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) 00065741 35 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Charles A. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Kin Spain Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **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** Mr. Geoffrey C. NAME NICKNAME LAST **SUFFIX** Westergaard **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) 291-0999 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X 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** 01/01/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 4 District 14

11 OFFICE

OFFICE HELD (if any)

Court Of Appeals, Justice Place 4 District 14

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Spain Jr., Charles A.	(The Honorable)	14 Filer ID 00065741	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS				
16 CONTRIBUTION TOTALS	\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	VS)	\$ 350.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	10)	\$ 0.00				
	4. TOTAL POLIT	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t				
		The Hono	rable Charles A. Spair	ı Jr.			
		Signature	of Candidate or Officeho	lder			
AFFIX NOT	TARY STAMP / SEAL ABO	OVE					
Sworn to and subso	ribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 35
18 FIL	ER NAM	1E	19 Filer ID	(Ethics Commission Filers)
Sp	ain Jr.,	Charles A. (The Honorable)	00065741	
I		SUBTOTALS		SUBTOTAL AMOUNT
N/	ME OF			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 350.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	\$ 33,218.89		
6.		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,151.21
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 4,401.21
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
1				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	v to complete this	form.		I pages Schedule A(J)1: 1/1 Rpt: 4/35	:
2	FILER NAME					ID (Ethics Commissi	on Filers)
_		narles A. (The Honorable)				65741	0111 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)		unt of Contribution (\$)	
-	01/18/2024	Kawaja, Anita	out or state 1710 (IBII.		7	ant or Continuation (4)	\$250.00
		6 Contributor address; City; S	tate: 7in Code		-		,
		Sugar Land, TX 77479-7					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Owner			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if a	any)	
	Law Office of	f Anita Kawaja					
12	If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
	01/04/2024	Rivers, Constance					\$100.00
Contributor address; City; State; Zip Code					1		
		Galveston, TX 77550-209	99				
	Contributor's	Principal Occupation		Contributor's Job Title			
	Retired			Retiree			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if a	any)	
	Retired						
	If contributor i	s a child, law firm of parent(s) (if	any)				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total manage Calcadala 54	
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/35	2 FILER NAME Spain Jr., Charles A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065741
4	Date	5 Payee name
	01/22/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33,095.00	4619 Lyons Avenue
		Suite A
		Houston, TX 77020-4304
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		2024 Committed Candidate Victory Fund
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2024	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.24	Post Office Box 26466
	*	
		Little Rock, AR 72221-6466
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online fundraising processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/04/2024	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.15	Post Office Box 26466
		Little Rock, AR 72221-6466
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online fundraising processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	·

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 6/35 Spain Jr., Charles A. (The Honorable) 00065741 4 Date Payee name 01/21/2024 Raise the Money, Inc. 6 Amount (\$) Payee address; State; Zip Code \$12.50 Post Office Box 26466 Little Rock, AR 72221-6466 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Online fundraising processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 1/14 Rpt: 7/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	¢		
ISSUER	USAA Savin	igs Bank Visa		DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$15.00	01/22/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Galveston County [Democratic		ce Box 1071			
	() 0 :			ie, TX 77568-10	71		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Contributions/Donation	ns Made By	Sustairiiri	g membership			
X Political		er/Political Committee					
Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH PAYMENT	(a) Amazunt Chausad	(h) Data of Charge	(a) Data(a)	Cuadit Cand Issue	" Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$20.00	01/04/2024					
PAYEE	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code	
	Spring Propeh Dom	nocrate	Post Office	ce 550161			
	Spring Branch Dem	iociais					
				TX 77255-0161			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Contributions/Donation	ns Made By	Members	auh			
X Political	Candidate/Officeholde	er/Political Committee					
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(h) Date of Charge	(a) Data(s)	Credit Card Issue	r Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dale(s)	Credit Card Issue	i Paiu		
	\$25.00	01/04/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Texas Coalition of I	Dlack	2401 We	stridge Street			
	Texas Coalition of t	DIACK	Apt. 3217				
				TX 77054-1537			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Contributions/Donation	ns Made By	Members	auh			
X Political	Candidate/Officehold	er/Political Committee					
Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
Ī							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 2/14 Rpt: 8/35	Spain Jr., Charles A	A. (The Honorable)		00065741					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$25.00	01/04/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Texas Democratic \	Women	Post Office Box 15707 Austin, TX 78761-5707						
0. 0.100000000	(a) Cataman								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership						
