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: MRS | FIRST: DANA | MI: D.

NICKNAME | LAST: MANOUSHAGIAN | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 127 | APT / SUITE #: | CITY: Bridgeport | STATE: TX | ZIP CODE: 76426

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (940) | PHONE NUMBER: 683-3712 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: SHARON | MI: W.

NICKNAME | LAST: BURRAN | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 264 CR 3418 | APT / SUITE #: | CITY: BRIDGEPORT | STATE: TX | ZIP CODE: 76426

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 239-9124 | EXTENSION:

OFFICE USE ONLY

FILED

Date Received: 1/2/24 o'clock 2 M

JAN 02 2024

SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY TEXAS

By: _____ Deputy

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☑ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 07 / 01 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 05 / 2024

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Judge, County Court at Law #2

13 OFFICE SOUGHT (if known): Judge, County Court at Law #2

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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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)	$ 2250.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 989.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1260.80
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.

Dana D. Manoushagian

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dana D. Manoushagian this the 2nd day of January, 2024, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy Election Administrator

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)

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:

2 FILER NAME: Dana D. Manoushagian

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/25/23 10/12/23	Dana D. Manoushagian	P.O Box 127	TX 76426	750.00

8 Contributor's principal occupation	9 Contributor's job title
Judge / self	Judge
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Wise County, TX	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Contributor address; City; State; Zip Code	Amount of contribution ($)
12/26/23	Davis C. Manoushagian	218 4th St. SE Apt. 1	Washington, DC 20003	250.00

Contributor's principal occupation	Contributor's job title
Administration	Administration
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Stack labs	

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

Date	Full name of contributor ☐ out-of-state PAC ID#:	Contributor address; City; State; Zip Code	Amount of contribution ($)
12/26/23	Nora Walsh-DeVries	218 4th St. SE Apt. 1	Washington, DC 20003	250.00

Contributor's principal occupation	Contributor's job title
Chief of Staff	Chief of Staff
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
US House of Representatives	

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:

2 FILER NAME: DANA D. MANOUSHAGIAN

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12/19/23	MARION WINDER	1093 CR 2513 Decatur TX 76234	100.00

8 Contributor's principal occupation: Retired

9 Contributor's job title:

10 Contributor's employer/law firm:

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 ☐ out-of-state PAC ID#:	Contributor address; City; State; Zip Code	Amount of contribution ($)
11/5/23	DAVID BARKSDALE	66626 N FM 51 DECATUR TX 76234	$ 400.00

Contributor's principal occupation: RETIRED

Contributor's job title:

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):

Date	Full name of contributor ☐ out-of-state PAC ID#:	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/30/23	KENT C. MANOUSHAGIAN	P.O. BOX 127 Bridgeport TX 76426	$ 500.00

Contributor's principal occupation: Petroleum Landman

Contributor's job title: Petroleum landman

Contributor's employer/law firm: self

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.

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: DANA D. MANOUSHAGIAN	3 Filer ID (Ethics Commission Filers)
4 Date: 10/17/23	5 Payee name: WISE CO. MESSENGER	
6 Amount ($): 950.00	7 Payee address: 115 S. Trinity	City: Decatur State: TX Zip Code: 76426
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: newspaper ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 9/6/23	Payee name: Harland Clark Checks/First National Bank - Wichita Falls	
Amount ($): 39.20	Payee address: P.O. BOX 94905	City: Wichita Falls State: TX Zip Code: 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Accounting/Banking	Description: printing of checks
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2250.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 989.20
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$