

# 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 (Ethics Commission Filers)    |   | 2 Total pages filed:<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">4</div> |  |  |
| 3 CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR FIRST MI  |  | OFFICE USE ONLY   |   |  |  |
|   | Mrs. Toni M.<br><small>NICKNAME LAST SUFFIX</small>   |  |   |   |  |  |
| Wallace   |   | Date Received                            |   | JUL 15 2025 RVD   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  | Date Hand-delivered or Date Postmarked  |   |  |  |
|   | 11518 Via Verdone Dr. Richmond TX 77406   |  | Receipt # Amount \$   |   |  |  |
| 5 CANDIDATE/ OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION  |  | Date Processed  |   |  |  |
|   | ( 281 ) 658-1487  |  | Date Imaged   |   |  |  |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI  |  | Date Processed  |   |  |  |
|   | Mr. Ryan K.<br><small>NICKNAME LAST SUFFIX</small>  |  |   |   |  |  |
| Phillips  |   | Date Imaged                              |   |   |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |   |   |  |  |
|   | 10 Napoli Drive Missouri City TX 77459  |  |   |   |  |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION  |  |   |   |  |  |
|   | ( 832 ) 755-6862  |  |   |   |  |  |
| 9 REPORT TYPE   | <input 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 checked="" 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 Day Year  |  | Month Day Year  |   |  |  |
|   | 5 / 12 / 2025   |  | THROUGH June / 30 / 2025  |   |  |  |
| 11 ELECTION   | ELECTION DATE   |  | ELECTION TYPE   |   |  |  |
|   | Month Day Year<br>3 / 3 / 2026  |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |  |
| 12 OFFICE   | OFFICE HELD (if any)  |  | 13 OFFICE SOUGHT (if known)   |   |  |  |
|   | Judge, County Court at Law #4   |  |   |   |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. |  |   |   |  |  |
|   | <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE TYPE                           |   |   |  |  |
|   |   | COMMITTEE NAME<br>n/a                    |   |   |  |  |
|   |   | COMMITTEE ADDRESS<br>n/a                 |   |   |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME<br>n/a |   |   |  |  |
| COMMITTEE CAMPAIGN TREASURER ADDRESS<br>n/a   |   |  |   |   |  |  |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

|   |   |   |
|---|---|---|
| <b>15 JC/OH NAME</b><br>Toni Michelle Wallace |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                 | 1. 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  |
| <b>EXPENDITURE TOTALS</b>                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0  |
| <b>CONTRIBUTION BALANCE</b>                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 5,000                                      |
| <b>OUTSTANDING LOAN TOTALS</b>                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0  |

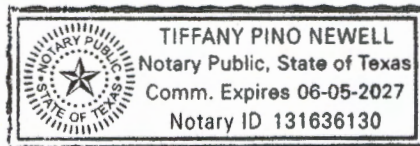
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

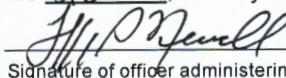
Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Toni M. Wallace this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Tiffany Newell  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

**(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 - JC/OH

## FORM JC/OH COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br>Toni Michelle Wallace    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 5,000                               |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 | \$                                     |

## LOANS (JUDICIAL)

**SCHEDULE E(J)**

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 E(J):<br><br>1  |
| <b>2</b> FILER NAME<br><br>Toni Michelle Wallace   |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |   | \$ 5,000  |
| <b>5</b> Date of loan<br><br>6/1/2025  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Toni M. Wallace | <b>9</b> Loan Amount (\$)<br><br>\$5,000  |
| <b>6</b> Is lender a financial Institution?<br><br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  | <b>8</b> Lender address; City; State; Zip Code<br><br>1518 Via Verdone Dr. Richmond, TX 77406         | <b>10</b> Interest rate<br><br>0%   |
|  |   | <b>11</b> Maturity date<br><br>n/a  |
| <b>12</b> Lender's Principal Occupation<br><br>Judge   |   | <b>13</b> Lender's Job Title<br><br>Judge   |
| <b>14</b> Lender's Employer/Law Firm<br><br>n/a  |   | <b>15</b> Law Firm of lender's spouse (if any)<br><br>n/a   |
| <b>16</b> If lender is a child, law firm of parent(s) (if any)<br><br>n/a  |   |   |
| <b>17</b> Description of Collateral<br><br><input checked="" type="checkbox"/> none  |   | <b>18</b><br><br><input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| <b>19</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable  | <b>20</b> Name of guarantor   | <b>22</b> Amount Guaranteed (\$)  |
|  | <b>21</b> Guarantor address; City; State; Zip Code  |   |
| <b>23</b> Guarantor's Principal Occupation   |   | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm  |   | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is a child, law firm of parent(s) (if any)  |   |   |
|  |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |