

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: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Andrea</i>	MI <i>L</i>	OFFICE USE ONLY Date Received P. O. Box 107 Gainesville TX 76241		
	NICKNAME	LAST <i>Townsend</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>823-9786</i>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Andrea</i>	MI <i>L</i>	Receipt # FILED FOR RECORD		
	NICKNAME	LAST <i>Townsend</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>823-9786</i>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>9</i>	Day <i>9</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION	ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>26</i>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			ELECTION TYPE <hr/>
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Cooke County Court at Law 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.					
COMMITTEE TYPE		COMMITTEE NAME				
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS				
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
<input type="checkbox"/> Additional Pages						

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Andrea Lee Townsend		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)	\$ <i>Ø</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,655.00</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Ø</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,788.47</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2,758.53</i>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>Ø</i>	

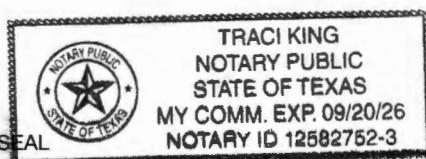
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Andrea Townsend

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Andrea Townsend* this the 15th day of January.

20 26, to certify which, witness my hand and seal of office.

Traci King

Signature of officer administering oath

Traci King

Printed name of officer administering oath

Legal Assistant

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)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Andrea Lee Townsend	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,655.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,788.47
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3												
2 FILER NAME Andrea Lee Townsend		3 Filer ID (Ethics Commission Filers)												
4 Date 9-19-25	5 Full name of contributor Steven G. Gebhardt Contributor address: [REDACTED]	6 out-of-state PAC ID#: _____ 7 Amount of contribution (\$) \$1000.00												
8 Contributor's principal occupation Attorney		9 Contributor's job title Member												
10 Contributor's employer/law firm Fulgham Hampton		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 9-22-25</td> <td>Full name of contributor Sanjay Biswas Contributor address: [REDACTED]</td> <td>out-of-state PAC ID#: _____ Amount of contribution (\$) \$200.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title Member</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Sanjay Biswas</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 9-22-25	Full name of contributor Sanjay Biswas Contributor address: [REDACTED]	out-of-state PAC ID#: _____ Amount of contribution (\$) \$200.00	Contributor's principal occupation Attorney		Contributor's job title Member	Contributor's employer/law firm Sanjay Biswas		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 9-22-25	Full name of contributor Sanjay Biswas Contributor address: [REDACTED]	out-of-state PAC ID#: _____ Amount of contribution (\$) \$200.00												
Contributor's principal occupation Attorney		Contributor's job title Member												
Contributor's employer/law firm Sanjay Biswas		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 9-22-25</td> <td>Full name of contributor Ryan Sims Contributor address: [REDACTED]</td> <td>out-of-state PAC ID#: _____ Amount of contribution (\$) \$350.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title Of Counsel</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Palter Sims Martinez</td> <td>Law firm of contributor's spouse (if any) Palter Sims Martinez</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 9-22-25	Full name of contributor Ryan Sims Contributor address: [REDACTED]	out-of-state PAC ID#: _____ Amount of contribution (\$) \$350.00	Contributor's principal occupation Attorney		Contributor's job title Of Counsel	Contributor's employer/law firm Palter Sims Martinez		Law firm of contributor's spouse (if any) Palter Sims Martinez	If contributor is a child, law firm of parent(s) (if any)		
Date 9-22-25	Full name of contributor Ryan Sims Contributor address: [REDACTED]	out-of-state PAC ID#: _____ Amount of contribution (\$) \$350.00												
Contributor's principal occupation Attorney		Contributor's job title Of Counsel												
Contributor's employer/law firm Palter Sims Martinez		Law firm of contributor's spouse (if any) Palter Sims Martinez												
If contributor is a child, law firm of parent(s) (if any)														
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>														

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME <i>Andrea Lee Townsend</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-9-25</i>	5 Full name of contributor <i>Steve Gordon</i>	6 Contributor address; 7 Amount of contribution (\$) <i>City; State; Zip Code</i> \$100.00
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Member</i>
10 Contributor's employer/law firm <i>Steve Gordon + Associates</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>12-12-25</i>	Full name of contributor <i>Eric Klein</i>	Amount of contribution (\$) \$1000.00
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Member</i>
Contributor's employer/law firm <i>Vinson + Elkins</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>9-19-25</i>	Full name of contributor <i>Aaron Townsend</i>	Amount of contribution (\$) \$5.00
Contributor's principal occupation <i>Bank Senior Vice President</i>		Contributor's job title <i>Senior Vice President</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

Andrea Lee Townsend

3 Filer ID (Ethics Commission Filers)

4 Date

10-2-25

5 Full name of contributor

out-of-state PAC ID#: _____

Josh Ross

7 Amount of contribution (\$)

\$1000.00

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Member

10 Contributor's employer/law firm

Cantey Hanger, LLP

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Contributor's principal occupation	Contributor's job title
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)		
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Contributor's principal occupation	Contributor's job title
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <u>1</u>
2 FILER NAME <u>Andrea Lee Townsend</u>		3 Filer ID (Ethics Commission Filers) <u> </u>
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1000.00</u>
5 Date of loan <u>9-15-25</u>	7 Name of lender <u>Andrea Townsend</u>	9 Loan Amount (\$) <u> </u>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <u> </u>	10 Interest rate <u>0</u> 11 Maturity date <u>N/A</u>
12 Lender's Principal Occupation <u>Attorney</u>		13 Lender's Job Title <u>Assistant County Attorney</u>
14 Lender's Employer/Law Firm <u>Cooke County</u>		15 Law Firm of lender's spouse (if any) <u> </u>
16 If lender is a child, law firm of parent(s) (if any) <u> </u>		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor <u> </u>	22 Amount Guaranteed (\$) <u> </u>
	21 Guarantor address; City; State; Zip Code <u> </u>	
23 Guarantor's Principal Occupation <u> </u>		24 Guarantor's Job Title <u> </u>
25 Guarantor's Employer/Law Firm <u> </u>		26 Law Firm of guarantor's spouse (if any) <u> </u>
27 If guarantor is a child, law firm of parent(s) (if any) <u> </u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

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
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 Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Andrea Lee Townsend		
4 Date	5 Payee name		
11-4-25	Deluxe Checks		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$33.61	801 S. Marquette Ave. Minneapolis MN 55402		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Accounting / Banking	Checks /checkbooks to make campaign expenditure payments	
(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-8-25	Cooke County Republican Party		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1500.00	701 E. California St. #304 Gainesville TX	76240	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Filing Fee to run for office	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
11-26-25	First Graphic Services		
Amount (\$)	Payee address;	City;	State; Zip Code
\$254.86	229 Garvon St.	Garland	TX 75040
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Campaign Signs	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
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Date Processed

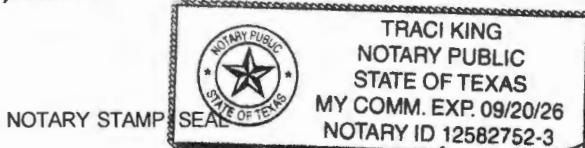
Date Imaged

Filer name Andrea Lee Townsend	Filer ID #
--	------------

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the **Campaign Finance** report due on **January 15, 2026**. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Andrea Townsend

Signature of Filer

Sworn to and subscribed before me by **Andrea Townsend** this the **15th** day of **January**,

20 **26**, to certify which, witness my hand and seal of office.

Traci King

Signature of officer administering oath

Traci King

Printed name of officer administering oath

Legal Assistant

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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**