

# 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:   |     |      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                 | MS / MRS <input checked="" type="checkbox"/> MR <input type="checkbox"/> FIRST <i>Horace</i> <input type="checkbox"/> MI <i>Newton</i><br>NICKNAME <input type="checkbox"/> LAST <i>Newt Cunningham</i> <input type="checkbox"/> SUFFIX <i>III</i>  |                                      |   | OFFICE USE ONLY  |     |      |
|   |   |                                      |   | Date Received<br><i>Feb. 2, 2026</i>   |     |      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                      | ADDRESS / PO BOX,   | APT / SUITE                          | CITY:   | STATE: ZIP CODE<br><i>1955 CR 2980 Windsor TX 75492</i>  |     |      |
| <input type="checkbox"/> Change of Address                      |   |                                      |   |  |     |      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE                                 | AREA CODE<br><i>903</i>   | PHONE NUMBER<br><i>640-3939</i>      | EXTENSION   |  |     |      |
| 6 CAMPAIGN TREASURER NAME                                       | MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/>   | FIRST <i>James Randall</i>           | MI  | Date Hand-delivered or Date Postmarked<br><i>2-2-2026</i>  |     |      |
|   | NICKNAME <i>Randy</i>   | LAST <i>Tina Pearl</i>               | SUFFIX  | Receipt # <input type="text"/> Amount \$ <input type="text"/>  |     |      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |                                      |   | CITY; STATE; ZIP CODE<br><i>2126 CR 1450 Bonham TX 75418</i>   |     |      |
| 8 CAMPAIGN TREASURER PHONE                                      | AREA CODE<br><i>(903)</i>   | PHONE NUMBER<br><i>227-2333</i>      | EXTENSION   |  |     |      |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election   |                                      | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> Final Report (Attach C/OH - FR)   |     |      |
| 10 PERIOD COVERED   | Month<br><i>1/16/2026</i>   | Day                                  | Year  | Month<br><i>2/2/2026</i>   | Day | Year |
| 11 ELECTION   | Month<br><i>3/3/26</i>  | Day                                  | Year  | ELECTION TYPE<br><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)<br><i>County Judge</i>   |                                      |   | 13 OFFICE SOUGHT (if known)<br><i>County Judge</i>   |     |      |
| 14 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. |                                      |   |  |     |      |
| <input type="checkbox"/> Additional Pages                       | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |   |  |     |      |
|   |   | COMMITTEE ADDRESS                    |   |  |     |      |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |   |  |     |      |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |   |  |     |      |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

Horace N (Newt) Cunningham

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)

\$ *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

\$ *0*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ *22,325.85*

OUTSTANDING  
LOAN TOTALS

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 \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

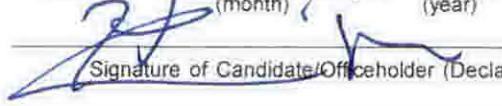
My name is H. N. (Newt) Cunningham, and my date of birth is 5/8/50

My address is 1955 CR 2980 Windom TX 75492 115

(street) (city) (state) (zip code) (country)

Executed in Fannin County, State of Texas on the 2 day of February, 20 26

(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

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

|  |   |                    |
|--|---|--------------------|
| <b>19</b> FILER NAME   | <b>20</b> Filer ID (Ethics Commission Filers) |                    |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |   | SUBTOTAL<br>AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ <i>Ø</i>                                   |                    |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            | \$ <i>Ø</i>                                   |                    |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>Ø</i>                                   |                    |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>Ø</i>                                   |                    |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$ <i>Ø</i>                                   |                    |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>Ø</i>                                   |                    |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$ <i>Ø</i>                                   |                    |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                               | \$ <i>5,298.26</i>                            |                    |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            | \$ <i>Ø</i>                                   |                    |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | \$ <i>Ø</i>                                   |                    |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>Ø</i>                                   |                    |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$ <i>Ø</i>                                   |                    |