X Political	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH	(a) Amazumt Chausad	(h) Data of Charge	(a) Data(a) Cradit Card Inc.	Deid					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$25.00	01/04/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	The Spring Democr	ratic Club	618 Spring Cypress Road						
			Spring, TX 77373-2526						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Contributions/Donatio	ns Made By	Membership						
X Political	Candidate/Officeholde								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
TATMENT		` '	(c) Date(s) Credit Card 133uci	T did					
	\$25.00	01/04/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Most University De		4118 Milton Street						
	West University De	mocrats							
	() 0 :		Houston, TX 77005-2738						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership						
X Political	Contributions/Donatio		Membership						
Non-Political	Candidate/Officeholde								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	5 Sougiil	Office field					
	<u>I</u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officerolder/Folitica		ruction Guide explains how	ŭ	THER (enter a category	not listeu a	bove)
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics	Commiss	sion Filers)
	Sch: 3/14 Rpt: 9/35	Spain Jr., Charles A	A. (The Honorable)		00065741		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$25.00	01/03/2024				
7	PAYEE	(a) Payee name Bay Area Democratic Movement (b) Payee address; 4821 NASA Parkway Apt. 16E Seabrook, TX 77586-6551		City,	State,	Zip Code	
8	PURPOSE OF	(a) Category		(b) Description	_		
	EXPENDITURE	(See Categories listed at the top		Membership			
l	X Political	Contributions/Donation Candidate/Officeholde		·			
	Non-Political	⊢	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expe	nse	
9	Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	Office held		
	xpenditure to benefit C/OH						
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$60.00	01/01/2024				
PAYEE (a) Payee name (b) Pa		(b) Payee address;	City,	State,	Zip Code		
		Harris County Democratic Party		4619 Lyons Avenue Suite A Houston, TX 77020-4304			
Г	PURPOSE OF	(a) Category		(b) Description			
l	EXPENDITURE	(See Categories listed at the top		Sustaining membership			
	X Political	Contributions/Donation Candidate/Officeholde					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$50.00	01/03/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Area 5 Democrats		Post Office Box 608			
				Pasadena, TX 77501-060	8		
Г	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top		Membership			
	X Political	Contributions/Donation Candidate/Officeholde					
	Non-Political	—	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Ĺ	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
⊣	Aponditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 4/14 Rpt: 10/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$50.00	01/03/2024					
7 PAYEE	(a) Payee name Democratic Club of	[:] The	(b) Payee Post Office	address; ce Box 133321	City,	State,	Zip Code
				dlands, TX 7739	3-3321		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Contributions/Donation	•	Members	snip			
X Political	Candidate/Officeholde	er/Political Committee					
Non-Political				officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(-) A Oll	(h) Data at Ohama	(-) D-4-(-)	0	- Daid		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 01/03/2024	(c) Date(s)	Credit Card Issuei	r Pala		
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
	Harris County Young Democrats Post Office Box 13167		ce Box 131672				
			Houston,	TX 77219-1672			
PURPOSE OF	(a) Category	-6 Abric In It - 1	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Members	ship			
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$250.00	01/03/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Houston Black Ame	erican	4806 Edf	ield Street			
			Houston,	TX 77033-3508			
PURPOSE OF	(a) Category	-f.db:bd-d-\	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Contributions/Donation	,	Members	ship			
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.	(9-	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 5/14 Rpt: 11/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$10.00	01/03/2024					
7 PAYEE	(a) Payee name Houston Stonewall	Post Office Box 61002			City,	State,	Zip Code
				X 77208-1002			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Contributions/Donatio		Membershi	р			
X Political	Candidate/Officeholde	er/Political Committee					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	pense		
			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$20.00	01/03/2024					
PAYEE (a) Payee name			(b) Payee ad	ldress;	City,	State,	Zip Code
	Humble Area Democrats		Post Office	Box 3863			
			Humble, TX	K 77347-3863			
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Membershi	р			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	•	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$450.00	01/08/2024					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee ad	ldress;	City,	State,	Zip Code
			Post Office	Box 608	•		·
	Area 5 Democrats						
			Pasadena,	TX 77501-060	8		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Gala				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	-	Office held		
·	L						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 6/14 Rpt: 12/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$25.00	01/03/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Bay Area New Democrats Post Office Box 890381						
				TX 77289-0381			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti				
	Contributions/Donatio		Membersh	ııp			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$25.00	01/03/2024					
PAYEE	PAYEE (a) Payee name (b) Payee add			ddress;	City,	State,	Zip Code
	Davis Diva Davis		2111 Weld	h Street			
	Bayou Blue Democ	rats	Apt. B312				
				TX 77019-5654			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti				
l <u> </u>	Contributions/Donatio		Membersh	iip			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$25.00	01/03/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			Post Office	e Box 2158			
	Baytown Area Dem	ocrats					
			Baytown,	TX 77522-2158			
PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	*	Membersh	nip			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
			· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 7/14 Rpt: 13/35	Spain Jr., Charles A	A. (The Honorable)		00065741				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$250.00	01/03/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Democratic Nationa	al Committee	430 South Capitol Street S					
8 PURPOSE OF	(a) Category (b) Description			J24				
EXPENDITURE	(See Categories listed at the top		Membership					
X Political	Contributions/Donation Candidate/Officeholde							
Non-Political	—	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$50.00	01/03/2024						
PAYEE	(a) Payee name	(a) Payee name (b) Payee address;		City, State, Zip Code				
	Galveston County [Democrats	Post Office Box 614					
	() 2		Galveston, TX 77553-061	4				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership					
X Political	Contributions/Donation	ns Made By	Membership					
		er/Political Committee						
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	e sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$25.00	01/03/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	(a) Fayee name		Post Office Box 6952	City, State, Zip Code				
	Katy Area Democra	ats	1 031 011100 200 0002					
			Katy, TX 77491-6952					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Membership					
X Political	Candidate/Officehold							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this	form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 8/14 Rpt: 14/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid		
	\$50.00	01/04/2024					
7 PAYEE	(a) Payee name North Brazoria Dem	nocrats	(b) Payee add		City,	State,	Zip Code
			.	n, TX 77566-!	5928		
8 PURPOSE OF EXPENDITURE							
Contributions/Donations Made By							
X Political	Candidate/Officeholde	er/Political Committee					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuel			edit Card Issuer	Paid		
	\$15.00	01/04/2024					
PAYEE	AYEE (a) Payee name (b) Payee address;			ress;	City,	State,	Zip Code
	Oak Forest Area De	emocrats	6111 West 4	3rd Street			
			Houston, TX	77092-5014			
PURPOSE OF	(a) Category		(b) Description	1			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Membership				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid		
	\$50.00	01/04/2024					
PAYEE	(a) Payee name	l	(b) Payee add	ress;	City,	State,	Zip Code
			13527 North	Tracewood B	Bend		
	River Oaks Area De	emocratic					
			Houston, TX	77077-1536			
PURPOSE OF	(a) Category		(b) Description	1			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	*	Membership				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
experiulture to belieff C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.	(9-	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 9/14 Rpt: 15/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$20.00	01/04/2024					
7 PAYEE	(a) Payee name Southwest Democr	ats	(b) Payee ad Post Office	•	City,	State,	Zip Code
				(77402-2053			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Contributions/Donatio		Membershi	p			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$25.00	01/04/2024					
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	West Houston Dem	nocratic Club	13114 Wal	demere Drive			
			Houston, T	X 77077-5513			
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Membershi	p			
Non-Political	—	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TY	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Oneok ii Zubilii, 174,	Office held		
expenditure to benefit C/OH			3				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$25.00	01/03/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ldress;	City,	State,	Zip Code
			10907 Villa	Lea Lane			
	Braes Oaks Democ	crats					
			Houston, T	X 77071-1519			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Membershi	p			
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
				<u> </u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.	(9-	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 10/14 Rpt: 16/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$25.00	01/03/2024					
7 PAYEE	(a) Payee name Diverse Alief Demo	crats	(b) Payee ac 3514 Shac	ddress; low Bluff Court	City,	State,	Zip Code
				X 77082-7302			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
EXPENDITURE	Contributions/Donatio		Membersh	ip			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$20.00	01/03/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Greater Heights De	mocratic Club	4619 Lyon	s Avenue			
			Houston, T	X 77020-4304			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Membersh	iip			
Non-Political	—	of Texas. Complete Schedule T.	Т	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$25.00	01/03/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ddress;	City,	State,	Zip Code
			Post Office	e Box 6177			
	Kingwood Area Dei	mocrats					
			Kingwood,	TX 77325-617	7		
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Membersh	ip			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
i							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 11/14 Rpt: 17/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$21.00	01/04/2024					
7	PAYEE	(a) Payee name Meyerland Area De	mocrats Club		ce Box 310061	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Category		(b) Descrip	TX 77231-0061			
8	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Members				
	X Political	Contributions/Donatio		Wichibers	,p			
	Non-Political	Candidate/Officeholde						
Ļ	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
 9 е	Complete ONLY if direct expenditure to benefit C/OH	Canadate/Onicenolaer	That Office	o Sought		Office field		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$35.00	01/12/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Houston Associatio	n of Women	Suite 400	uisiana Street 0-301 TX 77006-2380			
H	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top		Members	ship			
	X Political	Contributions/Donation Candidate/Officeholde						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$500.00	01/12/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Brazoria County De	emocratic	4010 Lot	us Drive			
				Pearland	, TX 77584-4912			
\vdash	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top		Gala				
	X Political	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	ense	
\vdash	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Check if Additif, TA,	Office held		
e	xpenditure to benefit C/OH		3	J .				
