

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. CANDICE GRESHAM			MI SUFFIX		
	NICKNAME LAST ADAMS					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1605 16th ST., HEMPSTEAD, TX 77445			OFFICE USE ONLY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713 )	PHONE NUMBER 398-5098	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. DAVID			MI		
	NICKNAME LAST GRESHAM		SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:			STATE: ZIP CODE		
24411 OAK GLEN LN., HEMPSTEAD, TX 77445						
8 CAMPAIGN TREASURER PHONE	AREA CODE (281 )	PHONE NUMBER 330-7388	EXTENSION			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 08	Day 12	Year /2025	Month 12	Day /31	Year /2025
11 ELECTION	ELECTION DATE Month 03 Day /03 Year /2026	ELECTION TYPE <input checked="" 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)	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE, PCT. 1				
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

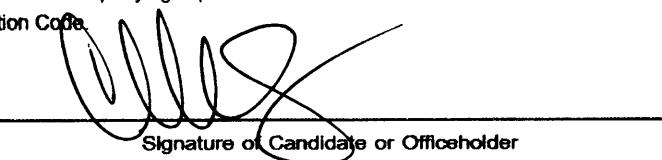
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME CANDICE GRESHAM ADAMS	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4098.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. <b>TOTAL POLITICAL EXPENDITURES</b>  \$ 3855.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 242.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 0.00

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 or Officeholder

**Please complete either option below:**



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by CANDICE ADAMS this the 15 day of JANUARY

20 26, to certify which, witness my hand and seal of office.

