CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	•	ics Commission Filers)	2 Total pages filed			I OFFIC	CE USE ONLY
	00081859		87			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRO	NICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Christine			01/17/2024	
		NICKNAME	LAST		SUFFIX	·	
			Weems			Data Hand dalive	ered or Date Postmarked
ļ	ORIGINAL	X January 15	Runoff	Other (s	specify)	Date Hand-delive	ered of Date Postmarked
	REPORT TYPE	July 15	Exceeded modifie	d reporting limit		Receipt #	Amount
		30th day before election	15th day after car			1	
		8th day before election	appointment (office Final Report (Atta	• • •		Date Processed	•
_	ODICINIAL DESIGN		<u> </u>	·	\/a		
	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
		07/01/2023	11110001	12/31/2023			
	EXPLANATION OF C	CORRECTION cant number of expenditure					
_	AFFIDAVIT			wear, or affirm, under p d correct.	enalty of perjury	, that this corre	ected report is true
	AFFIDAVIT		an	·	, , , ,		·
	AFFIDAVIT		an	d correct. eck the box next to any	/ and all applica s: I swear, or aith and without	ble statements affirm that the an intent to mi	: original report slead or to
	AFFIDAVIT		an Ch	d correct. eck the box next to any Semiannual report was made in good for	and all applica s: I swear, or aith and without ormation contains wear, or affirm the 14th busine iginally filed is intany error or or	ble statements affirm that the an intent to mined in the report that I am filing ass day after the accurate or income.	original report slead or to rt. this corrected e date I learned complete. I
	AFFIDAVIT		an Ch	Semiannual report was made in good fa misrepresent the inf Other reports: report not later than that the report as or swear, or affirm, tha filed was made in go	and all applica s: I swear, or aith and without ormation contains wear, or affirm the 14th busine iginally filed is intany error or or	affirm that the an intent to mi ned in the repo that I am filing iss day after the naccurate or intention in the re	original report slead or to rt. I this corrected e date I learned complete. I eport as originally
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	AFFIX NOTARY ST		an Cr X	Semiannual report was made in good fa misrepresent the inf Other reports: I se report not later than that the report as or swear, or affirm, that filed was made in good The I- Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Honorable Chr ure of Candidate	affirm that the an intent to mined in the report that I am filing is day after the accurate or inconsission in the resisting when the confiction of the resisting when the confiction in the confiction when the confiction in t	original report slead or to rt. I this corrected e date I learned complete. I epport as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	an Cr X	Semiannual report was made in good fa misrepresent the inf Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in good The I Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Honorable Chr ure of Candidate	affirm that the an intent to mined in the report that I am filing is day after the accurate or inconsission in the resisting when the confiction of the resisting when the confiction in the confiction when the confiction in t	original report slead or to rt. I this corrected e date I learned complete. I epport as originally
	AFFIX NOTARY ST Sworn to and subsc		an Cr X	Semiannual report was made in good fa misrepresent the inf Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in good The I Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Honorable Chr ure of Candidate	affirm that the an intent to mined in the report that I am filing is day after the accurate or inconsission in the resisting when the confiction of the resisting when the confiction in th	original report slead or to rt. I this corrected e date I learned complete. I epport as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00081859 87 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Christine NAME Date Received **ELECTRONICALLY FILED** 01/17/2024 NICKNAME LAST **SUFFIX** Weems 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. Kasi NAME NICKNAME LAST **SUFFIX** Chadwick **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 806-5460 **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 χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 281 Harris Supreme Court Justice Place 4

