# 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: |
|---|---|
| | **3** |

**3 CANDIDATE / OFFICEHOLDER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| | Toni | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Wallace | |

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

[X] Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   ZIP CODE

11518 Via Verdone Dr.

Richmond, TX 77406

**5 CAMPAIGN TREASURER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|

| NICKNAME | LAST | SUFFIX |
|---|---|---|

**6 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #;     CITY;     STATE;     ZIP CODE

**7 CAMPAIGN TREASURER PHONE**

AREA CODE     PHONE NUMBER     EXTENSION

**8 REPORT TYPE**

[ ] January 15
[ ] 30th day before election
[ ] Runoff
[ ] 15th day after campaign treasurer appointment (officeholder only)
[X] July 15
[ ] 8th day before election
[ ] Exceeded modified reporting limit
[ ] Final Report (Attach C/OH-FR)

**9 PERIOD COVERED**

Month  Day  Year     01/01/2024     THROUGH     Month  Day  Year     06/30/2024

**10 ELECTION**

ELECTION DATE
Month   Day   Year

ELECTION TYPE
[ ] Primary   [ ] Runoff   [ ] Other
[ ] General   [ ] Special

**11 OFFICE**

OFFICE HELD (if any)
Judge, County Court at Law #4 Fort Bend

**12 OFFICE SOUGHT (if known)**

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS
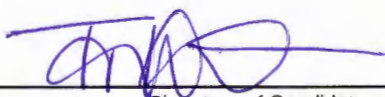
| 13 C / OH NAME | Wallace, Toni | 14 Filer ID |
|---|---|---|

**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. *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.

☐ Additional Pages

| COMMITTEE TYPE | COMMITTEE NAME |
|---|---|
| ☐ GENERAL | |
| ☐ SPECIFIC | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|---|---|---|---|
| **16 CONTIBUTION 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) | $ 0.00 |
| **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 AFFADAVIT**

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

| | | |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

# UNSWORN DECLARATION

FORM **UD**

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. *See* Tex. Civil Practice and Remedies Code § 132.001.

**1 FILER ID:**
(Ethics Commission filers)

**2 NAME OF FILER**
(PLEASE TYPE OR PRINT)

Toni Wallace

**3 TYPE OF FILER**

|   | CANDIDATE/ OFFICEHOLDER | POLITICAL COMMITTEE |
|---|---|---|
| X | JUDICIAL CANDIDATE/ OFFICEHOLDER | POLITICAL PARTY |
|   | PERSONAL FINANCIAL STATEMENT | STATE/COUNTY CHAIR |
|   | DIRECT CAMPAIGN EXPENDITURE |  |

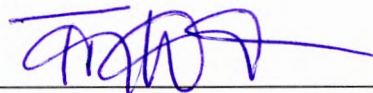**4 TYPE OF REPORT**

Semi Annual Campaign Finance Report

**5 DUE DATE**

July 15, 2024

**6 UNSWORN DECLARATION:**

My name is _____Toni Wallace_____, and my date of birth is _____02/03/1976_____.

My Address is ___11518 Via Verdone Dr___, ___Richmond___, ___TX___, ___77406___, ___Fort Bend___.
        (street)                    (city)       (state)   (zip code)   (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in ___Fort Bend___ County, State of ___Texas___, on the ___15th___ day of ___July___, 20__24__.

_____
Signature of Filer/ Committee Representative
(Declarant)