# 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: DANA | MI: D.

NICKNAME | LAST: MANOUSHAGIAN | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

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

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (940) | PHONE NUMBER: 389-4477 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / (MRS) / MR | 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: 8:14 o'clock A M

FEB 26 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: 02 / 01 / 2024 THROUGH 02 / 24 / 2024

**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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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 | 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) | $ 300.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ |
| 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 | $ 1560.80 |

**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**

ANTOINETTE OLMOS
Notary Public
STATE OF TEXAS
ID#12544255-5
My Comm. Exp. Nov. 16, 2025

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dana D. Manoushagian this the February day of 26th, 20 24, to certify which, witness my hand and seal of office.

| Antoinette Olmos | Antoinette Olmos | Notary Public |
|---|---|---|
| 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)

# SUBTOTALS - JC/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| DANA D. MANOUSHAGIAN | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☒ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 300.00 |
| 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 | $ |
| 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 | $ |

# 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: 02/16/2024

**5** Full name of contributor ☐ out-of-state PAC ID#:: Wise Republican Women

**6** Contributor address; City; State; Zip Code: P.O. Box 1819 Boyd TX 76023

**7** Amount of contribution ($): $300.00

**8** Contributor's principal occupation: Political organization

**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 ($)

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)

---

Date

Full name of contributor ☐ out-of-state PAC ID#:

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)

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**