DALLAS, TEXAS 75211**

Contributor's principal occupation

**BUSINESS OWNER**

Contributor's job title

**EXECUTIVE**

Contributor's employer/law firm

**ON-TARGET**

Law firm of contributor's spouse (if any)

**ROCKWALL DISTRICT ATTY OFFICE**

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

**N/A**

Date

**10/04/2018**

Full name of contributor

**CHARLES CALDWELL**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$150.00**

Contributor address;

City: State: Zip Code  
**2001 BRYAN TOWER, STE. 2110, DALLAS, TEXAS 75201**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**LAW OFFICES OF CHARLES A. CALDWELL, PLLC**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
**11**

2 FILER NAME  
**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/04/2018**

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

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**1322 OAK RUN DR., DUNCANVILLE, TEXAS 75137**

8 Contributor's principal occupation  
**SUPERVISOR**

9 Contributor's job title  
**SUPERVISOR-CLERK'S OFFICE**

10 Contributor's employer/law firm  
**DALLAS COUNTY**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**2915 O'BANNON, DALLAS, TEXAS 75224**

Contributor's principal occupation  
**ADMINISTRATOR**

Contributor's job title  
**PHC ADMINISTRATOR**

Contributor's employer/law firm  
**TRADITIONAL HEALTHCARE SERVICES**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**1200 ESTATE LN., DESOTO, TEXAS 75115**

Contributor's principal occupation  
**BUSINESS OWNER**

Contributor's job title  
**BUSINESS OWNER**

Contributor's employer/law firm  
**KCA**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
**11**

2 FILER NAME  
**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/04/2018**

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

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**5939 FAIRWAY, DALLAS, TEXAS 75227**

8 Contributor's principal occupation  
**COURT PERSONNEL / ASSISTANT**

9 Contributor's job title  
**ASSISTANT-COURT MANAGER'S OFFICE**

10 Contributor's employer/law firm  
**DALLAS COUNTY**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**2918 SILVERDALE LN., GARLAND, TEXAS 75044**

Contributor's principal occupation  
**COURT REPORTER**

Contributor's job title  
**COURT REPORTER / FREELANCER**

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  
**10/04/2018**

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

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**157 HICKMAN, CEDAR HILL, TEXAS 75104**

Contributor's principal occupation  
**PROJECT MANAGER**

Contributor's job title  
**PROJECT MANAGER / ANALYST**

Contributor's employer/law firm  
**SOUTHWEST AIRLINES**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/04/2018**

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

**LATONYA STEVENSON**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code

**7220 LOST CANYON, DALLAS, TEXAS 75249**

8 Contributor's principal occupation

**MINISTER**

9 Contributor's job title

**MINISTER**

10 Contributor's employer/law firm

**YOUNG LIFE**

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

**10/04/2018**

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

**JENNS BAKKER**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**9616 TARELTON ST., DALLAS, TEXAS 75211**

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

**10/04/2018**

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

**JOE VELA**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**1389A RIDGE RD., ROCKWALL, TEXAS 75087**

Contributor's principal occupation

**INVESTIGATOR**

Contributor's job title

**INVESTIGATOR**

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**

**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:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/05/2018**

5 Full name of contributor

**SONJA TEXADA**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address;

City: State: Zip Code  
**1703 CARRIAGE CREEK DR., DESOTO, TEXAS 75115**

8 Contributor's principal occupation

**REALTOR**

9 Contributor's job title

**REALTOR**

10 Contributor's employer/law firm

**AUGUST GRAY REAL ESTATE**

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

**10/06/2018**

Full name of contributor

**WESLEY CATHOLIC**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$250.00**

Contributor address;

City: State: Zip Code  
**1405 S. CLARK RD., CEDAR HILL, TEXAS 75104**

Contributor's principal occupation

**BUSINESS OWNER**

Contributor's job title

**BUSINESS OWNER**

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

**10/07/2018**

Full name of contributor

**SAMUEL ACKELS**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$300.00**

Contributor address;

City: State: Zip Code  
**3030 LBJ FREEWAY, STE. 1550, DALLAS, TEXAS 75234**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**ACKELS & ACKELS, L.L.P.**

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.**

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/08/2018**

5 Full name of contributor

**TERRY MARSAW**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address;

City; State; Zip Code  
**2201 MAIN ST., #1010, DALLAS, TEXAS 75201**

8 Contributor's principal occupation

**SELF-EMPLOYED**

9 Contributor's job title

**ATTORNEY**

10 Contributor's employer/law firm

**MARSAW & ASSOCIATES, P.C.**

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

**10/11/2018**

Full name of contributor

**OLEGARIO ESTRADA**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$500.00**

Contributor address;

City; State; Zip Code  
**5224 W. JEFFERSON BLVD, DALLAS, TEXAS 75211**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**LAW OFFICE OF OLEGARIO ESTRADA, P.C.**

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

**10/15/2018**

Full name of contributor

**NATASHA HOY**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$1,000.00**

Contributor address;

City; State; Zip Code  
**400 S. Zang Blvd., Ste. 350, Dallas, Texas 75208**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**NATASHA HOY, ATTORNEY AT LAW**

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

**11**

2 FILER NAME

**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/17/2018**

5 Full name of contributor

**WILLIE INGRAM**

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

**\$75.00**

6 Contributor address;

City; State; Zip Code  
**1801 N. HAMPTON RD., STE. 430, DESOTO, TEXAS 75115**

8 Contributor's principal occupation

**SELF-EMPLOYED**

9 Contributor's job title

**ATTORNEY**

10 Contributor's employer/law firm

**WILLIE F. INGRAM, ATTORNEY AT LAW**

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

**11/05/2018**

Full name of contributor

**RAY JACKSON**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$500.00**

Contributor address;