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 87

13 C / OH NAME	Weems, Christine (T	ne Honorable)	14 Filer ID (00081859	(Ethics Commission 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 office	eholder's knowledge or		
Additional Pages	committee type Committee Name					
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	JS)	\$ 17,330.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 46,452.46		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	AST DAY OF THE	\$ 42,349.54		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.				
		The Hono	orable Christine Ween	ns		
		Signature o	f Candidate or Officehol	der		
AFFIX NO	ΓARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER	4 of 87
l	ER NAN	ME Christine (The Honorable)	19 Filer ID 00081859	(Ethics C	ommission Filers)
I		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1.	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)			\$	17,330.00
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	6	\$	46,452.46
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 CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/21 Rpt: 5/87
2	FILER NAME	into (The Heaven He)			3	Filer ID (Ethics Commission Filers)
	Weems, Chi	istine (The Honorable)				00081859
4	Date 11/28/2023	5 Full name of contributor AZA Law6 Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$5,000.00
		Houston, TX 77010				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Adams, Tim (Major) Contributor address; City;				\$250.00
		Houston, TX 77042		_		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		f Timothy Adams, PLLC				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/28/2023	Bentley, Brooke				\$50.00
		Contributor address; City; Hockley, TX 77447	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer	- ппстрат Оссираноп		Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		ıstrial Holdings				
	If contributor i	s a child, law firm of parent(s) (i	f any)	-		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/21 Rpt: 6/87
2	FILER NAME	istine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 11/15/2023	 5 Full name of contributor Brockway, Emma 6 Contributor address; City; \$ 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$48.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
_	Lawyer			Lawyer		
10	Contributor's of Doyle Denni	employer/law firm s, LLP		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/28/2023	Brown, Gabriella Contributor address; City; \$	—			\$50.00
		Houston, TX 77027				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Associate		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Bergquist La					
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Cancienne, Michael	_			\$500.00
		Contributor address; City; 9 Houston, TX 77056	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer	-ппстрат Оссирацоп		Lawyer		
	-	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		h & Cancienne, PLLC		· ·		
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/21 Rpt: 7/87
2	FILER NAME Weems, Chi	ristine (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081859
4	Date 12/23/2023 Carnal, James 6 Contributor address; City; State; Zip Code Bakersfield, CA 93309		7 Amount of Contribution (\$) \$2.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>
	Unemployed	,		Unemployed	
10	LO Contributor's employer/law firm Not Applicable 11 Law firm of contributor's sp		oouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/27/2023	Carnal, James Contributor address; City; Sta Bakersfield, CA 93309			\$2.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	L
	Unemployed			Unemployed	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	Not Applicat	ole			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)	l	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/29/2023	Cedillo, John Paul Contributor address; City; Sta Rosenberg, TX 77471	te; Zip Code		\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	Cedillo Law	Firm			
	If contributor i	s a child, law firm of parent(s) (if ar	ıy)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/21 Rpt: 8/87
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Weems, Chr	s, Christine (The Honorable)				00081859
4	Date 12/10/2023	5 Full name of contributor Clark, Brigitte6 Contributor address; City; s	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5.00
		Corpus Christi, TX 7841	8			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Education			CFO		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Goose Cree					, ,,
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Clement, Riki Contributor address; City; s	State; Zip Code			\$150.00
		Houston, TX 77064				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Clement Lav	v Office				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Cone , Misty	_			\$1,000.00
		Contributor address; City; s Houston, TX 77008	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Managing Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Cone PLLC			Cone PLLC		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/21 Rpt: 9/87
2	FILER NAME	ristino (The Hanerahle)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 12/10/2023	fistine (The Honorable) 5 Full name of contributor Davenport, Sally 6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$25.00
		Austin, TX 78749				
8	Contributor's I retired	Principal Occupation		9 Contributor's Job Title retired		
10		employer/law firm		11 Law firm of contributor's sp	20116	oo (if any)
10	Not Applicat			11 Law IIIII of Contributor's Sp	Jous	se (II ally)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/10/2023	Dolese, Martha Contributor address; City;	State; Zip Code			\$10.00
	O sustaile standard	Luling, TX 78648		I continued to Till		
	Retail	Principal Occupation		Contributor's Job Title Retail Clerk		
H		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Luling Laver					()/
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Donnell, Blain				\$100.00
		Contributor address; City;	State; Zip Code			
		Katy, TX 77493		T		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	Andrews My			Havens & Associates		(i a.i.j)
		s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/21 Rpt: 10/87
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Weems, Chr	Christine (The Honorable)				00081859
4	Date 12/18/2023	5 Full name of contributor Dovalina, Fernando (Mr.6 Contributor address; City;			7	Amount of Contribution (\$) \$250.00
		Houston, TX 77019				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Retired			Retired		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	None					
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/13/2023	Emerson, Lawrence Contributor address; City;	State; Zip Code			\$14.00
		National City, CA 91950				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	retired			retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not applicab	le				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/26/2023	Farrell, Conor	_			\$50.00
		Contributor address; City; Significant Contributor Con	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Program Ma	nager		Program Manager		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Calpine					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/21 Rpt: 11/87
2	FILER NAME Weems, Chr	FILER NAME Weems, Christine (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081859
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Fickling, Sarah 6 Contributor address; City; State; Zip Code McKinney, TX 75070		7 Amount of Contribution (\$) \$25.00		
Q	Contributor's I	Principal Occupation		9 Contributor's Job Title	
0	retired	- micipal Occupation		retired	
10	O Contributor's employer/law firm Not Applicable 11 Law firm of contributor's sp		pouse (if any)		
12		s a child, law firm of parent(s) (if a	ny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/28/2023	Frasher, Thomas Contributor address; City; Sta Houston, TX 77019			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Lawyer	incipal occupation		Lawyer	
		employer/law firm		Law firm of contributor's sp	nouse (if any)
	AZA Law				
	If contributor i	s a child, law firm of parent(s) (if a	ny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/13/2023	Gifford, George Contributor address; City; Sta Houston, TX 77009	ate; Zip Code		\$25.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Lawyer			Lawyer	
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	Crain Caton	James			
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/21 Rpt: 12/87
2	FILER NAME Weems, Chi	ristine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 11/28/2023	Full name of contributor Gilde, Bradford Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77007		_		
8		Principal Occupation		9 Contributor's Job Title		
10	Lawyer	employer/law firm		Lawyer 11 Law firm of contributor's sp	2011	co (if any)
10	Gilde Law F			11 Law IIIII of Contributor's Sp	Jou	se (II aliy)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/01/2023	Goolsby, Ward Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77401				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's of AZA Law	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a crina, law iiiii or parcrii(s) (i	i uriy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/16/2023	Hansen, Janet				\$1,000.00
		Contributor address; City; Houston, TX 77027	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	· · · · · · · · · · · · · · · · · · ·		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	of Janet Hansen				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/21 Rpt: 13/87
2	FILER NAME	isting (The Henerable)			3	Filer ID (Ethics Commission Filers)
4		istine (The Honorable) 5 Full name of contributor			 	00081859 Amount of Contribution (\$)
4	Date 07/13/2023	Herrera, Candace 6 Contributor address; City;	out-of-state PAC (ID#:		 -	\$25.00
		San Antonio, TX 78254				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
	retired			retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	Not Applicat		i anul			
12	i Contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/28/2023 Hoy, Emily			\$100.00		
		Contributor address; City;	State; Zip Code			
		Houston, TX 77008				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Locke Lord,					
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	12/10/2023	Jones, Suzanne				\$5.00
		Contributor address; City;	State; Zip Code			
		Plano, TX 75025				
		Principal Occupation		Contributor's Job Title		
	Education			Professor		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Collin Colleg					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/21 Rpt: 14/87
2	FILER NAME	istine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 12/13/2023	Full name of contributor Jurvetson, Karla Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$900.00
		Los Altos, CA 94022				
8		Principal Occupation		9 Contributor's Job Title		
	Physician			Physician		
10	Contributor's of Self Employ	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Τ	Amount of Contribution (\$)
	11/28/2023	Klein, Hunter Contributor address; City;	<u> </u>			\$500.00
		Houston, TX 77007				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp		
		Wood & Jones		Brazoria County District	I AT	torney's Office
	If contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	Kretzer, Seth	_			\$250.00
		Contributor address; City; Houston, TX 77002	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office of	f Seth Kretzer				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/21 Rpt: 15/87
2	FILER NAME	ricting (The Hangrahla)			3	Filer ID (Ethics Commission Filers)
4	Date 12/10/2023	 fistine (The Honorable) Full name of contributor Lanier, William Contributor address; City; 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		New York, NY 10010				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		ontributor's employer/law firm lifford Chance contributor is a child, law firm of parent(s) (if any) ate Full name of contributor out-of-state PAC (ID#:			oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	Out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/28/2023	Malone, Mason Contributor address; City;	<u> </u>			\$50.00
	Contributor's I	Houston, TX 77002 Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Reynolds Fr	izzell				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/16/2023	McAlister, Jessalyn	_			\$35.00
		Contributor address; City; Houston, TX 77002	State; Zip Code			
	Contributorio	ļ		Contributor's Job Title		
	Graduate As	Principal Occupation		Graduate Assistant		
		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
		Houston Law Center		Law min or contributor 5 of	Jou.	oo (ii aiiy)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/21 Rpt: 16/87
2	FILER NAME	ristine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 12/11/2023	Full name of contributor McPhail, Elizabeth Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Spring Branch, TX 7807	0			
8		Principal Occupation		9 Contributor's Job Title		
	Teacher			Teacher		
10	Contributor's Comal ISD	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (if	f any)			
H	Date	Full name of contributor	D (,	_	Amount of Contribution (Φ)
	11/28/2023	Full name of contributor Montano, Anton Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$25.00
		Humble, TX 77346				
		Principal Occupation		Contributor's Job Title		
	Attorney Attorney					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		ounty Attorney Office s a child, law firm of parent(s) (ii	Fomily			
	ii contributor i	s a criliu, law littii or parerii(s) (ii	ally)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Montazari, Soroush	_			\$500.00
		Contributor address; City; Friendswood, TX 77546	·			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	- ппстрат Оссирацоп		Associate		
_		employer/law firm		Law firm of contributor's sp	วดนร	se (if any)
		atkins Nichols Agosto Aziz &	Stogner			
	If contributor i	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 13/21 Rpt: 17/87
2	FILER NAME Weems Chr	istine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 12/06/2023	 5 Full name of contributor Mukerji, Shampa (Mrs.) 6 Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
_	Mukerji Law		`	Mukerji Law Firm		
12	IT CONTRIBUTOR IS	s a child, law firm of parent(s) (if a	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/11/2023	Munro, Andrew Contributor address; City; S	tate; Zip Code			\$25.00
		Des Moines, WA 98198				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Safety			Safety		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/13/2023	Nacogdoches County De	_	·		\$100.00
		Contributor address; City; S Nacogdoches, TX 75963	tate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Contributor 3 i	тпораг Оссираноп		Contributor 3 30b Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	L		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/21 Rpt: 18/87
2	FILER NAME Weems Chr	ristine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 12/15/2023	Full name of contributor O'Leary, William Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Pittsfield, MA 01201				
8		Principal Occupation		9 Contributor's Job Title		
L	retired			retired		
10	retired	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/10/2023	Pokala, Sivarama Contributor address; City;	State; Zip Code			\$25.00
L	Contributor's	New York, NY 10025		Contributor's Job Title		
	Scientist	Principal Occupation		Scientist		
-	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	New York In	stitute of Technology				
	If contributor is	s a child, law firm of parent(s) (if	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/05/2023 Raymond, Lee (Ms.) Contributor address; City; State; Zip Code			\$25.00		
		Palacios, TX 77465				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	None If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 15/21 Rpt: 19/87
2	FILER NAME Weems, Chi	ristine (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081859
4	Date 10/05/2023	 5 Full name of contributor Rivas, Jason 6 Contributor address; City; States San Marcos, TX 78666 	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$11.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	1
	Historian	тпора Собаралоп		Historic Preservation Sp	pecialist
10		employer/law firm		11 Law firm of contributor's sp	•
12		s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/05/2023	Rivas, Jason Contributor address; City; Sta			\$11.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	1
	Historian			Historic Preservation Sp	pecialist
	Contributor's	employer/law firm		Law firm of contributor's sp	
	State of Tex	as		·	
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/05/2023	Rivas, Jason Contributor address; City; Sta San Marcos, TX 78666	tte; Zip Code		\$11.00
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	Historian			Historic Preservation Sp	pecialist
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	State of Tex	as			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 16/21 Rpt: 20/87
2	FILER NAME Weems, Chr	istine (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081859
4	Date 09/05/2023	5 Full name of contributor Rivas, Jason6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$11.00
		San Marcos, TX 78666				
8		Principal Occupation		9 Contributor's Job Title		
	Historian			Historic Preservation Sp		
10	Contributor's of State of Tex	employer/law firm as		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/05/2023	Rivas, Jason Contributor address; City;	State; Zip Code			\$11.00
		San Marcos, TX 78666				
	Contributor's I Historian	Principal Occupation		Contributor's Job Title	200	ialiat
		employer/law firm		Historic Preservation Sp Law firm of contributor's sp		
	State of Tex			Law littl of contributors sp	Jous	se (II ally)
-		s a child, law firm of parent(s) (if	f any)			
		, , , , , , , , , , , , , , , , , , , ,	,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/05/2023	Rivas, Jason	_			\$11.00
		Contributor address; City; San Marcos, TX 78666	State; Zip Code		•	
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Historian			Historic Preservation Sp	эес	ialist
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	State of Tex	as				
	If contributor is	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 17/21 Rpt: 21/87
2	FILER NAME	iintina (Tha Hananahla)			3	Filer ID (Ethics Commission Filers)
	weems, Chr	istine (The Honorable)			┖	00081859
4	Date 11/28/2023	5 Full name of contributor Roberts Markland 6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77004				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10			oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/28/2023	Robinson, Jane Contributor address; City;	<u> </u>			\$500.00
		Pearland, TX 77584				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/16/2023	Rubenstein, Andy	out or state 1710 (IBM.	/		\$500.00
		Contributor address; City; Houston, TX 77024	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai Geografion		Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	D. Miller & A	ssociates, PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 18/21 Rpt: 22/87
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Weems, Chr	istine (The Honorable)			L	00081859
4	Date 11/30/2023	5 Full name of contributor Sanchez-Peralta, Karina6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Houston, TX 77043				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	AZA Law					
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Scott, Zach Contributor address; City; S	State; Zip Code			\$100.00
	Contributor's I	Houston, TX 77007 Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Norton Rose	, ,				· • •
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/13/2023	Seelnacht-Colombo, Kris	ty			\$50.00
		Contributor address; City; \$	State; Zip Code			
		Chicago, IL 60625				
		Principal Occupation		Contributor's Job Title		
	IT			IT Support		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 19/21 Rpt: 23/87
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Weems, Chr	ristine (The Honorable)				00081859
4	Date 11/28/2023	5 Full name of contributor Shaw, Charles6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$48.00
		Houston, TX 77006				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Harris Count	ty Attorney's Office				
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/10/2023	Siegel, Benjamin Contributor address; City; Dallas, TX 75219	State; Zip Code		-	\$10.00
	0	ļ		I a		
		Principal Occupation		Contributor's Job Title		
	Real Estate			Manager		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Bleecker Pa					
	If contributor is	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/18/2023	Smith, Paul	_	·		\$10.00
		Contributor address; City; Austin, TX 78757	State; Zip Code		•	
L	Contributor's	Principal Occupation		Contributor's Job Title	1	
	Personal Fit			Trainer		
		employer/law firm		Law firm of contributor's sp	2011	so (if any)
	self employe			Law IIIII of Continuator 3 3	Jou	se (ii diiy)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/21 Rpt: 24/87
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Weems, Chr	istine (The Honorable)				00081859
4	Date 12/13/2023	5 Full name of contributor Sorbello, Ruth6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00
		De Soto, MO 63020				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	retired			retired		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	not applicab	le				
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2023	Speed, Spencer Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Abraham Wa	atkins ————————————————————————————————————				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/12/2023	Williams, Nona				\$25.00
		Contributor address; City; Los Angeles, CA 91415	·		<u>'</u>	
\vdash	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Psychologis	t		Psychologist		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self employe					
		s a child, law firm of parent(s) (i	f any)	<u>I</u>		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.		ges Schedule A(J)1 L/21 Rpt: 25/87	
2	FILER NAME Weems, Chr	ristine (The Honorable)				(Ethics Commission	on Filers)
4	Date 11/28/2023	5 Full name of contributor Wilson, John Henry 6 Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code		7 Amount	of Contribution (\$)	\$50.00
		Houston, TX 77019					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's of Abraham Wa	employer/law firm atkins		11 Law firm of contributor's s	pouse (if any)		
12	If contributor is	is a child, law firm of parent(s) (if an	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	11/28/2023	Zwang, Mitchell	out-or-state PAC (ID#)	Amount	or Contribution (\$)	\$25.00
	11/20/2023				.		\$25.00
		Contributor address; City; Sta	ite; Zip Code				
		Houston, TX 77027					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any))	
	Orrick Herrin	ngton & Sutcliffe					
	If contributor is	is a child, law firm of parent(s) (if an	 ıy)				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

