

# PERSONAL FINANCIAL STATEMENT

# FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

8

Filer ID

1 NAME	TITLE: FIRST; MI <b>Ms. Lesli Amanda</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME: LAST; SUFFIX <b>"Mandy" White-Rogers</b>		
2 ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE [REDACTED]	Date Received <b>REC'D APR 30 2026</b>	
		<b>2:12pm</b> <b>A. Babineaux</b>	
3 TELEPHONE NUMBER	AREA CODE ( [REDACTED] )	Date Hand-delivered or Date Postmarked	
	PHONE NUMBER, EXTENSION [REDACTED]	Receipt #      Amount \$	
4 REASON FOR FILING STATEMENT		Date Processed	
		Date Imaged	

4 REASON FOR FILING STATEMENT

CANDIDATE Judge, County Court at Law (INDICATE OFFICE)

ELECTED OFFICER Judge, County Court at Law (INDICATE OFFICE)

APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)

EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)

FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)

OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Raymond C. Rogers

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

**6 PARTS NOT APPLICABLE TO FILER**

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>  <b>Orange County, Texas</b> <div style="background-color: black; height: 15px; width: 300px; margin: 2px 0;"></div> <b>Office - Orange County Courthouse, County Court at Law,</b> <div style="background-color: black; height: 15px; width: 300px; margin: 2px 0;"></div>
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>  <b>Retired</b>
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than* \$2,220 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sabine Federal Credit Union
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	
<b>4</b> AMOUNT	<input type="radio"/> \$2,220--\$11,119 <input type="radio"/> \$11,120--\$22,239 <input type="radio"/> \$22,240--\$55,609 <input checked="" type="radio"/> \$55,610 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ford Motor Company
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="radio"/> \$2,220--\$11,119 <input type="radio"/> \$11,120--\$22,239 <input type="radio"/> \$22,240--\$55,609 <input type="radio"/> \$55,610 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sabine Federal Credit Union Mastercard
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input checked="" type="radio"/> \$2,220--\$11,119 <input type="radio"/> \$11,120--\$22,239 <input type="radio"/> \$22,420--\$55,609 <input type="radio"/> \$55,610 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN REAL PROPERTY

# PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <div style="background-color: black; width: 100%; height: 20px;"></div>
<b>3 DESCRIPTION</b> <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Orange County, Texas
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Sabine Federal Credit Union
<b>5 IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

<b>HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input checked="" type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE real property located in North Carolina inherited from father
<b>DESCRIPTION</b> <input type="radio"/> LOTS <input checked="" type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED brother, Lee M. Rogers, and many relatives, however, I do not know all of the relatives' names at this time
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	a number of relatives, whose names are unknown at this time
<b>IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN BUSINESS ENTITIES

**PART 7B**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS  Complete Staffing, LLC [REDACTED]
<b>3</b> IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS  Unlimited Water Supply (UWS) [REDACTED]
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# OWNERSHIP OF BUSINESS ASSOCIATIONS

# PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and **DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS		
	Complete Staffing, LLC [REDACTED]		
<b>2 BUSINESS TYPE</b>	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD
<b>BUSINESS ASSOCIATION</b>	NAME AND ADDRESS		
	Unlimited Water Supply (UWS) [REDACTED]		
<b>BUSINESS TYPE</b>	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
<b>HELD, ACQUIRED, OR SOLD BY</b>	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD
<b>BUSINESS ASSOCIATION</b>	NAME AND ADDRESS		
<b>BUSINESS TYPE</b>	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
<b>HELD, ACQUIRED, OR SOLD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD
<b>BUSINESS ASSOCIATION</b>	NAME AND ADDRESS		
<b>BUSINESS TYPE</b>	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
<b>HELD, ACQUIRED, OR SOLD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

  
Signature of Filer

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

## (2) Unsworn Declaration

My name is Lesli Amanda "Mandy" White-Rogers, and my date of birth is June 11, 1965.  
My address is 2225 Tall Oaks (street), Orange (city), Texas (state), 77632 (zip code), USA (country).  
Executed in Orange County, State of Texas, on the 30th day of April, 26.  
(month) (year)

  
Signature of Registrant (Declarant)