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |  |  |   |
|---|--|--|---|
| 1 TOTAL PAGES<br>SCHEDULE F4:                               | 2 FILER NAME<br><i>N. N. (Newt) Cunningham</i>   |  | 3 FILER ID (Ethics Commission Filers)                 |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |  | \$  |
| 5 CREDIT CARD ISSUER  | Name of financial institution<br><i>Chase</i>  |  |   |
| 6 PAYMENT   | (a) Amount Charged<br><i>\$ 290.</i>   | (b) Date Expenditure Charged<br><i>1/13/26</i>             | (c) Date(s) Credit Card Issuer Paid<br><i>1/26/26</i> |
| 7 PAYEE   | (a) Payee name<br><i>Fannin Co Leader</i>  | (b) Payee address:<br><i>224 N Main Bonham TX 75418</i>    | City, State, Zip Code                                 |
|   | <input type="checkbox"/> Check if individual's residence address.                      |  |   |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i> | (b) Description<br><i>Ad</i>                               |   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |  |   |
|   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense              |  |   |
| 9 Complete ONLY if direct expenditure to benefit C/OH       | Candidate / Officeholder name  |  | Office Sought   |
|   |  |  | Office Held   |
| PAYMENT   | (a) Amount Charged<br><i>\$ 4441.26</i>  | (b) Date Expenditure Charged<br><i>1/18/26</i>             | (c) Date(s) Credit Card Issuer Paid<br><i>1/26/26</i> |
| PAYEE   | (a) Payee name<br><i>Print Place</i>   | (b) Payee address:<br><i>online</i>                        | City, State, Zip Code                                 |
|   | <input type="checkbox"/> Check if individual's residence address.                      |  |   |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i> | (b) Description<br><i>Cards/Printing</i>                   |   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |  |   |
|   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense              |  |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  |  | Office Sought   |
|   |  |  | Office Held   |
| PAYMENT   | (a) Amount Charged<br><i>\$ 290.</i>   | (b) Date Expenditure Charged<br><i>1/20/26</i>             | (c) Date(s) Credit Card Issuer Paid<br><i>1/26/26</i> |
| PAYEE   | (a) Payee name<br><i>Fannin Co Leader</i>  | (b) Payee address:<br><i>224 N Main St Bonham TX 75418</i> | City, State, Zip Code                                 |
|   | <input type="checkbox"/> Check if individual's residence address.                      |  |   |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i> | (b) Description<br><i>Ad</i>                               |   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |  |   |
|   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense              |  |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  |  | Office Sought   |
|   |  |  | Office Held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |  |   |   |
|---|--|---|---|
| 1 TOTAL PAGES<br>SCHEDULE F4: <i>two</i>                    | 2 FILER NAME <i>H. N. (Newt) Cunningham</i>  |   | 3 FILER ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |   | \$  |
| 5 CREDIT CARD ISSUER  | Name of financial institution<br><i>Chase</i>  |   |   |
| 6 PAYMENT   | (a) Amount Charged<br><br><i>\$ 271.</i>   | (b) Date Expenditure Charged<br><br><i>1/22/26</i>          | (c) Date(s) Credit Card Issuer Paid<br><br><i>1/26/26</i>                                     |
| 7 PAYEE   | (a) Payee name<br><br><i>Fannin Co Leader</i>  | (b) Payee address;<br><br><i>224 N Main Bantam TX 75418</i> | City, State, Zip Code<br><br><input type="checkbox"/> Check if individual's residence address |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule)<br><br><i>Advertising</i> | (b) Description<br><br><i>Ad</i>                            |   |
|   | (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 ONLY if direct expenditure to benefit C/OH       | Candidate / Officeholder name  |   | Office Sought   |
| PAYMENT   | (a) Amount Charged<br><br><i>\$</i>  | (b) Date Expenditure Charged                                | (c) Date(s) Credit Card Issuer Paid   |
| PAYEE   | (a) Payee name   | (b) Payee address;  | City, State, Zip Code<br><br><input type="checkbox"/> Check if individual's residence address |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)                           | (b) Description   |   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        | <input type="checkbox"/>                                    | Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  |   | Office Sought   |
| PAYMENT   | (a) Amount Charged<br><br><i>\$</i>  | (b) Date Expenditure Charged                                | (c) Date(s) Credit Card Issuer Paid   |
| PAYEE   | (a) Payee name   | (b) Payee address;  | City, State, Zip Code<br><br><input type="checkbox"/> Check if individual's residence address |
| PURPOSE OF EXPENDITURE                                      | (a) Category (See Categories listed at the top of this schedule)                           | (b) Description   |   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        | <input type="checkbox"/>                                    | Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  |   | Office Sought   |

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