

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	2 Total pages filed: 6
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Toni	MI	OFFICE USE ONLY
	NICKNAME	LAST Wallace	SUFFIX	

Date Received
JAN 17 2023 ECVD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 114 Richmond, TX 77406		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
	Date Processed				
	Date Imaged				

5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ryan	MI	
	NICKNAME Mr.	LAST Phillips	SUFFIX K.	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 10 Napoli Way		APT / SUITE #;	CITY; Missouri City, TX 77459	STATE;	ZIP CODE

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 832-755-6862	EXTENSION
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8 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)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	10/30/2022			12/31/2022			

10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	

11 OFFICE	OFFICE HELD (if any) Judge, County Court at Law #4 Fort Bend	12 OFFICE SOUGHT (if known)
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GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 6

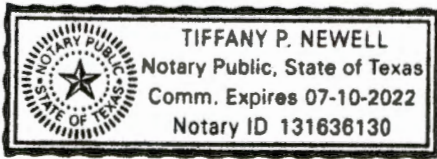
13 C / OH NAME Wallace, Toni	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toni Wallace, this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tiffany P. Newell
Printed name of officer administering oath

State Notary
Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Wallace, Toni		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,150.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/6
2 FILER NAME Wallace, Toni		3 Filer ID
4 Date 11/05/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Selina <hr/> 6 Contributor address; City; State; Zip Code 3807 Menard St Houston, TX 77003	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
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 11/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, DeWayne <hr/> Contributor address; City; State; Zip Code P.O. Box 927 Missouri City, TX 77459	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		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)		
Date 11/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Phillip <hr/> Contributor address; City; State; Zip Code 3118 Primrose Canyon Lane Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/6
2 FILER NAME Wallace, Toni		3 Filer ID
4 Date 11/02/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Taylor	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 6200 Savoy Drive Suite 548 Houston, TX 77036		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
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 11/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Demetra	Amount of Contribution (\$) \$275.00
Contributor address; City; State; Zip Code 3453 MacGregor Way Houston, TX 77004		
Contributor's Principal Occupation		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)		
Date 11/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koen, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 14103 Prosperity Ridge Dr. Houston, TX 77048		
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm C.J. Koen & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/6
2 FILER NAME Wallace, Toni		3 Filer ID
4 Date 10/31/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lincoln, Eddie <hr/> 6 Contributor address; City; State; Zip Code 13624 2nd Ave SW Burlen, WA 98166	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
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)		