Ann Saunders Signature of officer administering oath

Ann Saunders Printed name of officer administering oath

NOTARY PUBLIC Title of officer administering oath

OP

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

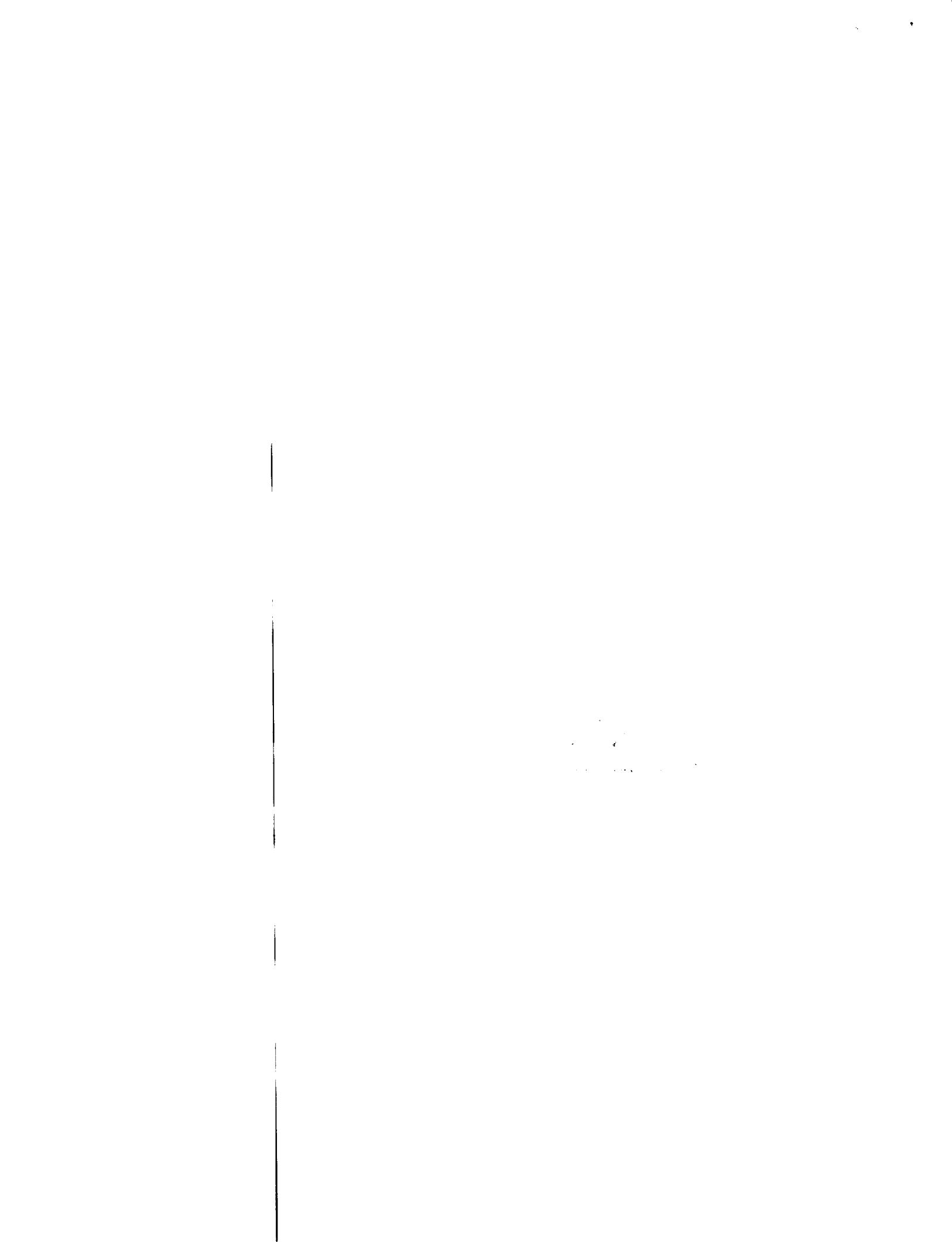
(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME  CANDICE GRESHAM ADAMS	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4098.20
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3855.82
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2
<b>2</b> FILER NAME CANDICE GRESHAM ADAMS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor RANDY AND RITA LEWIS  <b>6</b> Contributor address; City; State; Zip Code  40330 COOKE RD., HEMPSTEAD, TX 77445	<b>7</b> Amount of contribution (\$) \$673.20
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/14/2025	Full name of contributor DAVID AND ELIZABETH GRESHAM  Contributor address; City; State; Zip Code  24411 OAK GLEN LN., HEMPSTEAD, TX 77445	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor DONNA MILLER  Contributor address; City; State; Zip Code  17628 NORTHHAGEN DR., HOUSTON, TX 77084	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ODIS and SUSIE STYERS  Contributor address; City; State; Zip Code  P.O BOX 557 HEMPSTEAD, TX 77445	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2
<b>2</b> FILER NAME CANDICE GRESHAM ADAMS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor JACKIE CRAVER ..... <b>6</b> Contributor address; 12840 PETERS RD.      City:      State:      Zip Code HEMPSTEAD TX 77445	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/14/2025	<b>Full name of contributor</b> CHARLES J. KARISCH ..... <b>Contributor address;</b> PO BOX 537      City:      State:      Zip Code HEMPSTEAD TX 77445	<b>Amount of contribution (\$)</b> \$875.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> ..... <b>Contributor address;</b> City:      State:      Zip Code	<b>Amount of contribution (\$)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> ..... <b>Contributor address;</b> City:      State:      Zip Code	<b>Amount of contribution (\$)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 9.17.25	5 Payee name C & C SPORTS AND APPAREL	
6 Amount (\$) \$86.60	7 Payee address; 640 10th ST.  <input type="checkbox"/> Check if individual's residence address.	City: HEMPSTEAD State: TX Zip Code 77445
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date \$09/22/2025	Payee name VISTA PRINT	
Amount (\$) \$67.83	Payee address; www.vistaprint.com - ONLINE RETAILER  <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description BUSINESS CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date 09/25/2025	Payee name AMAZON	
Amount (\$) \$25.97	Payee address; 410 TERRY AVE. N.  <input type="checkbox"/> Check if individual's residence address.	City: SEATTLE State: WA Zip Code 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PARADE ENTRY SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2025	5 Payee name VISTA PRINT	
6 Amount (\$) \$67.74	7 Payee address; www.vistaprint.com - ONLINE RETAILER	City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date 09/29/2025	Payee name ETSY	
Amount (\$) \$21.64	Payee address; 117 ADAMS ST.	City; State; Zip Code BROOKLYN NY 11201
	<input type="checkbox"/> Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NAME TAG
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/07/2025	Payee name GO DADDY	
Amount (\$) \$24.18	Payee address; 2155 Go Daddy Way	City; State; Zip Code TEMPE AZ 85284
	<input type="checkbox"/> Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description WEB DOMAIN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought Office held JUSTICE OF THE PEACE, PCT. 1
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# POLITICAL EXPENDITURES MADE FROM 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2025	5 Payee name GO DADDY	
6 Amount (\$) \$23.44	7 Payee address; 2155 Go Daddy Way	City: TEMPE State: AZ Zip Code 85284
	<input type="checkbox"/> Check if individual's residence address.	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date 10/18/2025	Payee name WALLER COUNTY FAIR ASSOCIATION PO BOX 911	
Amount (\$) \$500.00	Payee address;	City: HEMPSTEAD State: TX Zip Code 77445
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date 10/18/2025	Payee name WE BRAND IT	
Amount (\$) \$173.20	Payee address; 1112 AUSTIN ST.	City: HEMPSTEAD State: TX Zip Code 77445
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2025	5 Payee name VISTA PRINT	
6 Amount (\$) \$40.68	7 Payee address; www.vistaprint.com - ONLINE RETAILER	City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1
Office held		
Date 11/05/2025	Payee name WALLER COUNTY CRIMESTOPPERS	
Amount (\$) \$1,000.00	Payee address; 100 SHERIFF R. GLENN SMITH PKWY.	City; State; Zip Code HEMPSTEAD TX 77445
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EVENT SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1
Office held		
Date 11/07/2025	Payee name GO DADDY	
Amount (\$) \$23.44	Payee address; 2155 Go Daddy Way	City; State; Zip Code TEMPE AZ 85284
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1
Office held		
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# POLITICAL EXPENDITURES MADE FROM 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name WALLER COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$375.00	7 Payee address; 350 HWY. 290 E., STE. 7	City: HEMPSTEAD State: TX Zip Code 77445
	<input type="checkbox"/> Check if individual's residence address.	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1
Date 11/21/2025	Payee name VISTA PRINT	
Amount (\$) \$84.41	Payee address; www.vistaprint.com - ONLINE RETAILER	City: State: Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAR MAGNETS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1
Date 12/07/2025	Payee name GO DADDY	
Amount (\$) \$23.44	Payee address; 2155 Go Daddy Way	City: TEMPE State: AZ Zip Code 85284
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1

