

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: 4	
3 CANDIDATE / OFFICEHOLDER NAME	FIRST John			MI D.	OFFICE USE ONLY <i>FILED FOR RECORD</i> Date Received on <u>Jan 6, 2026</u> at <u>9:18 am</u> Salvador "Sonny" Barrera II Kleberg County, Clerk By: <u>Crystal Martin</u> Deputy	
	NICKNAME J. Dean	LAST Craig	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 1124 W. Henrietta Ave.			CITY: Kingsville	STATE; ZIP CODE: TX 78363	
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 236-5093	EXTENSION			
6 CAMPAIGN TREASURER NAME	FIRST Steve			MI	Date Hand-delivered or Date Postmarked	
	NICKNAME Frye	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 1412 Windcrest St.			CITY: Kingsville	STATE; ZIP CODE: TX 78363	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 522-5747	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 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 11 / 20	Day / 2025	Year	Month 12 / 31	Day / 2025	
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special _____			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) County Court-at-Law Judge		
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			

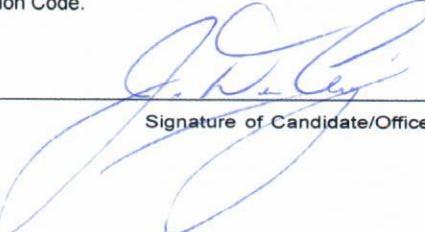
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	J. Dean Craig	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0--
	4. TOTAL POLITICAL EXPENDITURES	\$ 0--
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0--
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0--
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

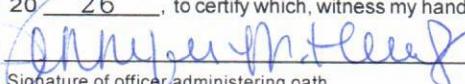
Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by J. Dean Craig this the 6 day of January, 20 26, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Jennifer Hernandez
Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

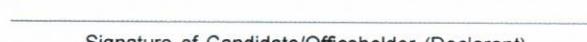
(2) Unsworn Declaration

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)



SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	J. Dean Craig	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500.00	
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 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 (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: 1																											
2 FILER NAME J. Dean Craig		3 Filer ID (Ethics Commission Filers)																											
4 Date 11/21 2025	5 Full name of contributor ProjectRedTx 6 Contributor address; 1108 Lavaca St. Austin	7 Amount of contribution (\$) \$1,500																											
8 Contributor's principal occupation		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)																													
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> <tr> <td colspan="3"> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> </td> </tr> </table>			Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Contributor's principal occupation		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)			<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Contributor's principal occupation		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)		
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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)																													
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.																													



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

FILED FOR RECORD
on Jan 6, 2026
at 9:18 am

Salvador "Sonny" Barrera III

Kieberg County Clerk

R. Crystal May

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

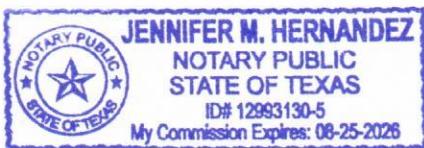
Date Imaged

Filer name J. Dean Craig	Filer ID #
-----------------------------	------------

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the semiannual report due on 15 January 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by J. Dean Craig this the 6 day of January,

20 26, to certify which, witness my hand and seal of office.

Jennifer M. Hernandez
Signature of officer administering oath

Jennifer Hernandez
Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

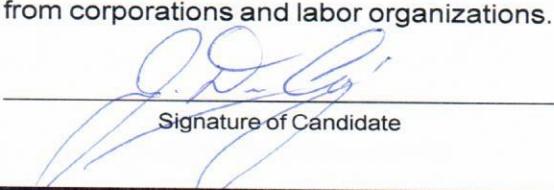
Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

APPOINTMENT OF A CAMPAIGN TREASURER BY A JUDICIAL CANDIDATE

FORM JCTA
PG 1

See JCTA Instruction Guide for detailed instructions.						1 Total pages filed: 2 OFFICE USE ONLY Filer ID # Date Received FILED FOR RECORD on 11/20/25 at 10:52 am Salvador "Sonny" Barrera II Kleberg County, Clerk By: Crystal L. [Signature] Deputy Date Hand-delivered or Postmarked	
2 JUDICIAL CANDIDATE NAME		MR/MRS/MR	FIRST John	MI D.			
		NICKNAME J. Dean	LAST Craig	SUFFIX			
3 JUDICIAL CANDIDATE MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1124 W. Henrietta Ave. Kingsville, Texas 78363					
4 JUDICIAL CANDIDATE PHONE		AREA CODE (361)	PHONE NUMBER 236-5093	EXTENSION		Receipt #	Amount \$
5 OFFICE HELD (if any)		Date Processed					
6 OFFICE SOUGHT (if known)		Date Imaged					
7 CAMPAIGN TREASURER NAME		MR/MRS/MR	FIRST Steve	MI	NICKNAME	LAST Frye	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)		STREET ADDRESS; 1412 Windcrest St.		APT / SUITE #;	CITY; Kingsville	STATE; Texas	ZIP CODE 78363
9 CAMPAIGN TREASURER PHONE		AREA CODE (361)	PHONE NUMBER 522-5747	EXTENSION			
10 CANDIDATE SIGNATURE		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> Signature of Candidate</p>					
20 November 2025 Date Signed							

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received
FILED FOR RECORD
on 11/10/2015
at 10:52
Salvador "Sonny" Barrera III
Kleberg County, Clerk
By: *Crystal M. G.*
Deputy

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER (Ethics Commission Filers)</p>		<p>2 TYPE OF FILER</p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</p>		
<p>3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Ex. Mr., Mrs., etc.)</p> <p>John</p>	<p>FIRST</p>	MI
		<p>NICKNAME</p> <p>J. Dean</p>	<p>LAST</p> <p>Craig</p>	SUFFIX (SR., JR., III, etc.)
<p>4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>AREA CODE</p> <p>(361)</p>	<p>PHONE NUMBER</p> <p>236-5093</p>	EXTENSION
<p>5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>STREET / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>1124 W. Henrietta Ave. Kingsville, TX 78363</p>		
<p>6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>County Court-at-Law Judge</p>		
<p>7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)</p>				
<p>8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>NICKNAME</p>	<p>FIRST</p> <p>LAST</p>	MI
<p>GO TO PAGE 2</p>				