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: 4

OFFICE USE ONLY

FILED

Date Received 9:33 o'clock P M

JUL 09 2025

SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS

By _____ Deputy

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr	Judson	D

NICKNAME	LAST	SUFFIX
J.D.	Clark	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
178 PR 1556		Chico	TX	76431

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(940)	389-0969	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
same as above - self		

NICKNAME	LAST	SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Same as above				

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
( )	Same as above	

9 REPORT TYPE

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

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
01	01	2025	THROUGH	06	30	2025

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any): County judge

13 OFFICE SOUGHT (if known): County judge

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME J.D. Clark			**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.	$ –
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 830.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,576.63
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,250.00

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 or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

COLLEEN SELF
Notary Public, State of Texas
Comm. Expires 01-30-2028
Notary ID 126393204

Sworn to and subscribed before me by J.D. Clark this the 9 day of July, 20 25, 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
Colleen Self	COLLEEN SELF	Notary

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 _____ (month), 20_____ (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)
J.D. Clark	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
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	$ 830.00
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	$

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	J.D. Clark	

4 Date: 11/5/2025
5 Payee name: Wise Republican Women
6 Amount ($): 680.00
7 Payee address; P.O. Box 1819 **City;** Boyd **State;** TX **Zip Code** 76023

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Event Expense
(b) Description: Red Gala sponsorship
(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: J.D Clark **Office sought:** County Judge **Office held:** County Judge

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Date: 3/6/2025
Payee name: Trinity Conservative Coalition
Amount ($): 150.00
Payee address; 1816 FM 51 STE 400-165 **City;** Decatur **State;** TX **Zip Code** 76234

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: Sponsorship - Clay Shoot
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: J.D. Clark **Office sought:** County Judge **Office held:** County Judge

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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