

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/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 <u> </u> FIRST <u>ANN</u> MI <u> </u> NICKNAME <u>Judy</u> LAST <u>CUSHMAN</u> SUFFIX <u>Dubose</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>186 N. BARNETT DR</u> APT / SUITE #: <u> </u> CITY: <u>Baytown TX</u> STATE: <u>TX</u> ZIP CODE: <u>77520</u> <input type="checkbox"/> Change of Address	Date Received <u>NOV 27 2025 PM 1:40</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>832</u> PHONE NUMBER: <u>656 8003</u> EXTENSION: <u> </u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u> </u> FIRST <u>David</u> MI <u> </u> NICKNAME <u>David</u> LAST <u>Swain</u> SUFFIX <u> </u>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>186 N. BARNETT</u> CITY: <u>Baytown TX</u> STATE: <u>TX</u> ZIP CODE: <u>77520</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>281</u> PHONE NUMBER: <u>233-7372</u> EXTENSION: <u> </u>		
9 REPORT TYPE	<input 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 checked="" 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 Year <u>10- 7- 25</u> THROUGH <u>10- 27- 25</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 4 / 25</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>City Council #3</u>	
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

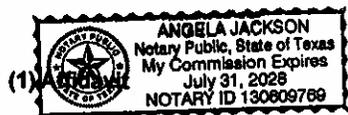
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Judith A Du Bose</i>		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)	\$ 500
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2286 -
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	\$ 2000 R

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.

Judith A Du Bose
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Judith Ann Du Bose this the 27th day of October 2025 to certify which, witness my hand and seal of office.

Angela Jackson Signature of officer administering oath
Angela Jackson Printed name of officer administering oath
City 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____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2500
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 7
2 FILER NAME <i>Jacinta Ann Cushman DeRose</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eddie V. Gray</i>	7 Amount of contribution (\$) <i>\$500</i>
	6 Contributor address; City; State; Zip Code <i>Baytown Tx 77610</i>	
8 Principal occupation / Job title (See Instructions) <i>Owner CEO</i>		9 Employer (See Instructions) <i>Gray Enterprises</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

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: 1
2 FILER NAME <i>Judith Ann Cushman DuBose</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <i>this report</i>		\$ <i>2500</i>
5 Date of loan <i>10/7/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judith Ann DuBose</i>	9 Loan Amount (\$)
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>1824 N. Burnett Dr Baytown TX 77520</i>	10 Interest rate <i>0%</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Owner & CEO</i>		13 Employer (See Instructions) <i>JAD Associates LLC</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>Judith Ann DuBose</i>	19 Amount Guaranteed (\$) <i>2,500</i>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions) <i>CEO JAD Associates</i>		21 Employer (See Instructions) <i>President Y(CEO)</i>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Judith Ann Cushman DeBose Dist. 3	3 Filer ID (Ethics Commission Filers)
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4 Date Oct 7, 25	5 Payee name Proger
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6 Amount (\$) \$ 12.847	7 Payee address: South Rd	City: Dayton	State: Tx	Zip Code: 77520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Stamps & Buy Water & food	(b) Description Postage & Volunteer meals
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Oct 7, 25	Payee name Proger
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Amount (\$) 10-	Payee address: South Rd	City: Dayton	State: Tx	Zip Code: 77520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Stamps	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Oct 7, 25	Payee name Whata Bunge
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Amount (\$) 29.80	Payee address: Texas Ave	City: Dayton	State: Tx	Zip Code: 77520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meal	Description Meal Volunteer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Judith Ann Pudman Durbaz	3 Filer ID (Ethics Commission Filers)
4 Date 10/9	5 Payee name Van Inc.	
6 Amount (\$) 2842	7 Payee address: Online Austin	City: State: Zip Code TX 77520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Data Base	(b) Description: Data
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/9	Payee name Van Inc.	
Amount (\$) 1000	Payee address: Online Austin	City: State: Zip Code TX 77520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Data Base	Description: Data
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/17	Payee name Automs	
Amount (\$) 30868	Payee address: Garth Rd	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F1: 3		2 FILER NAME <i>Justin A Dubose</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/17/25</i>		5 Payee name <i>Dallas General</i>			
6 Amount (\$) <i>56.37</i>		7 Payee address: <i>Bayway Dr</i>		City: <i>Baytown Tx</i> State: Zip Code: <i>77520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(b) Description <i>Supplies</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Justin A Dubose</i>		Office sought: <i>DS City Council</i> Office held	
Date		Payee name <i>Dallas General</i>			
Amount (\$) <i>11.30</i>		Payee address: <i>Baytown</i>		City: <i>Tx</i> State: Zip Code: <i>77520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>		Description <i>Supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Justin A Dubose</i>		Office sought: <i>City Council</i> Office held: <i>2</i>	
Date <i>10/21</i>		Payee name <i>Daniel's Barb Que</i>			
Amount (\$) <i>24.23</i>		Payee address: <i>Bayway Dr</i>		City: <i>Baytown Tx</i> State: Zip Code: <i>77520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Meal for Volunteers</i>		Description <i>Meal for Volunteers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F1: 4	2 FILER NAME <i>Justin Duber</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/25</i>	5 Payee name <i>Baytown Sun</i>	
6 Amount (\$) <i>\$1,680-</i>	7 Payee address: City: State: Zip Code <i>Memorial Dr Baytown TX 7752</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Newspaper</i>	(b) Description <i>ad</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
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
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.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
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.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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