se Travel Out of District
Travel Out of District
Travel Out of District
Travel Out of District
Travel In District
Travel Out of Distric

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/60 Rpt: 26/87	Weems, Christine (The Honorable)	00081859
4	Date	5 Payee name	-
	08/03/2023	Acme Oyster House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$272.64	1201 Westheimer Road	
		Houston, TX 77006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Food/Beverage Expense	heck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	,	heck if Austin, TX, officeholder living expense
		Stati	f summer birthday lunch
_	Complete ONLY if direct	Condidate Office helder nove	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	· 		
	Date	Payee name	
	12/13/2023	Adams, Kacie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,368.27	2611 Oxford Street	
		Unit A	
		Houston, TX 77008	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	heck if travel outside of Texas. Complete Schedule T.
		I — I —	heck if Austin, TX, officeholder living expense npaign hourly work
		Can	ipaign nouny work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
-	Date	Payee name	
	11/14/2023	Alon OK	
	Amount (\$) \$12.26	Payee address; City; State; Zip Code 6680 Montana Ave	
	Φ12.20	0000 Montana Ave	
		FI D TV 70005	
		El Paso, TX 79925	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Haver in District	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
		,	for travel in El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica		e Legal Services			se s/Contract Labor		OTHER (enter a	category not listed abov	ve)
	Credit Card Payment		The Instruction	Guide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 2/60 Rpt: 27/87	Wee	ems, Christine (The H	onorable)				00081859		
4	Date	5 Paye	e name				_			
	11/14/2023	ı	ar Restaurante							
6	Amount (\$)	7 Paye	ee address; City;	State; Zip C	ode					
	\$100.00	106	W. Mills Ave.							
		EIP	aso, TX 79901							
8	PURPOSE	(a) Cate	gory (See Categories listed a	at the top of this schedule)	(b)	Description				
	OF		d/Beverage Expense	at the top of this schedule)	`´	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					\Box		officeholder living		
						Dinner in El F	as	o with camp	aign volunteers	
		<u> </u>			<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	Office so	ught			Office he	eld	
	Date	1 1	ee name							
	12/13/2023	Ame	erican Board of Trial A	dvocates						
	Amount (\$)	· ·	ee address; City;	State; Zip C	ode					
	\$200.00	200:	1 Bryan Street							
		Suit	e 3000							
		Dall	as, TX 75201							
	PURPOSE	(a) Cate	gory (See Categories listed a	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fee	S			<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
						2024 annual			у ехрепзе	
	Complete ONLY if direct	<u>I</u> Candi	date/Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
-	Date	Pave	ee name							
	11/14/2023	1 1	Car Rental							
	Amount (\$)	Paye	ee address; City;	State; Zip C	ode					
	\$142.90	1 1	5 Convair Road							
		Suit	e 400							
		l El P	aso, TX 79925							
	PURPOSE		gory (See Categories listed a	at the top of this schedule)	(b)	Description				
	OF		rel In District	at the top of this schedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living		
						Car rental in	El F	Paso for can	npaign event	
					1_					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	Office so	ught			Office he	eld	
	experialitate to benefit 0/011									

