

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 Filer)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME <i>Wade McMillan</i>	MS / MRS <input checked="" type="radio"/> MR	FIRST	MI	OFFICE USE ONLY				
	NICKNAME	LAST	SUFFIX	FILE FOR RECORD <i>JAN 13 2026</i> SUSAN STRICKLAND COUNTY CLERK VAN ZANDT COUNTY BY DEP				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <i>P.O. Box 1294 VAN TX 75790</i>	ADDRESS / PO BOX	APT / SUITE #:	CITY:	STATE: ZIP CODE				
5 CANDIDATE/ OFFICEHOLDER PHONE	CODE	PHONE NUMBER	EXTENSION					
6 CAMPAIGN TREASURER NAME <i>Tammy McMillan</i>	MS <input checked="" type="radio"/> MRS <input type="radio"/> MR	FIRST	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>				
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS <i>4451 V2CR 1507 Grand Saline TX 75140</i>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:		CITY:	STATE: ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
9 REPORT TYPE	<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)							
10 PERIOD COVERED	Month	Day	Year	Month	Day			
	<i>01</i>	<i>101</i>	<i>2026</i>	THROUGH		<i>06</i>	<i>101</i>	<i>2026</i>
11 ELECTION	ELECTION DATE <i>03 / 03 / 2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace</i>	13 OFFICE SOUGHT (if known)						
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

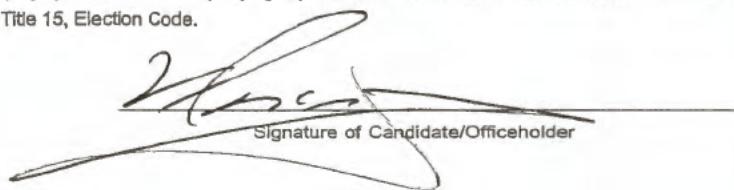
GO TO PAGE 2

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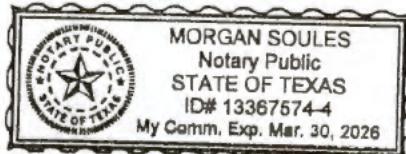
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$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

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

Signature of officer administering oath

Printed name of officer administering oath

Clerk/Notary

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 _____.

Signature of Candidate/Officeholder (Declarant)