

**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

<p>3 CANDIDATE / OFFICEHOLDER NAME</p> <p>MS / MRS / MR: _____ FIRST: <u>Nancy</u> MI: <u>Adams</u></p> <p>NICKNAME: _____ LAST: <u>Perryman</u> SUFFIX: _____</p>	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: <u>Athens, Texas</u> STATE: <u>TX</u> ZIP CODE: <u>75751</u></p> <p><input type="checkbox"/> Change of Address</p>	<p>OFFICE USE ONLY</p> <p>Date Received: JAN - 7 2026</p> <p>Henderson County Election Administration</p>
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<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE: () PHONE NUMBER: _____ EXTENSION: _____</p>	<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MRS: _____ FIRST: <u>Kevin</u> MI: _____</p> <p>NICKNAME: _____ LAST: <u>Habibelahian</u> SUFFIX: _____</p>	<p>Receipt # _____ Amount \$ _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 911 S. Palestine St CITY: Athens STATE: TX ZIP CODE: 75751

8 CAMPAIGN TREASURER PHONE

AREA CODE: () PHONE NUMBER: _____ EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)

July 15 6th day before election Exceeded Modified Reporting Limit Final Report (Attach COM - FR)

10 PERIOD COVERED

Month Day Year: 11 7 2025 THROUGH Month Day Year: 12 31 2025

11 ELECTION

ELECTION DATE: Month Day Year: 03 03 2026

ELECTION TYPE: Primary Runoff Other Description

General Special

12 OFFICE: Judge County Court at Law No 2 | 13 OFFICE SOUGHT (if known): County Court at Law No 2 - 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.

<p><input type="checkbox"/> Additional Pages</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE TYPE: _____ COMMITTEE NAME: _____</p> <p>COMMITTEE ADDRESS: _____</p> <p>COMMITTEE CAMPAIGN TREASURER NAME: _____</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS: _____</p>
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GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

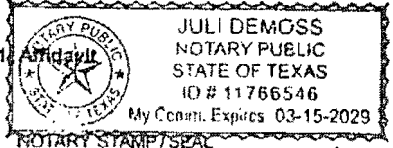
**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME <i>Nancy Adams Perryman</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ - 0 -
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 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

Nancy Adams Perryman
Signature of Candidate/Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Nancy Adams Perryman* this the *14th* day of *January*, 20*20*, to certify which, witness my hand and seal of office *Juli Demoss*

Signature of officer administering oath: _____ Printed name of officer administering oath: _____ Title of officer administering oath: _____

(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)