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 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 complete this form.
1	Total pages Schedule F1: Sch: 3/60 Rpt: 28/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859
4	Date 08/22/2023	5 Payee name Barnaby's Cafe
6	Amount (\$) \$119.59	7 Payee address; City; State; Zip Code 801 Congress
		Houston, TX 77002
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 New law clerks lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/06/2023	Payee name Bexar County Democratic Party
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 1844 Fredericksburg Road San Antonio, TX 78201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets to Noche Azul - Bexar County Democratic Party fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/05/2023	Payee name Brennan's Houston
	Amount (\$) \$130.00	Payee address; City; State; Zip Code 3300 Smith Str.
		Houston, TX 77006
	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 Judge's Holiday Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	.,	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 4/60 Rpt: 29/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	12/10/2023	Bucee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.47	27700 Katy Freeway
		Katy, TX 77494
Ļ	DUDDOOF.	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas from Austin
		Cas non-Austin
Ļ	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L	·	
	Date	Payee name
	12/08/2023	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.04	27700 Katy Freeway
		Katy, TX 77494
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas to Austin for filing
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	10/21/2023	Bucee's
L		
	Amount (\$)	
	\$48.89	27700 Katy Freeway
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gas from Austin for JBR
L	Commission ON II M 15 office of	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/60 Rpt: 30/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/12/2023	Bucee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.40	10070 West IH-10
		Luling, TX 78648
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas from San Antonio
		Gas IIVIII Sali Alitolii0
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	10/12/2023	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.38	10070 West IH-10
		Luling, TX 78648
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food on the way back from San Antonio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/23/2023	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.53	1402 South IH-45
		Ennis, TX 75119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas from Dallas for campaign events
		Sus non Builds for cumpaign events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/60 Rpt: 31/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/24/2023	CBD Provisions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.90	1530 Main Street
		Suite 100
		Dallas, TX 75201
8	PURPOSE	
Ü	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner with campaign volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	11/08/2023	Cali Sandwiches & Pho
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.43	2900 Travis Street
	φ333.43	
		Unit A
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Civil District Judge Board Meeting
		Edition of Civil district studge board weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/28/2023	Carroll Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$803.76	2907 Canal Street
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign bumper sticker printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure 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 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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/60 Rpt: 32/87	Weems, Christine (The Honorable)		00081859
4	Date	5 Payee name		'
l	12/28/2023	Carroll Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$2,163.65	2907 Canal Street		
		Houston, TX 77003		
8	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 Texas Supreme Court Campaign T-shirt printing
l				rexas Supreme Court Campaign 1-Shirt printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
ľ	expenditure to benefit C/O		giit	Office field
⊨	Date	Payee name		
	08/18/2023	Carroll Printing		
	Amount (\$)	Payee address; City; State; Zip Coo	da	
	\$153.72	2907 Canal Street	ue	
	Ψ130.12	2307 Gariai Gireet		
l		Houston, TX 77003		
┝	PURPOSE		(h)	Description .
l	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Tilling Expense		Check if Austin, TX, officeholder living expense
l				Texas Supreme Court campaign bookmarks
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
L				
	Date	Payee name		
L	12/08/2023	Champions		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$54.55	300 East 4th Street		
l				
		Austin, TX 78701		
l	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Dinner in Austin for filing
l				•
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Over ense Polling Exp als Expense Printing Ex	pense ages/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:	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/60 Rpt: 33/87	Veems, Christine (The Ho	onorable)		00081859
4	Date	ayee name			•
	07/19/2023	Chick Fil A			
6	Amount (\$) \$104.78	ayee address; City; 0608 Interstate 45 Spring, TX 77373	State; Zip Coo	le	
8	PURPOSE OF EXPENDITURE	Category (See Categories listed a cood/Beverage Expense	nt the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Jury
9	Complete ONLY if direct expenditure to benefit C/Oh	ndidate/Officeholder name	Office souç	ht	Office held
	Date	ayee name			
	08/10/2023	Chick Fil A			
	Amount (\$) \$90.15	ayee address; City; 0608 Interstate 45	State; Zip Cod	le	
		Spring, TX 77373			
	PURPOSE OF EXPENDITURE	Category (See Categories listed a Cood/Beverage Expense	at the top of this schedule)	<u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense Jury
	Complete ONLY if direct expenditure to benefit C/Oh	ndidate/Officeholder name	Office souç	ht	Office held
	Date	ayee name			
L	08/23/2023	Chick Fil A			
	Amount (\$) \$88.94	ayee address; City; 0608 Interstate 45	State; Zip Coo	le	
L		Spring, TX 77373			
	PURPOSE OF EXPENDITURE	Category (See Categories listed a Cood/Beverage Expense	tt the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Jury
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office souç	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 9/60 Rpt: 34/87	Weems, Christine (The Honorable) 00081859	
4	Date	5 Payee name	
	08/30/2023	Chick Fil A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$88.94	20608 Interstate 45	
		Spring, TX 77373	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Breakfast for Jury	
		Dicarras for sury	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
_			=
	Date	Payee name	
	09/13/2023	Chick Fil A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.57	20608 Interstate 45	
		Spring, TX 77373	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Breakfast for Jury	
		Distance for sally	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			=
	Date	Payee name	
	09/15/2023	Chick Fil A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.57	20608 Interstate 45	
		Spring, TX 77373	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Breakfast for Jury	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 10/60 Rpt: 35/87	FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4	Date 09/19/2023	5 Payee name Chick Fil A	
6	Amount (\$) \$85.57	7 Payee address; City; State; Zip Code 20608 Interstate 45 Spring, TX 77373	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for Jury
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/07/2023	Payee name Chick Fil A	
	Amount (\$) \$81.73	Payee address; City; State; Zip Code 20608 Interstate 45 Spring, TX 77373	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for Jury
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/01/2023	Payee name Chick Fil A	
	Amount (\$) \$125.52	Payee address; City; State; Zip Code 2222 Shearn St.	
		Houston, TX 77007	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Special Dockets committee meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 11/60 Rpt: 36/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/28/2023	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$359.66	2222 Shearn St.
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sponsorship of lunch for mock trial tournament
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2023	Conoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.44	4010 South Street
		Nacogdoches, TX 75964
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas from Nacogdoches for campaign event
		Gas from Nacoguothes for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	10/11/2023	Payee name Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1414 N. Washington Avenue
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Half table at the JJ Dinner - Dallas County
		Democratic Party fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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	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: 12/60 Rpt: 37/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	08/17/2023	Denton County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	529 Malone Street
		#119
		Denton, TX 76201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship of the LBJ Obama Dinner - Denton
		County Democratic Party fundraiser
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/16/2023	Exxon Mobil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$45.82	3553 West 7th Avenue
	¥ 10.02	
		Corsicana, TX 75110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas from Navarro County
		Sub-Holl Havano Soully
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/21/2023	Frankie's Downtown
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	1303 Main Street
	φου.σσ	1000 Main Officer
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner in Dallas for campaign events
		Diffici in Dalias for campaign events
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

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

	rd Payment	The Instruction Guide explains ho	Ü	especial actual of the center a category not listed above)	
1 Total pag	ges Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 13/	/60 Rpt: 38/87	Weems, Christine (The Honorable) 00081859			
4 Date		5 Payee name		•	
12/22/20	023	GLBTQ+ Political Caucus			
6 Amount (\$40.00	7 Payee address; City; State; 1124 W. Gray Street Houston, TX 77019	Zip Code		
o	POSE OF DITURE	(a) Category (See Categories listed at the top of this schedules	(b)	Description Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Membership Renewal	
	e <u>ONLY</u> if direct ure to benefit C/O		ice sought	t Office held	
Date		Payee name			
12/05/20	023	Garrison, Tanya			
Amount (\$40.00	Payee address; City; State; 201 Caroline Houston, TX 77002	Zip Code		
o	POSE DF DITURE	(a) Category (See Categories listed at the top of this scheduled Gift/Awards/Memorials Expense	ule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution for Judge Miller's AJ commemoration	on
	e <u>ONLY</u> if direct ure to benefit C/O		ice sought	t Office held	
Date 07/01/20	023	Payee name Google Domains			
Amount (\$6.40	Payee address; City; State; 2 1600 Amphitheatre Parkway Mountain View, CA 94043	Zip Code		
PURF	POSE	(a) Category (See Categories listed at the top of this schedu	ulo) (h)) Description	
0	DITURE	Office Overhead/Rental Expense	uie)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email address	
	e <u>ONLY</u> if direct ure to benefit C/O		ice sought	t Office held	

