JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR ... 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** R. Jeanette NAME Date Received NICKNAME LAST SUFFIX Waller Co. Elections Parham RJ 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE SEP 0 8 2025 OFFICEHOLDER 916 Wilkins St Hempstead, Tx 77445 MAILING **ADDRESS** RECEIVED Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)2526116 **PHONE** Receipt # Amount \$ MS/MRS/MR 6 CAMPAIGN **TREASURER** Ruby Jeanette Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Parham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 916 Wilkins St Hempstead Tx 77445 **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE (713)2526116 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Year Month Year COVERED 06 / 27 2025 2025 THROUGH 06 30 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description General 2026 Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Judge County Court at Law No 1 Waller Co none 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		Filer ID (Ethics Commission Filers)
R Jeanet	te Parham	
17 CONTRIBUTION TOTALS	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	^{\$} O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	* O
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	* O
	wear, or affirm, under penalty of perjury, that the accompanying report is true and juired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candid	ate/Officeholder
	•	
	Please complete either option below:	
(1) Affidavit		
(1) Alliuavit		
NOTARY STAMP/SEA		
NOTART STAINIP/SEA		
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is R. Jeanet	tte Parham , and my date of birth is 9-	14-1952
My address = 916 Will	kins St Hemp s tead, Tx 77445	
iviy address is		,
Executed in Waller	(street) (city) (state County, State of Texas , on the 8 day of Septemb	
	REJUNE	and the same of th
	Signature of Candidate/	Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	9 FILER NAME R. Jeanette Parham			mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		^{\$} 0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		^{\$} 0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		^{\$} 0
4.		^{\$} 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			^{\$} 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ O
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	^{\$} 0

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

NONE TO REPORT SCHEDULE A(J)1

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

The Instruc	tion Guide explains how to complete t	nis form.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
R Jeanette Parham			
	ame of contributor	AC ID#:)	7 Amount of contribution (\$)
6 Contr	ibutor address; City;	State; Zip Code	
8 Contributor's principal of	ccupation	9 Contributor's job title	
10 Contributor's employer/la	w firm	11 Law firm of contributo	r's spouse (if any)
12 If contributor is a child, la	aw firm of parent(s) (if any)	<u> </u>	
Date Full r	name of contributor out-of-state F	AC ID#:)	Amount of contribution (\$)
Cont	ibutor address; City;	State; Zip Code	
Contributor's principal or	ccupation	Contributor's job title	
Contributor's employer/la	w firm	Law firm of contributo	r's spouse (if any)
If contributor is a child, la	aw firm of parent(s) (if any)		
Date Full r	ame of contributor	AC ID#:)	Amount of contribution (\$)
Cont	ibutor address; City;	State: Zip Code	
Contributor's principal of	ccupation	Contributor's job title	
Contributor's employer/la	w firm	Law firm of contributo	or's spouse (if any)
If contributor is a child, la	aw firm of parent(s) (if any)	'	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL NONE TO REPORT CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
² FILER NAME R Jeanette Parham			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CORIES OF T	HIS SCHEDI	II E AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS (JUDICIAL) NONE TO REPORT SCHEDULE B(J)If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) R JEANETTE PARHAM 4 TOTAL OF UNITEMIZED PLEDGES 6 Full name of pledgor out-of-state PAC (ID#: 5 Date 8 Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any) 14 If pledgor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Full name of pledgor Date Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Full name of pledgor Date Amount In-kind contribution of Pledge \$ description Pledgor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (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.

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

LOANS (JUDICIAL)

NONE TO REPORT

SCHEDULE E(J)

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

The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
R JEANETTE PA	ARHAM		e				
4 TOTAL OF UNI	TEMIZED LOANS		\$				
5 Date of loan	7 Name of lender ut-of-state PAC	ID#:)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
□ Y □ N			11 Maturity date				
12 Lender's Principal	Occupation	13 Lender's Job Title					
14 Lender's Employer/	/Law Firm	15 Law Firm of lender's spous	se (if any)				
16 If lender is a child,	law firm of parent(s) (if any)						
17 Description of Colla	ateral	18					
none		Check if persona account (See In	al funds were deposited into political structions)				
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)				
not applicable	21 Guarantor address; City;	State; Zip Code					
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job Title					
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's sp	couse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)							
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	EDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM NONE TO REPORT POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, and the second	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME R JEANETTE PARHAM		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
*	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n. TX, officeholder living expense
9 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

UNPAID INCURRED OBLIGATIONS NONE TO REPORT

SCHEDULE F2

	EXPENDITURE CATE	GORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
	1		1					
1 Total pages Schedule F2:	R JEANETTE PARHAM		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITER	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$							
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description						
PURPOSE OF EXPENDITURE								
	(c) Check if travel outside of Texas. Complete	Schedule T Check if Au	otio TV officeboldes living average					
	Check it travel outside of fexas. Complete	Scriedule I. Check If Au	stin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF	Category (See Categories listed at the top of th	is schedule) Description						
EXPENDITURE								
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	ustin, 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 NE	EEDED					