一		l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 12/14 Rpt: 18/35	Spain Jr., Charles A	A. (The Honorable)			00065741				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$25.00	01/22/2024							
7	PAYEE	(a) Payee name Fort Bend County D	Democratic		ak Lake Ridge Co	City, State, Zip Code				
L					ınd, TX 77498-70	06				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Contributions/Donatio	ns Made By	Sustainir	ig membership					
	X Political	Carlanate/Officeriolaci/i dillicar Committee								
Ļ	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	TAIMENT	\$500.00	01/04/2024	(c) Date(s)	Cicuit Cara 133aci	i did				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Texas Democratic I	Party	Post Offi	ce Box 15707					
				Austin, T	X 78761-5707					
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Members	ship					
	X Political		er/Political Committee							
	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$30.00	01/17/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Asian American Ba	r Association	950 Echo Suite 360 Houston						
Г	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top		Members	ship					
1	X Political	Contributions/Donatio								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
一	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
е	xpenditure to benefit C/OH									
Г										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this fo	rm.	, ,		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 13/14 Rpt: 19/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITUI CHARGED T CARD	RES	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	Paid		
		\$20.00	01/22/2024					
Brazoria County Democratic 4010 Lotus D				(b) Payee addre	ive	City,	State,	Zip Code
L				Pearland, TX	77584-4912			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Contributions/Donatio		Sustaining me	mbersnip			
	x Political	Candidate/Officeholde	er/Political Committee					
	Non-Political	(c) Check if travel outside		eck if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
е	xpenditure to benefit C/OH	())	L (1) D (1 CO)	1() 5 : () 6 : 1		5		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	Paid		
		\$31.91	01/24/2024					
	PAYEE	(a) Payee name	•	(b) Payee addre	ss;	City,	State,	Zip Code
		Hypermart		10 Corporate Suite 300				
L	DUDDOCE OF	(a) Catagony		Burlington, MA (b) Description	4 01803-420	00		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Website hostir	าต			
	X Political	Advertising Expense		Website nostii	ig			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 01/12/2024	(c) Date(s) Cred	it Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee addre	•	City,	State,	Zip Code
	Harris County Tejano Democrats			414 Cherry Sp Suite A Spring, TX 773				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
I	EXPENDITURE	(See Categories listed at the top Contributions/Donatio	•	Membership				
I	X Political Candidate/Officeholder/Political Committee							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 14/14 Rpt: 20/35	Spain Jr., Charles A	A. (The Honorable)			00065741		
4	CREDIT CARD ISSUER		ncial institution Ink Visa	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$100.00	01/04/2024					
7	PAYEE	(a) Payee name Rice Young Democ	erats	(b) Payee Post Office	address; ce Box 1892	City,	State,	Zip Code
L				1	TX 77251-1892			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Contributions/Donatio	ns Made By	Members	snib			
	X Political	Candidate/Officeholde	er/Political Committee					
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	Doid		
	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 01/03/2024	(c) Date(s)	Credit Card Issuei	Paid		
	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		Mexican-American	Bar	Post Offic	ce Box 303			
				Houston,	TX 77001-0303			
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Members	ship			
	X Political		er/Political Committee					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$53.30	01/13/2024					
	PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code
		Constant Contact		1601 Tra Suite 329	pelo Road)			
				Waltham	, MA 02451-7357	,		
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			of this schedule)	(b) Descrip				
	EXPENDITURE Political	Advertising Expense		Email pla	worm			
\vdash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office hold	ense	
_	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	Appenditure to benefit G/OH							

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/15 Rpt: 21/35	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741
4	Date	5 Payee name	
	01/03/2024	Area 5 Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	Post Office Box 608	
	Reimbursement from political contributions intended	Pasadena, TX 77501-0608	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	01/08/2024	Area 5 Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00	Post Office Box 608	
	Reimbursement from political contributions intended	Pasadena, TX 77501-0608	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Ga	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	01/17/2024	Asian American Bar Association of Houston (AAB	A)
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	950 Echo Lane	
	Reimbursement from political contributions	Suite 360	
	intended	Houston, TX 77024-2794	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Mariana Committee	embership
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			mmittee Legal Service	Memorials Expense es		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
				ction Guide explains l	how to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Sch: 2/15 Rpt: 22/35		Spain Jr., Charles A.	(The Honorable)				00065741	
4	Date	5	Payee name						
	01/03/2024		Bay Area Democration	Movement					
6	Amount (\$)	7	Payee address; Cit	y; State;	Zip Co	ode			
	\$25.00		4821 NASA Parkway	,					
	Reimbursement from		Apt. 16E						
	X political contributions intended		Seabrook, TX 77586	-6551					
8	PURPOSE	(a)	Category (See Categories		edule)	(b) Description	Пс	heck if travel outside of Texas. Complete	e Schedule T.
