#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081819 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Hilary D. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Unger CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Maureen NAME NICKNAME LAST **SUFFIX** Tucker **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 577-7674 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/06/2023 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 248 Harris Criminal District Court Judge District 248

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 19

This box is for notice of political contributions accepted or political expenditures made by political concandidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive notice consent. Candidates and officeholders are required to report this information only if they receive notice consent. Committee type  COMMITTEE TYPE  COMMITTEE NAME  GENERAL  COMMITTEE ADDRESS  SPECIFIC	holder's knowledge or
GENERAL COMMITTEE ADDRESS	
COMMITTEE ADDRESS	
SPECIFIC	
i l	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	<b>\$</b> 1,152.75
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE BALANCE REPORTING PERIOD	\$ 95.18
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,629.04
17 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the acco true and correct and includes all information required to under Title 15, Election Code.	
The Honorable Hilary D. Unger	r
Signature of Candidate or Officeholde	ler
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, 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 a	administering oath

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

		3 of 19			
	19 Filer ID	(Ethics Commission Filers)			
Unger, Hilary D. (The Honorable)	00081819				
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$			
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	3	<b>\$</b> 769.24			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$			
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 116.00			
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 267.51			
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$			
11. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 784.81			
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	<b>\$</b> 75.00			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/19	Unger, Hilary D. (The Honorable) 00081819
4	Date	5 Payee name
	07/11/2023	Credit One Bank Payment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.00	6801 S. Cimarron Rd
		Las Vegas, NV 89113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for Daley Professional (web host) credit
		card payments for 2 months.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	12/07/2023	Daley Professional Web Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	211 Cardinal Dr.
		Montgomery, NY 12549
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hosting
		···
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/16/2023	Daley Professional Web Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	211 Cardinal Dr.
	420.00	
		Montgomery, NY 12549
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website host
	Operation ONE V. C. P.	Our file to 10 ff as halden many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Lo:
Fees Off
Feod/Beverage Expense Po
Gift/Awards/Memorials Expense Pri
Legal Services Sa

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 2/9 Rpt: 5/19	Unger, Hilary D. (The Honorable)	00081819
4	Date	5 Payee name	<u>'</u>
l	07/31/2023	Frost	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	628th E. 11th St.	
l			
l		Houston, TX 77008	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Account Fees
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
l	Date	Payee name	
	08/31/2023	Frost	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$10.00	628th E. 11th St.	
l			
		Houston, TX 77008	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	11/30/2023	Frost	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
l	\$10.00	628th E. 11th St.	
l			
l		Houston, TX 77008	
⊢	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	, looding, banking	Check if Austin, TX, officeholder living expense
			fees
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit 6/01	•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	, ,	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 6/19	Unger, Hilary D. (The Honorable)		00081819
4	Date	5 Payee name		
_	12/29/2023	Frost	_	
6	Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 628th E. 11th St.	е	
	Ψ10.00	02011 2. 1111 01.		
		Houston, TX 77008		
8	PURPOSE	<u> </u>	h)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	, . ]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	January Grand	Ī	Check if Austin, TX, officeholder living expense
			1	fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/O		111	Office field
	Date	Payee name		
	09/29/2023	Frost		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$10.00	628th E. 11th St.		
		Houston, TX 77008		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Accounting/Banking	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense fees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/31/2023	Frost		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$10.00	628th E. 11th St.		
		Houston, TX 77008		
	PURPOSE OF	, ,	b)	Description  Check if travel outside of Taxas, Complete Schodule T
	EXPENDITURE	Accounting/Banking	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			i	fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	capenditure to benefit C/Of	1		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
Ĺ	Sch: 4/9 Rpt: 7/19	Unger, Hilary D. (The Honorable)  00081819	
4	Date	5 Payee name	
	07/17/2023	GLBT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$10.00	01 Branard St	
		2nd Fl	
		Houston, TX 77006	
8	PURPOSE		_
0	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee	
		dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
L	08/16/2023	GLBT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	01 Branard St	
		2nd Fl	
		Houston, TX 77006	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		dues	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
L	09/18/2023	GLBT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	01 Branard St	
		2nd Fl	
		Houston, TX 77006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	7
	OF EXPENDITURE	Contributions/Donations Made By	
	TVI FIADITORE	Candidate/Officeholder/Political Committee	
		dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			4

