

# 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 / MR <i>Mr.</i>	FIRST <i>Jay</i>	MI <i>S.</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Ford</i>	SUFFIX	Date Received <b>RECEIVED AT _____ O'CLOCK M</b>  <b>FEB 09 2026</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>4109 FM 515 Emory, TX 75440</i>			RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS BY: _____ Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>741-3715</i>	EXTENSION	Receipt # _____ Amount \$ _____ Date Processed Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Deborah</i>	MI <i>m</i>			
	NICKNAME	LAST <i>Ford</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>4109 FM 515 Emory, TX 75440</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>523-5660</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <i>12</i>	Day <i>12</i>	Year <i>2025</i>	Month <i>02</i>	Day <i>01</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month Day Year <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)			13 OFFICE SOUGHT (if known) <i>Rains 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 <input type="checkbox"/> GENERAL <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	Jay S. Ford	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>0</i>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <i>7,061.36</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
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 \_\_\_\_\_ 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 Jay S. Ford, and my date of birth is 04/02/1962.  
My address is 4109 FM 515, Emory, TX, 75440 USA.  
(street) (city) (state) (zip code) (country)  
Executed in Rains County, State of Texas, on the 9th day of February, 20 26.  
(month) (year)

Jay S. Ford  
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)
Jay S. Ford	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,061.36
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <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.

1 Total pages Schedule G: 10 of 7	2 FILER NAME: Jay S. Ford	3 Filer ID (Ethics Commission Filers)	
4 Date: 12/12/2025	5 Payee name: Just Yard Signs		
6 Amount (\$): \$388.73	7 Payee address: 2235 Mercator Dr.	City: Orlando State: FL Zip Code: 32807	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/17/2025	Payee name Dawn Cawood		
Amount (\$) \$100.00	Payee address: 8050 Harbor Creek Dr. Mentor on the Lake OH 44060	City:	State: Zip Code: 44060
<input checked="" type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphic Design	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/20/2025	Payee name Signs.com		
Amount (\$) \$451.99	Payee address: 1550 S. Gladiola St. Salt Lake City UT 84104	City:	State: Zip Code: 84104
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

1 Total pages Schedule G: <b>2 of 7</b>	2 FILER NAME <b>Jay S. Ford</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/21/2025</b>	5 Payee name <b>Dawn Cawood</b>	
6 Amount (\$) <b>\$50.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>8050 Harbor Creek Dr., Mentor on the Lake OH 44060</b> <input checked="" type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Graphic Design</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>12/31/2025</b>	Payee name <b>U Printing</b>	
Amount (\$) <b>\$212.05</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>2000 Haskell Ave.</b> <input type="checkbox"/> Check if individual's residence address.	City: <b>Van Nuys</b> State: <b>CA</b> Zip Code: <b>91406</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Rack Cards</b>
	<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 <b>1/2/2026</b>	Payee name <b>Digital Graphics LLC</b>	
Amount (\$) <b>\$675.48</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>1368 W. Hwy 69</b> <input type="checkbox"/> Check if individual's residence address.	City: <b>Emory</b> State: <b>TX</b> Zip Code: <b>75440</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Magnet Signs/Banners</b>
	<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 _____	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

1 Total pages Schedule G: <i>3 of 7</i>	2 FILER NAME <i>Jay S. Ford</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/3/2026</i>	5 Payee name <i>Dawn Cawood</i>		
6 Amount (\$) <i>\$50.00</i>	7 Payee address; <i>8050 Harbor Creek Dr., Mentor on the Lake, OH 44060</i>	City: _____ State: _____ Zip Code _____	
	<input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Graphics Design</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	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date <i>1/6/2026</i>	Payee name <i>Banner Buzz</i>		
Amount (\$) <i>\$112.36</i>	Payee address; <i>1200 Northbrook Pkwy, Ste. 180, Suwanee GA 30024</i>	City: _____	State: _____ Zip Code _____
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Table Runner</i>	
	<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 <i>1/13/2026</i>	Payee name <i>Signs.com</i>		
Amount (\$) <i>\$888.18</i>	Payee address; <i>1550 S. Gladiola St. Salt Lake City UT 84104</i>	City: _____	State: _____ Zip Code _____
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Banners</i>	
	<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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