PURCHASE OF INVESTMENTS MADE FROM NONE TO REPORT SCHEDULE F3

		1 Total pages Schedule F3:					
	The Instruction Guide explains how to complete this form.	1 lotal pages selledule 15.					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
R JEANETT	E PARHAM						
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code					
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
,	Address of person from whom investment is purchased; Cit	y; State; Zip Code					
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD NONE TO REPORT SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: R JEANETTE PARHAM 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD **ISSUER 6 PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYEE** (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH (a) Amount Charged PAYMENT (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Complete ONLY if direct Office Held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

NONE TO REPORT

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Palling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:		IAME ETTE PARHAM				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na					I	
6 Amount (\$) Reimbursement from political contributions intended	Reimbursement from political contributions						Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this sch	edule)	(b) D	escription		
	(c)	Check if travel outside of Texas. Complete Scher	dule T.		Check if Austir	n, TX, officeholder living	expense
9 Candidate / Officeholder name Office sought Office expenditure to benefit C/OH			Office held				
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
Reimbursement from political contributions intended						e	
PURPOSE OF EXPENDITURE	Categor	ry (See Categories listed at the top of this sch	edule)	D	escription	a	
		Check if travel outside of Texas. Complete Sche	dule T.		Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		idate / Officeholder name		Office	sought		Office held
Date	Payee na	ame					
Amount (\$) Reimbursement from political contributions intended	Payee a	ddress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this scho	edule)	D	escription		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense		
Complete ONLY if direct expenditure to benefit C/OH	Candi	idate / Officeholder name		Office	sought		Office held
	ATT	ACH ADDITIONAL COPIES OF	THIS SC	CHEDI	JLE AS NEED	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

NONE TO REPORT

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Printing Expense 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. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) R Jeanette Parham 4 Date 5 Business name 6 Amount (\$) Business address: City; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

NONE TO REPORT SCHEDULE |

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

	The Instruction Guide explains how to comp	olete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
	R Jeanette Parham				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regal	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sea required.)	e instructions regar	ding type of	information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER NONE TO REPORT SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
R JEANETTE PARHAM					
4 Date 5 Name of person from whom amount is received	8 Amount (\$)				
6 Address of person from whom amount is received; City; St	tate; Zip Code				
7 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	Natura 70 Code				
Address of person from whom amount is received; City; S	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; St	tate; Zip Code				
Purpose for which amount is received Check i	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; S	State; Zip Code				
Purpose for which amount is received Check i	if political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

OUTSTANDING LOANS

NONE TO REPORT

SCHEDULE L

The	Instruction Guide explains how to complete this for	r m.	al pages Schedu	ıle L:		
2 FILER NAME		3 File	er ID (Ethics Co	ommission Filers)		
R JEANETTE P	ARHAM					
LENDER INFORMATION	4 Name of lender					
	5 Lender address;	City;	State;	Zip Code		
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		
	ATTAOULABBITION					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ASSETS PURCHASED WITH CONTRIBUTIONS

NONE TO REPORT M

The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
R JEANETTE PARHAM	
4 Description of Asset	
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
,	
Description of Asset	
Decemplion of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Association	
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL CODIES OF THE CONTENT OF	NEEDED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS NONE TO REPORT

SCHEDULE T

The Instruction Guid	e explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME R JEANETTE PARHAM		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee			
	ed on: nedule B Schedule B(J) Schedule C2 nedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name of	6 Dates of travel 7 Name of person(s) traveling			
8 Departs	ure city or name of departure location			
9 Destina	9 Destination city or name of destination location			
10 Means of transportation				
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel Name	Dates of travel Name of person(s) traveling			
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2 Sch	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2 Sch	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of	of person(s) traveling			
Departure city or name of departure location				
Destina	ation city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
R	JEANE	ETTE PARHAM			
3	SIGNA	ΓURE			
	designat	expect any further political contributions or political expenditures in connection with ming a report as a final report terminates my campaign treasurer appointment. I also un contributions or make any campaign expenditures without a campaign treasurer appointment of NOT APP Signature	nderstand that I may not accept any pointment on file.		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	only one:			
	V	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS			
	Check	only one:			
	\checkmark	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254,204.	er income from political contributions to		
		S	ignature of Candidate		
5		HOLDER			
		olete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who d file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political conpolitical contributions or interest or other income from political contributions.	after filing the last required report as		
		Sit	gnature of Officeholder		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER:

EL	ECTRONIC FILING	S EXEMPTION			
An exe	emption affidavit must be sub	mitted with each paper rep	ort.	Date Hand-delivered o	or Date Postmarked
Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.			nan res F	Receipt # Amount \$	
				Date Processed	
R JEANETTE PARHAN	/	ID#		Date Imaged	
			Name of the latest terms o		

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the July 15, 2025 report due on July 15, 2025 (filed 9-8-2025) I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

		-	Signature	of Filer
NOTARY STAMP/SEAL			o.g.rata.o.t	
Sworn to and subscribed before me by			this the	_ day of
20, to certify which, witness my hand ar	nd seal of office.			
Signature of officer administering oath	Printed name of officer adm	ninistering oath		Title of officer administering oa
	OR			
(2) Unsworn Declaration				
My name is R JEANETTE PARHAM		. and my date of	of birth is 09-14	-1952
My address is 916 Wilkins St Hempstead,	Tx 77445	_,,		
(street)		(city)	,	(zip code) (country)
Executed in Waller County, State of	f Texas , on th	е <u>8</u> day о	September	, ₂₀ _25
		RA	anonth)	(year)
		0'	Signature of File	r (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received