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		tegory not listed above)	
1	Total pages Schedule F1:	1: 2 FILER NAME 3 Filer ID (I	Ethics Commission Filers)	
	Sch: 5/9 Rpt: 8/19	Unger, Hilary D. (The Honorable) 00081819		
4	Date	5 Payee name		
	12/18/2023	GLBT Caucus		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$10.00	01 Branard St		
		2nd Fl		
		Houston, TX 77006		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
		Candidate/Officeholder/Political Committee	pense	
		uucs		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	11/16/2023	GLBT Caucus		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.00	0 01 Branard St		
2nd Fl				
		Houston, TX 77006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Check if the contribution of Texas. Complete Check if Appeter 17 of Check if Appeter		
		Candidate/Officeholder/Political Committee	pense	
	Complete ONLY if direct	· · · · · · · · · · · · · · · · · · ·		
	expenditure to benefit C/OI	/OH		
	Date	Payee name		
	10/16/2023	GLBT Caucus		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.00	01 Branard St		
		2nd Fl		
		Houston, TX 77006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
		Candidate/Officeholder/Political Committee	pense	
		dues		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
l				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 9/19	Unger, Hilary D. (The Honorable) 00081819
4	Date	5 Payee name
	07/28/2023	Google Domains
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.58	1600 Amphitheatre Parkway Mountain
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		website
		1105010
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/28/2023	Payee name Google Domains
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.58	1600 Amphitheatre Parkway Mountain
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website
		Website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 12/29/2023	Payee name
		Google Domains
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.58	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website
		website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Li
Fees O
Frood/Beverage Expense P
Gift/Awards/Memorials Expense P
Legal Services S

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 7/9 Rpt: 10/19	Unger, Hilary D. (The Honorable) 00081819	
4	Date	5 Payee name	
l	09/28/2023	Google Domains	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.58		
l			
l		Mountain View, CA 94043	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		website	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI	DH	
F	Date	Payee name	
l	11/28/2023	Google Domains	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.58		
l	,		
l		Mountai View, CA 94043	
┡	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		website	
l			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI	DH	
Г	Date	Payee name	
l	10/31/2023	Google Domains	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$12.00		
l			
l		Mountain View, CA 94043	
⊢	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
ı			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- ( Committee L	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expl		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/19	Unger, Hilary	/ D. (The Honorable)					00081819	
4	Date	5 Payee name							
	10/30/2023	Google Dom							
6	Amount (\$)	7 Payee address	•	State; Zip Co	ode				
	\$25.58	1600 Amphit	neatre Pkwy						
		Mountain Vie	ew, CA 94043						
8	PURPOSE	(a) Category (See	e Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE	Advertising E	Expense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.
						website	, 1A,	omcendider livin(	g expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
$\vdash$	Date	Dougs many -							
	10/10/2023	Payee name Harris Count	y Democratic Party						
_	Amount (\$)	Payee address		State; Zip Co	nde				
	\$250.00	4619 Lyons Ave.							
	\$250.00	.020 2,0110 1	· <del>- •</del>						
		Houston, TX							
	PURPOSE OF		e Categories listed at the top of the	nis schedule)	(b)	Description	outo:	do of Toyes C	unlata Sahadula T
	EXPENDITURE	Contributions/Donations Made By			<b>=</b>	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
						JRR Dinner T	ick	æt	
L									
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
-	Date	Payee name							
	10/18/2023	,	y Democratic Party						
	Amount (\$)	Payee address	s; City; S	State; Zip Co	ode				
	\$15.00	4619 Lyons							
		-							
		Houston, TX	77020						
	PURPOSE OF		e Categories listed at the top of th	nis schedule)	(b)	Description	outo:	do of Toyon Com	plete Schedule T.
	EXPENDITURE	Advertising E	-xpense					officeholder living	
						JRR			
					L				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ught			Office he	eld

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete the	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 12/19	Unger, Hilary D. (The Honorable)	00081819
4 Date	5 Payee name	•
09/08/2023	Marriott Marquis	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 1777 Walker Street Houston, TX 77010	
8 PURPOSE OF EXPENDITURE	Event Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rking
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
11/14/2023	Pubic Data	
Amount (\$) \$42.76	Payee address; City; State; Zip Code 7750 N. MacArthur Blvd. Ste 120-320 Irving, TX 75063-7501	
PURPOSE OF EXPENDITURE	Advertising Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ertising
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 13/19	Unger, Hilary D. (Th	ne Honorable)		00081819			
4 CREDIT CARD ISSUER	Name of final	Name of financial institution  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$29.00	07/06/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Daley Professional	Web Solutions	211 Cardinal Dr.				
			Montgomery, NY 12549				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Advertising Expense	or this soriedate)	Website hosting				
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		L (1) 2 (2)	1() = . () =				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$29.00	08/06/2023					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Daley Professional Web Solutions		211 Cardinal Dr.				
			Montgomery, NY 12549				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Advertising Expense		website hosting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$29.00	09/06/2023					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			211 Cardinal Dr.				
	Daley Professional	Web Solutions					
			Montgomery, NY 12549				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this sched		of this schodule)	(b) Description				
EXPENDITURE	Advertising Expense	or this schedule)	website hosting				
X Political   S I							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award:	rage Expense F s/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Inst	ruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME	2 FILER NAME		
Sch: 2/2 Rpt: 14/19	Unger, Hilary D. (Th	ne Honorable)		00081819
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	<b>\$</b>
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
	\$29.00	10/06/2023		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Daley Professional	Web Solutions	211 Cardinal Dr.	
			Montgomery, NY 12549	)
8 PURPOSE OF	(a) Category	(4)	(b) Description	
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	website hosting	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held
expenditure to benefit C/OH				

