# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers	) 2 Total page	s filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	мі Л.	OFFI	L CE USE ONLY
NAME	NICKNAME	LAST Mc Colle	SUFFIX	· · Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	-		TTY; STATE; ZIP CODE		JUL 15 2025 R
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (28))	PHONE NUMBER	EXTENSION		ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI E	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged	· · · · · · · · · · · · · · · · · · ·
7 CAMPAIGN TREASURER ADDRESS	18310	JONES (NO PO BOX PLEASE): APT / SU Argyle Park	Trace	STATE;	ZIP CODE
(Residence or Business)	Richn	word, The The	407		
3 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 899 - 3411	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	treasure	/ after campaign r appointment older Onty)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit		port (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year 15/25	THROUGH		ear 25
11 ELECTION	ELECTION DA	TE Year Primary General	ELECTION TYPE	Ξ	
2 OFFICE		Fort Bend Noy Court at law No	13 OFFICE SOUGHT (if know	n)	
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES I MAY HAVE BEEN MADE WITHOUT THE CAN ED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
	1 1				1
		COMMITTEE CAMPAIGN TRE	SURER ADDRESS		

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 2

5 JC/OH NAME	TYPA JONES MCCOLLOM 16 File	er ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	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-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 401. <sup>95</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 150,77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
	Signature of Candidate Please complete either option below:	/Officeholder
) Affidavit	AMARANTHA RICHARDS Notary Public, State of Texas Comm. Expires 03-13-2028 Notary ID 132337238	
NOTARY STAMP/SEA		day of JULY,
	which, witness my hand and seal of office.	day of JULY,
gnature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
2) Unsworn Declaration	on	
y name is	, and my date of birth is	
		,,
-		(zip code) (country)
cecuted in	County, State of, on theday of(month)	, 20 (year)
		And the second

# SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	FILER NAME ZO Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF 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.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40(, <sup>95</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	* * -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s - 0 -

### 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 Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitl/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 Other (enter a category not listed above)

	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME TYRA JONES MCI	3 Filer ID (Ethics Commission Filers)
4 Date 1-22-25	5 Payee name Wik. com	
6 Amount (\$) \$31.39	7 Payee address; 500 Terry A. Francol Sea Francisco, CA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Supense	Rébuti Nombrance
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-30-25	Wix. con	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 24.89	500 Terry A. Franco	3 Blvd, 6th ADOr
421.01	San Francisco, CA 9	
	Category (See Categories listed at the top of this schedule)	Description •
PURPOSE OF EXPENDITURE	Advertising Supera	Website Maintenance
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
1-31-25	Amegy Back	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 8 40	Amegy Bank.com	
\$ 200	1 55 -	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Account maintenance
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

The Instruction Outdo contains hours to complete this form

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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 Other (enter a category not listed above)

	The instruction outle explains now to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME TYRA JONESMO	3 Filer ID (Ethics Commission Filers)
4 Date 2-24-25	5 Payee name Wik.com	
6 Amount (\$) <b>\$</b> 3].39	7 Payee address; 50 D Terry A. Fran	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
o PURPOSE OF EXPENDITURE	Advertising Skpene	Websiti Maintenance
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-28-25	Amegy Bank	
Amount (\$) <b>4</b> <b>4</b> <b>2</b> <b>7</b>	Payee address; Ameg y Bank. Co	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Account Maintenance
	Check if travel outside of Texas. Complete Schedule T.	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 3 - 3 - 25	Payee name Wip. com	
Amount (\$) \$24.89	Payee address; 500 Terry A. Francoi's R San Francisco, CA 99	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Website Maintenance
	Check if travel outside of Texas. Complete Schedule T.	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

### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense
Accounting/Banking	Fees
Consulting Expense	Food/Beverage Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense
Candidate/Officeholder/Political Committee	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 Other (enter a category not listed above)

#### Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TYPA JONES MCCOLLUM 4 Date 5 Payee name Wix.com 3-24-25 500 Terry A. Francoi's Blvd, 6th Poor 6 Amount (\$) State; 7 Payee address; Zip Code \$31.39 San Franciso 1 GA 94158 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Stense Website Maintenance PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amegy Back.com 3-31-25 Amount (\$) City; State; Zip Code Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE Account Maintenance Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date WIK.com 3-31-25 Payee address; Zip Code Amount (\$) City: State: 500 Terry A. Prancois Blvd, 6th ADON \$ 25.89 San Francisco, CA 94158 Category (See Categories listed at the top of this schedule) Description Website Mainterarce PURPOSE Advertising Supeness OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gifl/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 Other (enter a category not listed above)

#### The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) YRA JONES MCCOLUM 4 Date 5 Payee name Wix. com 4-22-25 500 Terry A. Francois Blvd., 6th Abor 6 Amount (\$) 7 Payee address; Zip Code \$31 Grancisco, CA 94158 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Websité Mainterence PURPOSE Advertising Grapenee OF EXPENDITURE (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Wix.com 4-29-25 SUD Terry A Francois Blud, 6th ADDr State; Zip Code Amount (\$) Payee address; \$ 75.98 San Francisus, CA 94158 Description Category (See Categories listed at the top of this schedule) Website Maintenance Advertising Expenses PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amegy Bank 4-30-25 City; **Zip Code** Amount (\$) Payee address; State; \$ 500 Amegy.com \$ 2 " Description Category (See Categories listed at the top of this schedule) Account mankrance PURPOSE Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### SCHEDULE F1

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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 Other (enter a category not listed above)

eredit editer eginant	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1: 5/6	2 FILER NAME TYRA JONES MCC		3 Filer ID (Ethics Commission Filers)	
4 Date 5-22-25	5 Payee name Wix. Com			
6 Amount (\$) \$31.37	7 Payee address; 500 Teny A.Francois San Francisco, CA 9	•	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Supense	uebsite n	busterance	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5-29-25	Wix.com			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 25 98	Payee address; Zip Code 500 Terry A. Francoi's Bl vd., Cth Ploor State; Zip Code			
\$ 15	San Francisco, CA 94158			
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	Advertising Suppose	Website M	Vanterance	
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name			
5-30-25	Amegy Bank			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 800 \$ 200	Anery Bank. con	N		
	Category (See Categories listed at the lop of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	Fees	Account	-Maintenance	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	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 S	CHEDULE AS NEED	ED	

# SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense				
Accounting/Banking				
Consulting Expense				
Contributions/Donations Made By				
Candidate/Officeholder/Political Committee				
Credit Card Payment				

Event Expense Fees Food/Beverage Expense Git/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 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TYRA JONES M	3 Filer ID (Ethics Commission Filers)	
4 Date 6-23-25	5 Payee name Will. Com		
6 Amount (\$)	7 Payee address; BD Terry A. Francois	Blvd, 6th Pl. State; Zip Code	
\$31. <sup>39</sup>	San Francisco, CA	94158	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Sopense	Website Maintenance	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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		
6-30-25	Wix. com		
Amount (\$)	Payee address; 500 Term A Fa	City; Blud (the State; Zip Code	
\$25.98	Payee address; 500 Terry A. Francois <sup>City;</sup> Blvd, 6th Ploor <sup>Zip Code</sup> San Annois co, CA 94158		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Superse	Website Maintenance	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 6-30-25	Payee name Amegy Bank		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 8 <sup>co</sup> \$ 2 <sup>ce</sup>	Angy Back.cor	$\sim$	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Account Maintenance	
1.57	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	