CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** ONAME Date Received SUFFIX NICKNAME 3 RECEIVED M ZIP CODE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE 4 CANDIDATE / **OFFICEHOLDER** JUL 1 5 2025 MAILING **ADDRESS** JEANNIE ASH Change of Address Elections Administrator, Hunt County, TX By: PHONE NUMBER AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 458-3785 (903)PHONE Receipt # Amount \$ MS / MRS MR FIRST 6 CAMPAIGN TREASURER R.C. Date Processed NAME NICKNAME SUFFIX Date Imaged Buzzin 5R. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TX 75402 311 HACKBERRY DR. GREENVILLE **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day COVERED 06 /30 /2025 01/01/2025 THROUGH **ELECTION TYPE** 11 ELECTION ELECTION DATE Primary Other Month Day Year Description General Special OFFICE HELD (If any) HUNT COUNTY 13 OFFICE SOUGHT (if known) 12 OFFICE JUSTICE OF THE PEACE PET 1 Po 2 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER

FORM JC/OH

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	SHEILA D. LINDEN	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ _ 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 2149.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ - 0 -
18 SIGNATURE 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.		
Signature of Candidate/Officeholder		
Please complete either option below:		
i loado demploto dialer option bolow		
	(
	RACHEL ELISE PEARSON	
	Notary Public, State of Texas	
(1) Affidavit	Comm. Expires 06-22-2027	
(1) Affidavit Notary ID 134420660		
NOTABY OTAMB (OF A		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by Sheila IIn Den this the July day of 5,		
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	PROBLEM ST. S.
(2) Unsworn Declarati	on	
My name is	, and my date of birth is _	
My address is		
		ate) (zip code) (country)
Cycouted in		
Executed In	County, State of, on the day of(month)	, 20(year)
	,	
	Signature of Candida	te/Officeholder (Declarant)