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/60 Rpt: 39/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	08/01/2023	Google Domains
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense Email address
		Linai addiess
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/01/2023	Google Domains
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
	Ψ0.40	1000 Amphilicalie Faikway
		Mountain View, CA 04042
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email address
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/01/2023	Google Domains
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Email address
	Complete ONLY if direct	Candidate/Officeholder some
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/60 Rpt: 40/87 Weems, Christine (The Honorable) 00081859 4 Date Payee name 11/01/2023 Google Domains 6 Amount (\$) Payee address; City; State; Zip Code \$6.40 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Email address Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2023 Google Domains Amount (\$) Payee address; City; State; Zip Code \$6.40 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email address** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/12/2023 Great American Cookie Company Amount (\$) Payee address; City: State; Zip Code \$42.54 1923 Taylor Street Suite E Houston, TX 77007 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Birthday cookie cake for staff birthday Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 16/60 Rpt: 41/87	Weems, Christine (The Honorable) 00081859	
4	Date	5 Payee name	
	09/16/2023	HEB Gas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.69	2121 FM 2920	
_		Spring, TX 77388	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gas to Navarro County for campaign event	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
		· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	07/20/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.21	2121 FM 2920	
		Spring, TX 77388	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyon Complete Schedule Toyon	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Coffee and condiments for jury	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Oi		
	Date	Payee name	
	09/09/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.90	2121 FM 2920	
		Spring, TX 77388	
	PURPOSE OF	(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.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Snacks, coffee and condiments for jury	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	oxperialitate to beliefit G/OI	··	

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 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 complete this form.	
1	Total pages Schedule F1: Sch: 17/60 Rpt: 42/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859	
4	Date 10/10/2023	5 Payee name Harris County Democratic Party	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue	
		Houston, TX 77020	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table at the JRR - Harris County Democratic Party fundraiser	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 12/09/2023	Payee name Hotels.com	
	Amount (\$) \$168.08	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Austin for filling	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/08/2023	Payee name Hotels.com	
	Amount (\$) \$250.27	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Austin for filling	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

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 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 complete this form.
1	Total pages Schedule F1: Sch: 18/60 Rpt: 43/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859
4	Date 11/18/2023	5 Payee name Hotels.com
6	Amount (\$) \$532.54	7 Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Dallas for campaigning events
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/14/2023	Payee name Hotels.com
	Amount (\$) \$128.84	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in El Paso for campaigning events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/18/2023	Payee name Hotels.com
	Amount (\$) \$112.81	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in McAllen for Hidalgo County Noche Azul
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 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 complete	e this form.
1	Total pages Schedule F1: Sch: 19/60 Rpt: 44/87	FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4	Date 10/11/2023	5 Payee name Hotels.com	'
6	Amount (\$) \$119.61	7 Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
8	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Lubbock for campaign event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/20/2023	Payee name Hotels.com	
	Amount (\$) \$607.26	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Dallas for campaign events
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/19/2023	Payee name Hotels.com	
	Amount (\$) \$124.95	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel in Denton for LBJ-Obama Dinner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/60 Rpt: 45/87	Weems, Christine (The Honorable) 00081859
4 Date	5 Payee name
10/21/2023	Hyatt Regency Austin
6 Amount (\$) \$12.33	7 Payee address; City; State; Zip Code 208 Barton Springs Road Austin, TX 78704
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking in Austin for the JBR
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/12/2023	In N Out Burger
Amount (\$) \$36.53	Payee address; City; State; Zip Code 1010 Katy Fort Bend Road
	Katy, TX 77493
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 Lunch on the way to San Antonio with campaign workers
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/31/2023	Intercontinental Willard Hotel
Amount (\$)	Payee address; City; State; Zip Code
\$1,353.15	1401 Pennsylvania Ave., NW
	Washington, DC 20004
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel for DC Trip for US Supreme Court swearing in
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_	
	Sch: 21/60 Rpt: 46/87	Weems, Christine (The Honorable) 00081859		
4	Date	5 Payee name		
	10/24/2023	Jefferson County Democratic Party		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$450.00	2211 Calder Ave.		
		Beaumont, TX 77701		
8	PURPOSE		_	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Tickets for Blue Night Jefferson County Democratic Party Fundraiser		
Ļ	Commiste ONII V if direct			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
⊨	Date	Payee name	=	
	10/21/2023	Joe's Crab Shack		
┝	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$134.56	2401 Interstate 35		
		Round Rock, TX 78664		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Dinner in Austin with campaign worker		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
L	expenditure to benefit C/O	H		
	Date	Payee name		
	12/13/2023	John Raley & Associates		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,259.50	1717 Saint James Place		
		Suite 320		
L		Houston, TX 77056		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Attorneys' fees for defense of election challenge		
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

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 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 complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 22/60 Rpt: 47/87	Weems, Christine (The Honorable) 00081859	
4	Date	5 Payee name	
	12/13/2023	John Raley & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,283.40	1717 Saint James Place	
		Suite 320	
		Houston, TX 77056	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Categories instead at the top of this schedule) Check if travel outside of Texas. Comp	lete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	
		Attorneys' fees for defense o	f election challenge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel	ld
	experiorations to benefit C/O		
	Date	Payee name	
	11/03/2023	John Raley & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,320.75	1717 Saint James Place	
		Suite 320	
		Houston, TX 77056	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Comp	lete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living	
		Attorneys' fees for defense or	r election challenge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	14
	Complete ONLY if direct expenditure to benefit C/Ol		lu
	Date	Payee name	
	07/21/2023	Kolache Factory	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$116.27	5941-A FM 2920	
		Spring, TX 77388	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living	expense
		Breakfast for Jury	
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office he	ld .
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·	iu
\vdash			
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SCHEDULE F1

Pertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

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: 23/60 Rpt: 48/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	08/24/2023	Kolache Factory
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.11	5941-A FM 2920
		Spring, TX 77388
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		Breaklast for sary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
⊨	Data	
	Date	Payee name Kolonba Footon
L	09/14/2023	Kolache Factory
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.12	5941-A FM 2920
		Spring, TX 77388
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for Jury
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/21/2023	Kolache Factory
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$112.02	5941-A FM 2920
	Ψ112.02	3341 / (TW 2320
		Spring TV 77200
	DUDD005	Spring, TX 77388
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for Jury
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Т		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/60 Rpt: 49/87	Weems, Christine (The Honorable)		00081859
4	Date 11/08/2023	5 Payee name Kolache Factory		
6	Amount (\$) \$95.02	7 Payee address; City; State; Zip Coo 5941-A FM 2920	de	
L		Spring, TX 77388		
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 Breakfast for Jury
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
F	Date	Payee name	_	
	07/26/2023	Kolache Factory		
	Amount (\$) \$134.02	Payee address; City; State; Zip Coo 5941-A FM 2920	de	
		Spring, TX 77388		
	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 Breakfast for Jury
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	 tht	Office held
F	Date	Payee name		
	09/21/2023	Kroger Fuel		
	Amount (\$) \$39.18	Payee address; City; State; Zip Coi 2222 Interstate 45N	de	
		Conroe, TX 77306		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas to Dallas for campaign events
	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office soug H	ght	Office held

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	·
	Sch: 25/60 Rpt: 50/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	12/07/2023	Kura Revolving Sushi Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.43	3510-A Main Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch meeting for contract campaign workers
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	08/04/2023	Kura Revolving Sushi Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.36	3510-A Main Street
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Summer law clerk farewell lunch
		Summer law derk lateweil funch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/10/2023	Payee name La Calle Tacos
	Amount (\$) \$160.92	Payee address; City; State; Zip Code 909 Franklin Street
	\$100.92	909 Flankiin Street
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for special dockets committee meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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	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: 26/60 Rpt: 51/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/05/2023	La Calle Tacos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.40	909 Franklin Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Farewell law clerk lunch
		Falewell law clerk fuller
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payso nama
	12/20/2023	Payee name Laurenzo's
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	4412 Washington Ave
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff holiday gift cards
		Stan Hollday gift cards
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Davida nama
	10/22/2023	Payee name Los Cucos
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.28	4775 W. Panther Creek
		The Woodlands, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with Montgomery County Democratic Party
		volunteers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

