

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>Kristin</b> NICKNAME LAST <b>Wade</b> MI <b>5-</b> SUFFIX	<b>OFFICE USE ONLY</b> <hr/> Date Received COUNTY ELECTIONS 2019 JUL 19 03:41 PM RECEIVED DALLAS <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>NO BOX 020081 Dallas TX 75367</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(214)      707 - 5700</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>Henry</b> NICKNAME LAST <b>Wade</b> MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>NO Box 020081 Dallas, TX 75367</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(214)      707-5700</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 1 / 19      THROUGH      6 / 30 / 19</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>  /  /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Judge, County Criminal Court of Appeals 1</b>	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 Kristin S. Wade 15 Filer ID (Ethics Commission Filers)

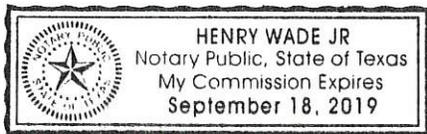
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,500.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>33,500.00</u>

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.

Kristin S Wade

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristin S. Wade, this the 14 day of July, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Henry Wade

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

19 FILER NAME <i>Kristin S. Wade</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>1,500<sup>00</sup></i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ <i>0</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1,500<sup>00</sup></i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>0</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

# 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 <i>Kristin Wade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-5-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Michael Pittman</i>	7 Amount of contribution (\$) <i>1,000<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>413 W. Bethel #202 Coppell, TX 75044</i>		
8 Contributor's principal occupation <i>Physician</i>		9 Contributor's job title <i>Dr.</i>
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 <i>3.5.19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Grant St. Julian</i>	Amount of contribution (\$) <i>300<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3500 Oaklawn #205 Dallas, TX 75219</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>5.7.19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Beltz Law Firm</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>9696 Skillman Dallas TX 75243</i>		
Contributor's principal occupation <i>Law Firm</i>		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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Kristin Wade</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>3-6-19</i>	<b>5</b> Payee name <i>Kristin Wade</i>
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<b>6</b> Amount (\$) <i>1,000<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>PO Box 670081 Dallas, TX 75367</i>
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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) <i>Loan Repayment/Reimbursement</i>	<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 <i>3-14-19</i>	Payee name <i>Kristin Wade</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>PO Box 670081 Dallas, TX 75367</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Loan Repayment/Reimbursement</i>	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-7-19</i>	Payee name <i>Kristin Wade</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>PO Box 670081 Dallas, TX 75367</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Loan Repayment/Reimbursement</i>	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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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**

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

*Kristin S. Wade*

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

*Kristin S. Wade*

5 Lender address; City; State; Zip Code

*PO Box 670091 Dallas TX 75367*

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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