City; State; Zip Code  
**1700 PACIFIC AVE., STE. 3890, DALLAS, TEXAS 75201**

Contributor's principal occupation

**SELF-EMPLOYED**

Contributor's job title

**ATTORNEY**

Contributor's employer/law firm

**THE JACKSON LAW GROUP**

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

**12/05/2018**

Full name of contributor

**NERISSA CATO**

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

**\$75.00**

Contributor address;

City; State; Zip Code  
**23927 MILAZZO DR., RICHMOND, TEXAS 77406**

Contributor's principal occupation

**REGISTERED NURSE**

Contributor's job title

**REGISTERED NURSE**

Contributor's employer/law firm

**ALIEF ISD**

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>4</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/18/2018</b>	<b>5</b> Payee name <b>GO DADDY</b>	
<b>6</b> Amount (\$) <b>\$105.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>14455 N. HAYDEN RD., STE. 219, SCOTTSDALE, ARIZONA 85260</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>09/16/2018</b>	<b>Payee name</b> <b>RAMWEB DESIGN</b>	
<b>Amount (\$)</b> <b>\$150.00</b>	<b>Payee address; City; State; Zip Code</b> <b>7537 GAYLEN DR., DALLAS, TEXAS 75217</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>09/16/2018</b>	<b>Payee name</b> <b>CONSTANT CONTACT</b>	
<b>Amount (\$)</b> <b>\$144.00</b>	<b>Payee address; City; State; Zip Code</b> <b>1601 TRAPELO RD., WALTHAM, MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING / SOLICITATION EXPENSE</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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>4</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>10/04/2018</b>	<b>5</b> Payee name <b>BABBS BROTHER BBQ</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$3,346.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>739 N. HWY 67, CEDAR HILL, TEXAS 75104</b>
---	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE / FUNDRAISING 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
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>10/04/2018</b>	Payee name <b>JEFF AYCOCK</b>
---------------------------	----------------------------------

Amount (\$) <b>\$450.00</b>	Payee address; City; State; Zip Code <b>917 ASPEN CT., DESOTO, TEXAS 75115</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT 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
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10/04/2018</b>	Payee name <b>SNAP SHOT MEDIA</b>
---------------------------	--------------------------------------

Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 2663, CEDAR HILL, TEXAS 75106</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT 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
------------------------	--	---

Complete ONLY 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>4</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>10/04/2018</b>	<b>5</b> Payee name <b>VIRTUE INTERNATIONAL PHOTOGRAPHY</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$160.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>219 N. WATERFORD OAKS DR., CEDAR HILL, TEXAS 75104</b>
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>10/18/2018</b>	Payee name <b>REMEKO T. EDWARDS</b>
---------------------------	--

Amount (\$) <b>\$1,800.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 1402, DESOTO, TEXAS 75123</b>
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>LOAN REIMBURSEMENT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/01/2018</b>	Payee name <b>GOOGLE SUITES</b>
---------------------------	------------------------------------

Amount (\$) <b>\$128.00</b>	Payee address; City; State; Zip Code <b>GSUITES.GOOGLE.COM</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY 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>4</b>	<b>2</b> FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>11/02/2018</b>	<b>5</b> Payee name <b>OAK HILL INDUSTRIES, L.P.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$390.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>840 UNION ST., SALEM, VIRGINIA 24153</b>
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER / JUDICIAL ROBE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>11/22/2018</b>	Payee name <b>RAMWEB DESIGN</b>
---------------------------	------------------------------------

Amount (\$) <b>\$225.00</b>	Payee address; City; State; Zip Code <b>7537 GAYLEN DR., DALLAS, TEXAS 75217</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT 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
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>12/07/2018</b>	Payee name <b>TARGET</b>
---------------------------	-----------------------------

Amount (\$) <b>\$208.00</b>	Payee address; City; State; Zip Code <b>739 N. HWY 67, CEDAR HILL, TEXAS 75104</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/ CHRISTMAS GIFTS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

## 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.

1 Total pages Schedule F4: <b>1</b>	2 FILER NAME <b>REMEKO TRANISHA EDWARDS</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD:	<b>\$0</b>
--	------------

5 Date <b>12/18/2018</b>	6 Payee name <b>DALLAS COUNTY DEMOCRATIC PARTY</b>
-----------------------------	---

7 Amount (\$) <b>\$500.00</b>	8 Payee address; City; State; Zip Code <b>4209 PARRY AVE., DALLAS, TEXAS 75223</b>
----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT 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
---------------------------	--	---

1 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>12/18/2018</b>	Payee name <b>DALLAS COUNTY DEMOCRATIC PARTY</b>
---------------------------	---

Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>4209 PARRY AVE., DALLAS, TEXAS 75223</b>
--------------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT 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
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:  
**1**

2 FILER NAME  
**REMEKO TRANISHA EDWARDS**

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION	4 Name of lender <b>REMEKO TRANISHA EDWARDS</b>
	5 Lender address; City; State; Zip Code <b>P.O. BOX 1402, DESOTO, TEXAS 75123</b>

GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor <b>N/A</b>
	7 Guarantor address; City; State; Zip Code <b>N/A</b>

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

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