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 complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/60 Rpt: 52/87	Weems, Christine (The Honorable)	00081859
4	Date	5 Payee name	·
	11/20/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.70	2855 Mangum Road	
		Suite B106	
		Houston, TX 77092	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Car from hotel to airport in Dallas
			our from notes to disport in Danas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ī	expenditure to benefit C/O		
	Date	Payee name	
	11/18/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.24	2855 Mangum Road	
	Ψ01.121	Suite B106	
		Houston, TX 77092	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in district	Check if Austin, TX, officeholder living expense
			Car from airport to hotel in Dallas
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	10/20/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.79	2855 Mangum Road	
		Suite B106	
		Houston, TX 77092	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Car from hotel to airport in McAllen
			Car from noter to airport in McAllen
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Office Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	d 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: 28/60 Rpt: 53/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/19/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.94	2855 Mangum Road
		Suite B106
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Car from event to hotel in McAllen
		Cal from event to noter in wichiten
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/19/2023	Lyft
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.85	2855 Mangum Road
		Suite B106
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Car from event to hotel in McAllen
		Cal from event to noter in wichien
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/19/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.35	2855 Mangum Road
		Suite B106
		Houston, TX 77092
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Car from airport to hotel in McAllen
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 Commission Filers)
	Sch: 29/60 Rpt: 54/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	12/21/2023	McCormick & Schmick's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,221.32	1201 Fannin Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Holiday Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2023	McGowen Professional Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Rent for campaign office address
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name McGowen Professional Suites
	08/04/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rent for campaign office address
		Trent for dampaign office address
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

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

Travel in District
Travel Out of Dis
Contract Labor

Travel Out of Dis
CONTRACT LABOR

	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: 30/60 Rpt: 55/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/28/2023	McGowen Professional Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rent for campaign office address
		Nent for earnpuight office address
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/07/2023	McGowen Professional Suites
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for campaign office address
		The interest of the state of th
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/05/2023	McGowen Professional Suites
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Rent for campaign office address
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/60 Rpt: 56/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/31/2023	McGowen Professional Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1300 McGowen Street
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Rent for campaign office address
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date	Payee name
	10/12/2023	National Car Rental
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.39	5401 N. Martin Luther King Blvd.
		Lubbock, TX 79403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental car for Lubbock campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/03/2023	Old Ebbitt Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	673 15th Street
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		L Chock if Auctin TV officeholder living expense
		Check if Austin, TX, officeholder living expense
		Dinner while in DC for US Supreme Court swearing in
		Dinner while in DC for US Supreme Court swearing in
	Complete ONLY if direct expenditure to benefit C/Ol	Dinner while in DC for US Supreme Court swearing in Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Dinner while in DC for US Supreme Court swearing in Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Dinner while in DC for US Supreme Court swearing in Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/60 Rpt: 57/87 Weems, Christine (The Honorable) 00081859 4 Date Payee name 12/10/2023 Origin Hotel 6 Amount (\$) Payee address; State; Zip Code \$20.00 1825 McBee Street Austin, TX 78723 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2023 Oyamel Amount (\$) Payee address; City; State; Zip Code \$44.95 401 7th Street, NW Washington, DC 20004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner while in DC for US Supreme Court swearing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/20/2023 Parking Spot Payee address; Amount (\$) City: State; Zip Code \$28.84 8707 Airport Blvd Houston, TX 77061 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking for Dallas trip Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 33/60 Rpt: 58/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	11/15/2023	Parking Spot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.42	8707 Airport Blvd
		Houston, TX 77061
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking for El Paso trip
		Taking for 2.17 also dip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/04/2023	Parking Spot
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.01	8707 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for DC Trip
		Takking for DO Trip
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/14/2023	Plaza Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	109 E. San Antonio Ave.
	,	
		El Paso, TX 79901
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking for dinner with campaign volunteers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/60 Rpt: 59/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	12/09/2023	Pluckers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$290.13	6404 N. IH 35
		Austin, TX 78752
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for the Texas Democratic Party employees
		and volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name Divokers
	12/08/2023	Pluckers
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.18	6404 N. IH 35
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Lunch in Austin for filing
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2023	QuikTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.14	2000 US 287
		Corsicana, TX 75110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Coo from Donton
		Gas from Denton
	Operation ONLY if all part	Our stide to 10 ff as health are nown.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

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 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	plete	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 35/60 Rpt: 60/87	Weems, Christine (The Honorable)		00081859
4	Date	5 Payee name		
	07/04/2023	Raise the Money, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$12.50	P.O. Box 26466		
		Little Rock, AR 72221		
8	PURPOSE OF	,	b) [Description
	EXPENDITURE	Solicitation/Fundraising Expense	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L (Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	07/06/2023	Raise the Money, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>	
	\$0.79	P.O. Box 26466		
		Little Rock, AR 72221		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Ĺ	Cradit pard propagating for
				Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt .	Office held
	expenditure to benefit C/OI	3		Since hold
	Date	Payee name		
	07/17/2023	Raise the Money, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.47	P.O. Box 26466	C	
	42.11	1.0.200.20100		
		Little Rock, AR 72221		
	PURPOSE		h) [Description
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	υ, . Γ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Constant and along Expense	Ī	Check if Austin, TX, officeholder living expense
			(Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	Office held

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/60 Rpt: 61/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	08/08/2023	Raise the Money, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Credit dara processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	09/06/2023	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Greatt data processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	09/12/2023	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.47	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Credit court measurement for
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/60 Rpt: 62/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/27/2023	Raise the Money, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.70	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Great sala processing for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/17/2023	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.25	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Crount out a processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies warms
	Date 10/18/2023	Payee name Payee the Manay Inc.
		Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.75	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Credit card processing fee
		Credit card processing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/60 Rpt: 63/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	11/07/2023	Raise the Money, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. Box 26466
l		
L		Little Rock, AR 72221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialiture to beliefit C/Or	
	Date	Payee name
	11/15/2023	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.47	P.O. Box 26466
L		Little Rock, AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	11/16/2023	Raise the Money, Inc.
	Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466
	\$12.50	F.O. BOX 20400
		Little Rock, AR 72221
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 39/60 Rpt: 64/87	Weems, Christine (The Honorable) 00081859	
4	Date	5 Payee name	_
	11/19/2023	Raise the Money, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$4.56	P.O. Box 26466	
		Little Rock, AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	11/29/2023	Raise the Money, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.82	P.O. Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
		Orosite out a processoning rec	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	-
	11/30/2023	Raise the Money, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$32.37	P.O. Box 26466	
	, , , , , , , , , , , , , , , , , , , ,		
		Little Rock, AR 72221	
_	PURPOSE	T	_
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experientare to beliefft G/O	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens I Committee Legal Services Salaries/Wage	e Tra Contract Labor OT	ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)
		The Instruction Guide explains how to compl	te this form.	
1	Total pages Schedule F1: Sch: 40/60 Rpt: 65/87		3 Fil	ler ID (Ethics Commission Filers) 0081859
	•	Weems, Christine (The Honorable)		7091939
4	Date 12/03/2023	5 Payee name Raise the Money, Inc.		
_	Amount (\$)	7 Payee address; City; State; Zip Code		
•	\$5.15	P.O. Box 26466		
		Little Rock, AR 72221		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Check if Austin, TX, office Credit card process	
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	12/04/2023	Raise the Money, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$49.25	P.O. Box 26466		
		Little Rock, AR 72221		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Check if Austin, TX, office	of Texas. Complete Schedule T.
			Credit card process	
			·	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	12/05/2023	Raise the Money, Inc.		
	Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466		
		Little Rock, AR 72221		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of the Check if Austin, TX, office Credit card process	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held

