

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **4**

CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: **Ms.** FIRST: **Seduska** MI: **L**
NICKNAME: LAST: **Chawford** SUFFIX:

OFFICE USE ONLY

CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: **P.O. Box 445** APT / SUITE #: CITY: **Marshall, TX** STATE: ZIP CODE: **75201**

Date Received
RECEIVED
JAN 15 2026
HARRISON COUNTY ELECTIONS OFFICE

CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: **(903)** PHONE NUMBER: **472-2879** EXTENSION:

Date Hand-delivered or Date Postmarked

CAMPAIGN TREASURER NAME
MS / MRS / MR: **Ms.** FIRST: **Shirley** MI: **J**
NICKNAME: LAST: **Mosley** SUFFIX:

Receipt # Amount \$

CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: **Marshall TX** STATE: ZIP CODE: **75202**

Date Processed

CAMPAIGN TREASURER PHONE
AREA CODE: **(903)** PHONE NUMBER: **930-2869** EXTENSION:

Date Imaged

REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

PERIOD COVERED
Month Day Year: **8 / 29 / 2025** THROUGH Month Day Year: **12 / 31 / 2025**

ELECTION
ELECTION DATE: Month Day Year: **3 / 3 / 26**
ELECTION TYPE: Primary Runoff Other Description
 General Special

OFFICE
OFFICE HELD (if any): **Justice of the Peace Pet 2** 13 OFFICE SOUGHT (if known): **Justice of the Peace Pet 2**

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

SUBTOTALS - JC/OH

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

FILER NAME *Demisha L Crawford*

20 Filer ID (Ethics Commission Filers)

| SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>445.95</i> |
| <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

Total pages Schedule G: **2** FILER NAME Demisha L. Crawford **3** Filer ID (Ethics Commission Filers)

Date 1/21/25 **5** Payee name The Texas Secretary of State

Amount (\$) 375.00 **7** Payee address; City; State; Zip Code
P.O. Box 12887 Austin TX 78711

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Filing fee to be placed on ballot

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name _____ Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH

Date 2/2/25 Payee name Amazon

Amount (\$) 45.95 Payee address; City; State; Zip Code
410 Tenky Ave N Seattle WA 98109

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Event Expense Description Decorations for Christmas Party

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name _____ Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH

Date 2/2/25 Payee name Greater Marshall Chamber of Commerce

Amount (\$) 25.00 Payee address; City; State; Zip Code
110 S. Bolivar Marshall TX 75202

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Event Expense / Fees Description Parade Entry Fee / Christmas

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name _____ Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

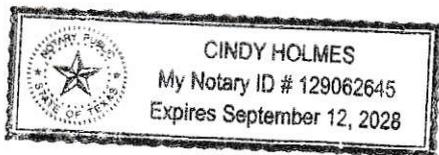
JC/OH NAME Jenisha L Crawford 16 Filer ID (Ethics Commission Filers)

| | | |
|-------------------------|---|-----------|
| 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 | \$ 445.95 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Jenisha L Crawford
Signature of Candidate/Officeholder

Please complete either option below:



Affidavit

NOTARY STAMP / SEAL

born to and subscribed before me by Cindy Holmes this the 15th day of Jan,
2026, to certify which, witness my hand and seal of office.
Cindy Holmes Cindy Holmes Legal Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

Unsworn Declaration

name is _____, and my date of birth is _____.
address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
located in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)