1 Total pages Schedule G: <b>4 of 7</b>	2 FILER NAME <b>Jay S. Ford</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/14/2026</b>	5 Payee name <b>Staples</b>	City: State: Zip Code	
6 Amount (\$) <b>\$34.10</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  <b>6834 Welesley Dr.</b>	<b>Greenville TX 75402</b>	
	<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>Advertising Expense</b>	(b) Description <b>Tabletop Document Holders</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date <b>1/15/2026</b>	Payee name <b>Rains County Leader</b>		
Amount (\$) <b>\$724.60</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  <b>126 N. Planters St.</b>	City: State: Zip Code <b>Emory TX 75440</b>	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Newspaper Ad</b>	
	<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 <b>1/24/2026</b>	Payee name <b>Vista Print</b>		
Amount (\$) <b>1,754.79</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  <b>225 Wynn St.</b>	City: State: Zip Code <b>Waltham MA 02451</b>	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mailer/ Brochure Ad</b>	
	<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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

1 Total pages Schedule G: <i>5 of 7</i>	2 FILER NAME <i>Jay S. Ford</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/27/2026</i>	5 Payee name <i>Oriental Trading</i>		
6 Amount (\$) <i>\$143.19</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>P.O. Box 2308</i> <input type="checkbox"/> Check if individual's residence address.	City: <i>Omaha</i> State: <i>NE</i> Zip Code <i>68103</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Labeled M+M's</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>1/28/2026</i>	Payee name <i>Dawn Cawood</i>		
Amount (\$) <i>\$145.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>8050 Harbor Creek Dr., Mentor on the Lake OH 44060</i> <input checked="" type="checkbox"/> Check if individual's residence address.	City: <i></i> State: <i></i> Zip Code <i></i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Graphic Design</i>	
	<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 <i>1/14/2026</i>	Payee name <i>Dawn Cawood</i>		
Amount (\$) <i>\$165.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>8050 Harbor Creek Dr., Mentor on the Lake OH 44060</i> <input checked="" type="checkbox"/> Check if individual's residence address.	City: <i></i> State: <i></i> Zip Code <i></i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Graphics Design</i>	
	<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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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### 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 G: <i>6 of 7</i>	2 FILER NAME <i>Jay S. Ford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/12/2026</i>	5 Payee name <i>Kara Douglas</i>	City: _____ State: _____ Zip Code _____
6 Amount (\$) <i>\$550.00</i>	7 Payee address; <i>246 RS County Road 2080, Emory, TX 75440</i>	City: _____ State: _____ Zip Code _____
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>T-Shirts/Cookies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date <i>1/27/2026</i>	Payee name <i>Rains County Leader</i>	City: _____ State: _____ Zip Code _____
Amount (\$) <i>\$504.00</i>	Payee address; <i>126 N. Planters St.</i>	City: _____ State: _____ Zip Code _____
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Newspaper Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date <i>12/24/2025</i>	Payee name <i>Amazon</i>	City: _____ State: _____ Zip Code _____
Amount (\$) <i>\$134.36</i>	Payee address; <i>410 Terry Ave N.</i>	City: _____ State: _____ Zip Code _____
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Buttons/Magnets</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____

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### 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.

1 Total pages Schedule G: <i>7 of 7</i>	2 FILER NAME <i>Jay S. Ford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/2026</i>	5 Payee name <i>Gorditas Express</i>	
6 Amount (\$) <i>\$177.33</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>595 E. Lennon Dr.</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>Emory</i> State; <i>TX</i> Zip Code <i>75440</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Campaign Meeting</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	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held		Complete <u>ONLY</u> if direct expenditure to benefit C/OH
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held		Complete <u>ONLY</u> if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED