JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	omplete this form.	1 Filer ID (Ethics Comm 00080055	,	2 Total pages fi	led: L5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Julie			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	0111112023	
		Countiss				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER	PO Box 66434					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Houston TV 77266					
Change of Address	Houston, TX 77266				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER		Stanley S.				
NAME		,				
	NICKNAME	LAST			SUFFIX	
		Beard			Jr.	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	11200 Broadway					
(Desidence or Rusiness)	Suite 2332					
(Residence or Business)	Pearland, TX 77585					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER PHONE	(979) 388-3237					
THOME						
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	X July 15	8th day before			Final Report (Atta	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Alla	ach C/OH-FR)
9 PERIOD COVERED	Month Day Ye			Month Day	Year	
COVERED	01/01/2023	I	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Ye	ar X F	Primary	Runoff	Other	
	03/05/2024		General	Special		
					(if known)	
11 OFFICE	OFFICE HELD (if any)	ico Diaco 7 Distria	+ 1	12 OFFICE SOUGHT		7 District 1
	Court Of Appeals, Just	ice FIACE / DISUIC	ι⊥	Court Of Appeal		
		GO ⁻	TO PAGE 2			
Forms provided by To	exas Ethics Commission	344444	thics.state.tx.u	s	Varsi	on V3.5.1.a18ea2c
onno provided by Te		www.e		0	VEISI	on volotiatoeazt

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 15

T

13 C / OH NAME	Countiss, Julie (The I	Honorable)	14 Filer ID 00080055	(Ethics Commiss	ion Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowled	dge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS	MMITTEE ADDRESS						
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
16 CONTRIBUTION TOTALS	\$	0.00							
				\$	1,000.00				
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	15)	\$	0.00				
TOTALS	-			\$	0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	6,552.41				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	37,171.12				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT									
		I swear, or affirm, under penali true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	companying repo to be reported by	ort is me				
		The Ho	norable Julie Countis	s					
			f Candidate or Officeho	-					
AFFIX NOT	TARY STAMP / SEAL AB	DVE							
Sworn to and subsa	rihad hafora ma by the c	aid	this the	da	21/				
	•	ertify which, witness my hand and seal of office.	, uns une	u	ау				
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering o	ath				
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1	a18ea2ca				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 15

	8 FILER NAME19 Filer ID(ECountiss, Julie (The Honorable)00080055								
	E SUBTOTALS SCHEDULE		SUBTC	TAL AMOUNT					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,000.00					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS								
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	6,552.41					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	24.39					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

	The Instru	ction G	uide explains ho		Fotal pages Schedule A(J)1 Sch: 1/1 Rpt: 4/15	:		
2	FILER NAME						Filer ID (Ethics Commission	on Filers)
	Countiss, Ju				00080055			
4	Date		ame of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/17/2023 Vinson & Elkins Texas PAC							\$1,000.00
		6 Contr	ibutor address; City;	State; Zip Code				
			ston, TX 77002					
0	Contributor's I				9 Contributor's Job Title			
°	CONTINUED S	Philipare	Ccupation					
10	Contributor's	emplover/l	aw firm		11 Law firm of contributor's sp	nouse	(if any)	
	Contributor 5 (employen				pouse	(in unity)	
12	If contributor is	is a child, l	aw firm of parent(s) (i	if any)				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Equipment & Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/9 Rpt: 5/15		Countiss, Julie (The Honorable) 00080055							
4	Date	5	Payee name							
	01/25/2023		American Bar Association							
6	Amount (\$)	7	Payee address; City; S	State; Zip	o Code	Э				
	\$300.00		1111 Bagby St #200							
			Houston, TX 77002							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)	(t) Description				
	OF EXPENDITURE		Contributions/Donations Made By	,				ide of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Co	ommittee	;			, officeholder living expense		
						Donation to I	-ell	ows Program		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e sougł	nt		Office held		
	Date		Payee name							
	04/11/2023		Association of Women Attorneys							
	Amount (\$)		Payee address; City; S	State; Zip	Code	9				
	\$128.13		2450 Louisiana St #400	,						
	+==0.=0									
			Houston, TX 77006							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Fees	his schedule)	(t		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
						Membership	uut			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	nt		Office held		
	Date		Payee name							
	06/29/2023		Barnaby's Cafe							
	Amount (\$)		-	State; Zip	n Code	2				
	\$50.05		801 Congress St	σιαιο, Ζη	0000					
			<u> </u>							
			Houston, TX 77002							
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedule)	(ł	b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct	L	Candidate/Officeholder name	Office	e sough	nt		Office held		
	expenditure to benefit C/OI			Unice	, souyi	ι ι				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overheal/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 2/9 Rpt: 6/15	Countiss, Julie (The Honorable)	00080055							
4	Date	Payee name								
	04/13/2023	Brennan's of Houston								
6	Amount (\$) \$15.91	7 Payee address; City; State; Zip Code 3300 Smith St Houston, TX 77006								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Refreshments at HBA appellate section Annual Awards reception										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/04/2023	Common Bond								
	Amount (\$) \$68.28	Payee address; City; State; Zip Code 800 Capitol St Houston, TX 77002								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Des Food/Beverage Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eakfast for court clerks and staff							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/23/2023	Common Bond								
	Amount (\$) \$38.64	Payee address; City; State; Zip Code 800 Capitol St								
		Houston, TX 77002								
	PURPOSE OF EXPENDITURE		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eakfast for Court of Appeals chambers staff							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/9 Rpt: 7/15	Countiss, Julie (The Honorable)	00080055						
4	Date 06/30/2023	Payee name Fabian's Latin Flavors							
6	Amount (\$) \$48.35	Payee address; City; State; Zip Code 301 Main Street Houston, TX 77002 Houston, TX 77002							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Intern farewell dinner							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/13/2023	Hampton Inn							
	Amount (\$) \$190.86	Payee address; City; State; Zip Code 300 West 15th Street Austin, TX 78701							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if trave Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense in for service as a judge on a Court of iew						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	Harris County Democratic Party							
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 4619 Lyons Ave.							
		Houston, TX 77020							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense) dues						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/9 Rpt: 8/15	Countiss, Julie (The Honorable)	00080055						
4	Date 05/05/2023	Payee name Harris County Democratic Party							
6	Amount (\$) \$125.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020 Houston, TX 77020							
8	PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/05/2023	Harris County Democratic Party							
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 4619 Lyons Ave.							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense dues						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/06/2023	Harris County Democratic Party							
	Amount (\$) \$600.00	Payee address;City;State;Zip Code4619 Lyons Ave.							
		Houston, TX 77020							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense of County Executive Committee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fc Gi mmittee Le	ent Expense es od/Beverage Expense ft/Awards/Memorials Expe gal Services he Instruction Guide	Office O Polling E nse Printing Salaries	verhead Expense Expens /Wages	e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/9 Rpt: 9/15	Countiss, Juli	e (The Honorable)				00080055		
4	Date	Payee name								
	03/27/2023	Hilton Hotel P	ost Oak							
6	Amount (\$)	Payee address	City;	State; Zip C	ode					-
	\$22.00	2001 Post Oa	-							
		Houston, TX	77056							
8	PURPOSE OF	Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						le of Texas. Com officeholder living	plete Schedule T.	
									y Law Conference	
									,	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office so	ught			Office he	əld	_
	Date	Payee name								
	04/26/2023	Houston Bar I	-oundation							
	Amount (\$)	Payee address	City;	State; Zip C	ode					
	\$520.00	1111 Bagby								
		Ste. 200								
		Houston, TX	77002							
	PURPOSE	Category (See	Categories listed at the top	of this schodulo)	(b)	Description				
	OF EXPENDITURE	Fees				·	outsid	le of Texas. Com	plete Schedule T.	
	EXPENDITORE							officeholder living		
						Ticket to HBA	A Ha	arvest Party	1	
				o."				011		_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	nolder name	Office so	ugnt			Office he		
	Date	Payee name								7
L	01/25/2023	Houston Bar S	Sections							_
	Amount (\$)	Payee address	City;	State; Zip C	code					
	\$40.00	1111 Bagby								
		Ste. 200								
		Houston, TX	77002							
	PURPOSE	Category (See	Categories listed at the top	of this schedule)	(b)	Description				\dashv
	OF EXPENDITURE	Fees	0	,		Check if travel			plete Schedule T.	
	EXPENDITORE							officeholder living		
						Membership	aue	es tor HBA s	Section	
	0 1.1 0.111			~~~	<u> </u>			~ ~ ~ ~		\square
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	nolder name	Office so	ught			Office he	ela	
										\square

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
1	Sch: 6/9 Rpt: 10/15	Countiss, Julie (The Honorable)	00080055						
4	Date 01/12/2023	Payee name June's							
6	Amount (\$) \$102.28	Payee address;City;State; Zip Code1722 S Congress AveAustin, TX 78704							
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner in Austin 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/23/2023	Mendocino Farms							
	Amount (\$) \$17.74	Payee address; City; State; Zip Code 609 Main St Houston, TX 77002							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense dges						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/02/2023	National Association of Women Judges							
	Amount (\$) \$255.00	Payee address;City;State; Zip Code1001 Connecticut Ave. NWSuite 1138Washington D.C., DC 20036							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense dues						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tegal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpens xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 7/9 Rpt: 11/15		Countiss, Julie (The Honorable) 00080055						
4	Date	5	Payee name						
	02/23/2023		Run Sister Run PAC						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$125.00	\$125.00 P.O. Box 66470							
			Houston, TX 77260						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comr	nittee			, TX,	officeholder living expense	
						Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held	
	Date		Payee name						
	01/30/2023		State Bar of Texas						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$20.00		1414 Colorado Street	, 1					
	\$20100								
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Fees	hedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Bar of Texas Appellate Section	
						membership			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ıght			Office held	
	Date		Payee name						
	02/21/2023		Taco Cabana						
	Amount (\$)		Payee address; City; State	e; Zip Co	nde				
	\$422.72		167 Yale St	5, Zip 00	Juc				
	ψ + Σ Σ .1 Σ		107 Tale St						
			Houston, TX 77007						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.	
	-							officeholder living expense	
						participants	uye	e Brown's mentorship program	
_					Ļ	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		5	ials Expense	Office Ove Polling Exp Printing Ex Salaries/W		Transporta Travel in D Travel Out		
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 8/9 Rpt: 12/15		Countiss, Julie (The Hon	orable)			008000	55	
4	Date	5	Payee name						
	06/06/2023		Texas Association of Civ	il Trial and Ap	pellate S	pecialists			
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$3,000.00		712 Main St Ste 1500						
			Houston, TX 77002						
8	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Fees				outside of Texas. I, TX, officeholder	. Complete Schedule T.	
								the Year Awards	
						oponooromp	or cauge of		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	(Dffice sou	ght	Offic	ce held	
	Date		Payee name						
	05/04/2023		Texas Gulf Coast Labor	Association					
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$100.00		2506 Sutherland						
			Houston, TX 77023						
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations					. Complete Schedule T.	
			Candidate/Officeholder/P	olitical Comm	nittee		n, TX, officeholder	ast AFL CIO 2023 Working	
						Families Awa			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght	Offic	ce held	
	Date		Payee name						
	02/02/2023		Three Brothers Bakery						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$75.50		4606 Washington ave.						
			Ū						
			Houston, TX 77007						
	PURPOSE OF	(a)	Category (See Categories listed		nedule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				outside of Texas. I, TX, officeholder	. Complete Schedule T.	
						Dessert for g			
						2000011 IOI y	enig uwuy p		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office sou	tht	Offic	ce held	
	expenditure to benefit C/OI			(<u></u>	Onic	so noiu	

	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense	se				
Total nages Schedule E1:	2 FILER NAME (Ethics Commission F	ilers)				
		lieroj				
-						
Date 03/22/2023	5 Payee name Three Brothers Bakery					
Amount (\$) \$36.95						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Desserts for Court of Appeals clerks	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment Total pages Schedule F1: Sch: 9/9 Rpt: 13/15 Date 03/22/2023 Amount (\$) \$36.95 PURPOSE OF EXPENDITURE	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Office/Oder/Political Credit Card Payment Fees Food/Beverage Expense Food/Beverage Expense Git/Awards/Memorials Expense Candidate/Office/Oder/Political Credit Card Payment Office Overhead/Rental Expense Salaries/Wages/Contract Labor Transportation Equipment & Related Expense Travel Out of District Total pages Schedule F1: Sch: 9/9 Rpt: 13/15 2 FILER NAME Countiss, Julie (The Honorable) 3 Filer ID (Ethics Commission F 00080055 Date 03/22/2023 5 Payee name Three Brothers Bakery 00080055 00080055 Amount (\$) 7 Payee address; Clity; State; Zip Code 4606 Washington ave. Houston, TX 77007 State; Zip Code 4606 Washington ave. Houston, TX 77007 (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Desserts for Court of Appeals clerks				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	1 Total pages Schedule K: Sch: 1/2 Rpt: 14/15	
2	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Countiss, Ju	00080055	
4	Date 01/12/2023	 5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code 	8 Amount (\$) \$3.93
		olitical contribution returned to filer	
	Date 02/10/2023	Name of person from whom amount is received Frost Bank 	Amount (\$) \$3.81
		Houston, TX 77005 Purpose for which amount is received Check if point Interest	olitical contribution returned to filer
	Date 03/10/2023	Amount (\$) \$3.92	
		Houston, TX 77005 Purpose for which amount is received Check if po	
		olitical contribution returned to filer	
	Date 04/12/2023	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code	Amount (\$) \$4.58
Houston, TX 77005 Purpose for which amount is received Interest		Purpose for which amount is received Check if po	olitical contribution returned to filer
	Date 05/10/2023	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code	Amount (\$) \$3.83
		Houston, TX 77005 Purpose for which amount is received Check if pointerest	olitical contribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form					ages Schedule K: /2 Rpt: 15/15	
					(Ethics Commission Filers)		
	Countiss, Julie (The Honorable)				00080055		
4	Date		me of person from whom amount is received		8 Amount (\$)		
	06/10/2023		Frost Bank			\$4.32	
		0	Address of person from whom amount is received; City; State; Zip Code				
			Houston, TX 77005				
		7		k if politi	cal contr	ibution returned to filer	
			Interest				