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

# POLITICAL EXPENDITURES MADE FROM 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)

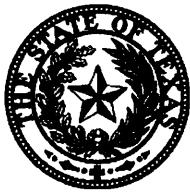
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CANDICE GRESHAM ADAMS	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Payee name VISTA PRINT	
6 Amount (\$) \$89.61	7 Payee address; www.vistaprint.com - ONLINE RETAILER <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE	(b) Description  BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date 12/30/2025	Payee name C&C SPORTS AND APPAREL	
Amount (\$) \$1,228.64	Payee address; 640 10th St. <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code HEMPSTEAD TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING	Description  SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDICE GRESHAM ADAMS	Office sought JUSTICE OF THE PEACE, PCT. 1 Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

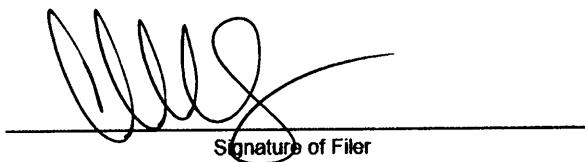
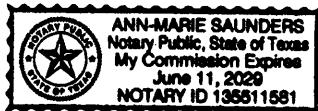
Date Imaged

Filer name CANDICE GRESHAM ADAMS	Filer ID #
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1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 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 \$34,890 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 SEMI-ANNUAL report due on JANUARY 15, 2026. 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

Sworn to and subscribed before me by CANDICE ADAMS this the 15 day of JANUARY  
2026, to certify which, witness my hand and seal of office.  
Ann Saunders ANN SAUNDERS Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month)      (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

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