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 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 complete this form.
1	Total pages Schedule F1: Sch: 41/60 Rpt: 66/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859
4	Date 12/06/2023	5 Payee name Raise the Money, Inc.
6	Amount (\$) \$0.79	7 Payee address; City; State; Zip Code P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/12/2023	Payee name Raise the Money, Inc.
	Amount (\$) \$10.55	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/13/2023	Payee name Raise the Money, Inc.
	Amount (\$) \$4.17	Payee address; City; State; Zip Code P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 42/60 Rpt: 67/87	Weems, Christine (The Honorable)		00081859
4	Date	5 Payee name		•
	12/14/2023	Raise the Money, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$49.45	P.O. Box 26466		
		Little Rock, AR 72221		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		grit	Office field
	Data			
	Date 12/18/2023	Payee name		
		Raise the Money, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$5.15	P.O. Box 26466		
		Little Book AB 70004		
		Little Rock, AR 72221		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/19/2023	Raise the Money, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$13.24	P.O. Box 26466		
		Little Rock, AR 72221		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Credit card processing fee
	Complete ONLY if direct	Condidate/Officeholder nema	ab+	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ynt	t Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/60 Rpt: 68/87	Weems, Christine (The Honorable)	00081859
4	Date	Payee name	•
	12/06/2023	Rios, Helen	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	1250 Leona Street	
		Apt. 1137	
		Houston, TX 77009	
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF	· · · · · · · · · · · · · · · · · · ·	if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Contrac	ct hourly campaign worker
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to borion 670		
	Date	Payee name	
	07/10/2023	Roma's Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$227.09	233 Main Street	
		Houston, TX 77002	
	PURPOSE	(b) Category (See Categories listed at the top of this schedule)	ion
	OF EXPENDITURE	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	, 	if Austin, TX, officeholder living expense
		Lunch t learning	or summer court law clerks mock trial Junch
	Opening ONE V if dispert		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/18/2023	Roma's Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.00	233 Main Street	
		Houston, TX 77002	
	PURPOSE	(b) Category (See Categories listed at the top of this schedule)	ion
	OF EXPENDITURE	1 000/Deverage Expense	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense for Special Dockets committee meeting
		Lunch	or special bockets committee meeting
	Complete ONLY if direct	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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 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 complete this form.
1	Total pages Schedule F1: Sch: 44/60 Rpt: 69/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859
4	Date 07/26/2023	5 Payee name Roma's Pizza
6	Amount (\$) \$213.35	7 Payee address; City; State; Zip Code 233 Main Street
_	2112202	Houston, TX 77002
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 Lunch for summer law clerk mock trial tournament
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/27/2023	Payee name Roma's Pizza
	Amount (\$) \$203.06	Payee address; City; State; Zip Code 233 Main Street
		Houston, TX 77002
	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 Lunch for Jury
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/21/2023	Payee name Roma's Pizza
	Amount (\$) \$52.77	Payee address; City; State; Zip Code 233 Main Street
		Houston, TX 77002
	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 Staff lunch
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 45/60 Rpt: 70/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/20/2023	SP+ Global Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2800 N. Terminal Blvd
		Houston, TX 77032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airport Parking for McAllen trip
		Airport aixing for Modilen trip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	Para a same
	Date	Payee name
	08/20/2023	Seven Mile Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.65	2123 Sadau Court
		Denton, TX 76210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Fort Worth volunteers
		bleanast for Port Worth Volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/13/2023	Shipley's Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.03	1800 Louetta
		Spring, TX 77388
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		Dicarrast for sury
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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: 46/60 Rpt: 71/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	11/10/2023	Shipley's Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.36	1800 Louetta
		Spring, TX 77388
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		Dicarrast for sary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/26/2023	Shipley's Donuts
H	Amount (\$)	Payee address; City; State; Zip Code
	\$71.33	1800 Louetta
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for Jury
		2.04.11401.5. 04.19
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/25/2023	Shipley's Donuts
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$71.33	1800 Louetta
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Breakfast for Jury
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

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 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 complete this form.	
1	Total pages Schedule F1:		
Ļ	Sch: 47/60 Rpt: 72/87	Weems, Christine (The Honorable) 00081859	_
4	Date 09/15/2023	5 Payee name Shipley's Donuts	
6	Amount (\$) \$86.70	7 Payee address; City; State; Zip Code 1800 Louetta	
		Spring, TX 77388	
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 Breakfast for Jury	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 08/29/2023	Payee name Shipley's Donuts	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$91.93	1800 Louetta	
		Spring, TX 77388	
	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 Breakfast for Jury	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 07/20/2023	Payee name Shipley's Donuts	
	Amount (\$) \$49.91	Payee address; City; State; Zip Code 1800 Louetta	
		Spring, TX 77388	
	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 Breakfast for Jury	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/60 Rpt: 73/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/26/2023	Southwest
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.97	2702 Love Field Drive
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight to DC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	10/10/2023	Southwest
	Amount (\$)	Payee address; City; State; Zip Code
	\$626.97	2702 Love Field Drive
		Dallas, TX 75235
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight to Lubbock for campaign event
		r light to Eusbook for earnpaight event
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/13/2023	Southwest
H	Amount (\$)	Payee address; City; State; Zip Code
	\$739.96	2702 Love Field Drive
		Dallas, TX 75235
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Flight to El Paso for campaign event
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/60 Rpt: 74/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/26/2023	Southwest
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.20	2702 Love Field Drive
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight to Dallas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/19/2023	Spring Cypress Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.79	2119 FM 2920
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Gas to Denton
		Cus to Bernon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/18/2023	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.27	105 Louetta Crossing
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for Jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 50/60 Rpt: 75/87	Weems, Christine (The Honorable)	00081859		
4	Date	5 Payee name			
	08/09/2023	Taco Cabana			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$69.04	105 Louetta Crossing			
		Spring, TX 77373			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	1 courbe verage Expense	travel outside of Texas. Complete Schedule T.		
	!	Breakfast	Austin, TX, officeholder living expense		
		Broanast	. Tol daily		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
	Date	Payee name			
	08/22/2023	Taco Cabana			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$69.04	105 Louetta Crossing			
	+33.2.	100 1000000			
	!	Spring, TX 77373			
	PURPOSE	· ·	-		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if to	travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Tood/Beverage Expense	Austin, TX, officeholder living expense		
		Breakfast	t for Jury		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		
	experialiture to benefit 6/01				
	Date	Payee name			
	08/31/2023	Taco Cabana			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.04	105 Louetta Crossing			
		Spring, TX 77373			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	Tood/Develage Expense	travel outside of Texas. Complete Schedule T.		
		Breakfast	Austin, TX, officeholder living expense		
		Broamace	. ioi cary		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			

SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/60 Rpt: 76/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/12/2023	Taco Cabana
6	Amount (\$) \$70.34	7 Payee address; City; State; Zip Code
	Φ70.54	105 Louetta Crossing
		Spring, TX 77373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for Jury
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2023	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.69	105 Louetta Crossing
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		2.00
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.69	105 Louetta Crossing
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		2. Samuel of Sury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	Al 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: 52/60 Rpt: 77/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	11/09/2023	Taco Cabana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.17	105 Louetta Crossing
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jury
		Dicariast for sary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date	Payee name
	12/13/2023	Texas Bar Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	515 Congress Avenue
		Suite 1755
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fellow Donation for 2023-24
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	07/17/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,000.00	1106 Lavaca
		Suite 100
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Texas Voter Access - VAN
ı		
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	l.
1	Total pages Schedule F1: Sch: 53/60 Rpt: 78/87	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4	Date 12/09/2023	5 Payee name Texas Democratic Party	
6	Amount (\$) \$3,750.00	7 Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	Check if.	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense I for the Texas Supreme Court
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 09/27/2023	Payee name Thai Cafe	
	Amount (\$) \$85.77	Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
	PURPOSE OF EXPENDITURE	1 dod/beverage Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/18/2023	Payee name Thien An	
	Amount (\$) \$60.06	Payee address; City; State; Zip Code 2611 San Jacinto Street	
		Houston, TX 77002	
_	PURPOSE OF EXPENDITURE	Check if.	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense r campaign meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: Sch: 54/60 Rpt: 79/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859
4	Date	5 Payee name
	12/11/2023	Tiff's Treats
6	Amount (\$) \$113.58	7 Payee address; City; State; Zip Code2507 Bagby St.
	4110.00	2001 Dagsy Ca
_		Houston, TX 77006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Harris County Democratic Party filing day volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$515.00	PO Box 684283
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Tickets for the JBR Travis County Democratic Party Fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.74	1117 Texas Street
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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 Salaries (Contract Labor

