

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS <u>(MR)</u> FIRST <u>Wade</u> MI <u>E</u> NICKNAME _____ LAST _____ SUFFIX _____		<b>OFFICE USE ONLY</b>  FILE FOR RECORD  JAN 13 2026  SUSAN STRICKLAND COUNTY CLERK VAN ZANDT COUNTY BY _____ DEP			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: <u>P.O. Box 1294</u> APT / SUITE #: _____ CITY: <u>VAN</u> STATE: <u>TX</u> ZIP CODE: <u>75790</u> Change of Address <input type="checkbox"/>					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> PHONE NUMBER: [REDACTED] EXTENSION: _____					
<b>6 CAMPAIGN TREASURER NAME</b> MS <u>(MRS)</u> MR FIRST <u>Tammie</u> MI _____ NICKNAME _____ LAST <u>McMillan</u> SUFFIX _____		Data Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): <u>4451 V2CR 1507</u> APT / SUITE #: _____ CITY: <u>Grand Saline</u> STATE: <u>TX</u> ZIP CODE: <u>75140</u>		<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE: _____ PHONE NUMBER: [REDACTED] EXTENSION: _____			
<b>9 REPORT TYPE</b> <input checked="" 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 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)					
<b>10 PERIOD COVERED</b> Month Day Year    Month Day Year <u>01 / 01 / 2026</u> THROUGH <u>06 / 01 / 2026</u>		<b>11 ELECTION</b> ELECTION DATE: Month Day Year <u>03 / 03 / 2026</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b> OFFICE HELD (if any): <u>Justice of the Peace</u>					
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> 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.		COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____			
<input type="checkbox"/> Additional Pages		<b>GO TO PAGE 2</b>			

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

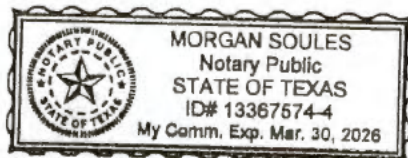
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 375 <sup>xx</sup> / <sub>100</sub>
	4. TOTAL POLITICAL EXPENDITURES	\$ 375 <sup>xx</sup> / <sub>100</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Wade McMillan this the 9 day of Jan

2026, to certify which, witness my hand and seal of office.

Morgan Soules Morgan Soules Clerk/Notary  
Signature of officer administering oath Printed name of officer administering oath 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)