

# 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 FIRST Craig L. NICKNAME LAST Henry		MI SUFFIX			
	OFFICE USE ONLY					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] New Boston, Texas 75570		Date Received 2026 JAN-5 AM 1:20 PM			
	<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
6 CAMPAIN TREASURER NAME	MS / MRS / MR Mark Addington [REDACTED] Texarkana, TX 75503		MI			
	NICKNAME	LAST	SUFFIX			
John Mercy [REDACTED] Texarkana Texas 75503						
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; see above		CITY; STATE; ZIP CODE			
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER Addington [REDACTED] ( ) Mercy [REDACTED]	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign <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 07	Day 15	Year 25	Month 7	Day 01	Year 26
11 ELECTION	ELECTION DATE Month 03 / Day 06 / Year 18	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) Judge, Bowie County Court at Law		13 OFFICE SOUGHT (if known)			
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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

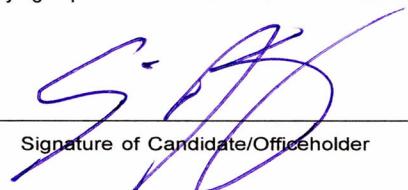
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

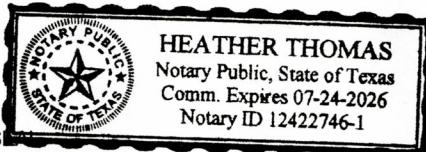
15 JC/OH NAME	Craig L. Henry		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-	
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-	
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <i>1,500.00</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 470.42	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,571.42	
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/S

Sworn to and subscribed before me by Craig L. Henry this the 5th day of January

2024 2026 to certify which, witness my hand and seal of office.

Signature of officer administering oath Heather Thomas Printed name of officer administering oath Heather Thomas Title of officer administering oath 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 \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

  
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)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ -0-	
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 \$ 3,5071.42	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1,500.00	
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-	

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME Craig L. Henry		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 12/11/25	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	<b>9</b> Loan Amount (\$) 1,500.00
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate  <b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation Judge		<b>13</b> Lender's Job Title Judge, Bowie County Court at Law
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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:	2 FILER NAME <b>Craig L. Henry</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/8/25</b>	5 Payee name <b>BCRP Primary Fund</b>	
6 Amount (\$) <b>1,500.00</b>	7 Payee address;	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Filing Fee</b>	(b) Description
	(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	
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 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
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		