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·	•		5)
Weems, Christine (The Honorable)		00081859	,
5 Payee name		•	
Treebeards			
7 Payee address; City; State; Zip Co	ode		
1117 Texas Street			
Houston, TX 77002			
(a) Category (See Categories listed at the top of this schedule)			
Food/Beverage Expense			
	. –		
Candidate/Officeholder name Office sou	<u>I</u> ught	Office held	
	J		
Payee name			_
	nde		_
	Jue		
TITI TEXAS SHEET			
Houston, TX 77002			
(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ption	
Food/Beverage Expense			
	Carry	raight volunteer Eurich	
Candidate/Officeholder name Office sou	<u> </u> aht	Office held	
	agrit	Cine neta	
Pausa mama			
· · · · · · · · · · · · · · · · · · ·			
	1 -		
	ode		
1411 Wunsche Loop			
Spring, TX 77373			
	(h) Doser	ntion	
Office Overficad/Nertical Experise	Che	ck if Austin, TX, officeholder living expense	
	Posta	ge for thank you cards	
	ıght	Office held	
1			
	2 FILER NAME Weems, Christine (The Honorable) 5 Payee name Treebeards 7 Payee address; City; State; Zip Co. 1117 Texas Street Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Treebeards Payee address; City; State; Zip Co. 1117 Texas Street Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office south Office south Office south Payee name U.S. Postal Service Payee address; City; State; Zip Co. 1411 Wunsche Loop Spring, TX 77373 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Payee name	Weems, Christine (The Honorable) 00081859

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 56/60 Rpt: 81/87	Weems, Christine (The Honorable)		00081859
4	Date	5 Payee name		-
	10/16/2023	U.S. Postal Service		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$26.36	1411 Wunsche Loop		
		Spring, TX 77373		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Petitions		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Mailing Petitions to volunteers
_	Occupation ONLY if allowed	Out in the total of the total o		Office health
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date	Payee name		
	10/12/2023	U.S. Postal Service		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$10.74	1411 Wunsche Loop		
		Spring, TX 77373		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Petitions		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Mailing to petitions to volunteers
				Maining to petitions to volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> Jaht	Office held
	expenditure to benefit C/OI		ag	Cinico Nota
	Date	Payee name		
	10/06/2023	U.S. Postal Service		
			odo	
	Amount (\$) \$35.05	Payee address; City; State; Zip Co 10800 Gosling Road	bue	
	φ33.03	10000 Gosiing Road		
		Caring TV 77201		
		Spring, TX 77381		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Petitions		Check if Austin, TX, officeholder living expense
				Mailing petitions to volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	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

	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: 57/60 Rpt: 82/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	09/29/2023	U.S. Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.35	1500 Hadley Street
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Petitions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mailing petitions to volunteers
		Mailing petitions to voidificers
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/25/2023	UPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2129 FM 2920
		Suite 190
		Spring, TX 77388
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Petitions Complete Schedule T. Petitions
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Notary Services for Petitions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2023	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.55	233 South Wacker Drive
	,	
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flight to McAllen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 58/60 Rpt: 83/87	Weems, Christine (The Honorable) 00081859
4	Date	5 Payee name
	10/04/2023	United State Supreme Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	One First Street, NE
		Washington, DC 20543
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Application Fee for admission to the United States
		Supreme Court
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Ħ	Date	Payee name
	10/02/2023	Washington Metropolitan Area Transit Authority
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	300 7th Street, SW
		Washington, DC 20024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Metrorail for transportation while in DC for US
		Supreme Court swearing in
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2023	Westeen, Lonnie
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	319 Etna
		St Paul, MN 55106
	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 Texas Supreme Court Campaign logo design
		rexas Supreme Court Campaign logo design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			
1	Total pages Schedule F1: Sch: 59/60 Rpt: 84/87	2 FILER NAME Weems, Christine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081859	
4	Date	5 Payee name	
	09/18/2023	Whataburger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.87	2115 FM 2920 Road	
		Spring, TX 77388	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Breakfast for Jury	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/28/2023	Whataburger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.66	2115 FM 2920 Road	
	400.00		
		Caring TV 77200	
		Spring, TX 77388	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Breakfast for Jury	
		2.00	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Data	Para and a second secon	
	Date 07/27/2022	Payee name	
	07/27/2023	Whataburger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$115.97	2115 FM 2920 Road	
		Spring, TX 77388	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Breakfast for Jury	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- p		

SCHEDULE F1

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

	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: 60/60 Rpt: 85/87	Weems, Christine (The Honorable) 00081859							
4	Date	5 Payee name							
	07/24/2023	Whataburger							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$111.76	2115 FM 2920 Road							
		Spring, TX 77388							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Breakfast for Jury							
		Breaklast for sarry							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
ľ	expenditure to benefit C/OH								
⊨	Date	Payso nama							
	12/18/2023	Payee name Wix.com							
Amount (\$) Payee address; City; State; Zip Code									
	\$183.48	P.O. Box 40190							
		San Francisco, CA 94140							
	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 Purchase of 3 alternative web domains							
		T dichase of 5 diternative web domains							
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI								
H									
	Date	Payee name							
	08/03/2023 Wix.com								
	Amount (\$) Payee address; City; State; Zip Code								
	\$207.84	\$207.84 P.O. Box 40190							
San Francisco, CA 94140									
	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 Renewal of weemsforjudge.com website							
		Nenewal of weemslorjudge.com website							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
\vdash									
1									
l									

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction C	Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 86/87						
2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
Weems, Christin	ie (The Ho	onorable)		00081859					
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Intercontinental Willard Hotel									
5 Contribution / Expenditure reported on:									
Schedule A2									
Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	A concasion 2			
b Dates of Travel	Dates of Travel 7 Name of person(s) traveling Weems, Christine								
	8 Depart	ure city or name of	f departure location						
10/01/2023	Houston								
	9 Destination city or name of destination location								
10/04/2023 Washington DC									
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Swearing in at the United States Supreme Court									
	Swearing in at the United States Supreme Court								
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Old Ebbitt Grill									
Contribution / Expe	enditure rer	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	브			=	븓	X Scriedule i 1			
Scriedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel Name of person(s) traveling									
	Weems, Christine								
Departure city or name of departure location									
10/01/2023 Houston									
	Destination city or name of destination location								
10/04/2023	Washington DC								
Means of transpor	ation Purpose of travel (including name of conference, seminar, or other event)								
Swearing in to the US Supreme Court									
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Pay	ee					
Oyamel									
Contribution / Expe	Contribution / Expenditure reported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	_			
Dates of Travel Name of person(s) traveling									
Weems, Christine									
Departure city or name of departure location									
10/01/2023 Houston									
Destination city or name of destination location									
10/04/2023 Washington DC									
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
		Swearing in	to the US Supreme C	Court					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Parking Spot 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Weems, Christine Departure city or name of departure location 10/01/2023 Houston Destination city or name of destination location 10/04/2023 Washington DC 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Swearing in to the US Supreme Court Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Contribution / Expenditure reported on: Schedule D Schedule A2 Schedule B Schedule B(J) Schedule C2 X Schedule F1 Schedule F4 Schedule G Schedule COH-UC Schedule F2 Schedule H Dates of Travel Name of person(s) traveling Weems, Christine Departure city or name of departure location 10/01/2023 Houston Destination city or name of destination location 10/04/2023 Washington DC Purpose of travel (including name of conference, seminar, or other event) Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Swearing in to the United States Supreme Court

Schedule B(J)

Schedule G

Swearing in to the US Supreme Court

Schedule C2

Schedule H

Schedule D

Schedule COH-UC

X Schedule F1

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Schedule B

Schedule F4

Name of person(s) traveling Weems, Christine

Departure city or name of departure location

Destination city or name of destination location

Washington Metropolitan Area Transit Authority

Houston

Washington DC

Contribution / Expenditure reported on:

Commercial Airplane

Schedule A2

Schedule F2

Dates of Travel

10/01/2023

10/04/2023

Means of transportation