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expens Legal Services  The Instruction Guide ex	e Printir Salari	g Expense ng Expense es/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 15/19	Unger, H	ilary D. (The Honorable)	)		00081819
4	Date	5 Payee nar	ne			
	12/21/2023	Act Blue				
6	Amount (\$)	7 Payee add	dress; City;	State; Zip	Code	
	\$60.00	366 Sum	mer St			
	X Reimbursement from political contributions intended	Somervil	le, MA 02144			
8	PURPOSE	(a) Category	(See Categories listed at the top of	f this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		tions/Donations Made B te/Officeholder/Political (		Southwest Demo	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held
	Date	Payee nar	ne			
	08/02/2023	Act Blue				
	Amount (\$)	Payee add	dress; City;	State; Zip	Code	
\$25.00 366 Summer St						
	Reimbursement from political contributions intended	Somervil	le, MA 02144			
	PURPOSE	Category	(See Categories listed at the top o	f this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Ex	pense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Run Sister Run	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Offi	ceholder name		Office sought	Office held
	Date	Payee nar	me			
	11/02/2023	1 1	ne Bank Payment			
	Amount (\$)	Payee add	dress; City;	State; Zip	Code	
	\$116.00	6801 S. 0	Cimarron Rd			
	Reimbursement from political contributions intended	Las Vega	as, NV 89113			
	PURPOSE	Category	(See Categories listed at the top o	f this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Ca	ard Payment			Check if Austin, TX, officeholder living expense
					Payment for Dale	ey Web Solutions (website host).
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 16/19 Unger, Hilary D. (The Honorable) 00081819 Date Payee name 10/16/2023 Go Daddy 6 Amount (\$) Payee address; City; State; Zip Code 14455 N. Hayden Rd. \$66.51 Ste - 226 Reimbursement from political contributions intended Х Scottsdale, AZ 85260-6993 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** website Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE |

	The Instruction Guide explains how to	complete this form.				
Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Unger, Hilary D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081819				
Date 07/31/2023	5 Payee name Metropolis Parking					
Amount (\$) 45.30	7 Payee Address; City; State; Zip 144 2nd Ave. N. Ste 300 Nashville, TN 37201					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Payment for parking in Austin for Teas Women Judge's Day in April.				
Date	Payee name					
08/16/2023	Texas Center or the Judiciary					
Amount (\$) 140.00	Payee Address; City; State; Zip 1210 San Anatonio Ste. 800 Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.)  CLE				
Date	Payee name					
07/20/2023	Unger, H					
Amount (\$) 29.89	Payee Address; City; State; Zip 11999 Katy Fwy 150N Houston, TX 77079					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.)  Loan Repayment				
Date 08/18/2023	Payee name Unger, H	<u>I</u>				
Amount (\$) 14.81	Payee Address; City; State; Zip 11999 Katy Fwy 150N Houston, TX 77079					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.)  loan repayment				

## SCHEDULE |

		The Instruction Guide explains how to complete this form.
	Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Unger, Hilary D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081819 5 Payee name
ı	12/26/2023	Unger, H
6	Amount (\$) 50.00	7 Payee Address; City; State; Zip 11999 Katy Fwy 150N Houston, TX 77079
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement  (b) Description (See instructions regarding type of information required.)  loan repayment
ı	Date 11/29/2023	Payee name Unger, Hilary
	Payee Address; City; State; Zip 11999 Katy Fwy 150N Houston, TX 77079	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement  (b) Description (See instructions regarding type of information required.)  Repayment of Loan
	Date 11/30/2023	Payee name Unger, Hilary
	Amount (\$) 450.00	Payee Address; City; State; Zip 11999 Katy Fwy 150N Houston, TX 77079
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement  (b) Description (See instructions regarding type of information required.) repayment of loan

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Unger, Hilary D. (The Honorable) 00081819 5 Name of person from whom amount is received 8 Amount (\$) 07/10/2023 \$75.00 Texas Center for the Judiciary 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer reimbursement