Ŭ	OF	(")	Contributions/Donati		cudicy	(b) Besonption	ऱ	heck if Austin, TX, officeholder living exp	
	EXPENDITURE		Candidate/Officehold		ittee	Membership			
						,			
9	Complete ONLY if direct	Cai	ndidate/Officeholder nan	ie		Office sought		Office held	
	expenditure to benefit					3			
	C/OH								
	Date		Payee name						
	01/03/2024		Bay Area New Demo	crats (BAND)					
	Amount (\$)	Г	Payee address; Cit	y; State;	Zip Co	ode			
	\$25.00		Post Office Box 8903	81					
	Reimbursement from								
	X political contributions intended		Houston, TX 77289-0	381					
	PURPOSE	┢	Category (See Categories	listed at the top of this sche	edule)	Description	☐ ci	heck if travel outside of Texas. Complete	e Schedule T.
	OF		Contributions/Donati		,	, , , , , , , , , , , , , , , , , , , ,	⊟cı	heck if Austin, TX, officeholder living exp	ense
	EXPENDITURE		Candidate/Officehold		ittee	Membership			
	Complete ONLY if direct	Cai	ndidate/Officeholder nan	ie		Office sought		Office held	
	expenditure to benefit C/OH								
	6/011	_							
	Date		Payee name						
	01/03/2024		Bayou Blue Democra	its					
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	ode			
	\$25.00		2111 Welch Street						
	Reimbursement from		Apt. B312						
	X political contributions intended		Houston, TX 77019-	6654					
	PURPOSE		Category (See Categories	listed at the top of this sche	edule)	Description	CI	heck if travel outside of Texas. Complete	e Schedule T.
	OF EXPENDITURE		Contributions/Donati	ons Made By			CI	heck if Austin, TX, officeholder living exp	ense
	EXI ENDITORE		Candidate/Officeholo	er/Political Comm	ittee	Membership			
	•	Cai	ndidate/Officeholder nan	ie		Office sought		Office held	
	expenditure to benefit C/OH								
	·								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/15 Rpt: 23/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/03/2024 **Baytown Area Democrats** Amount (\$) Payee address; City; State; Zip Code \$25.00 Post Office Box 2158 Reimbursement from political contributions Х intended Baytown, TX 77522-2158 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2024 **Braes Oaks Democrats** Amount (\$) Payee address; City; State; Zip Code \$25.00 10907 Villa Lea Lane Reimbursement from political contributions Χ Houston, TX 77071-1519 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/12/2024 Brazoria County Democratic Party State; Zip Code Amount (\$) Payee address; City; \$500.00 4010 Lotus Drive Reimbursement from Χ political contributions intended Pearland, TX 77584-4912 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Gala Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/15 Rpt: 24/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/22/2024 Brazoria County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$20.00 4010 Lotus Drive Reimbursement from political contributions Х intended Pearland, TX 77584-4912 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2024 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$53.30 1601 Trapelo Road Suite 329 Reimbursement from political contributions Χ Waltham, MA 02451-7357 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE Email platform** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2024 Democratic Club of The Woodlands Payee address; City; State; Zip Code Amount (\$) \$50.00 Post Office Box 133321 Reimbursement from political contributions intended The Woodlands, TX 77393-3321 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Degal Services Salaries/Memorials Expense Salaries/Mem	head/Rental Expense Trar ense Trav pense Trav ages/Contract Labor OTH	citation/Fundraising Expense isportation Equipment & Related Expense rel in District rel Out of District IER (enter a category not listed above)
		The Instruction Guide explains how to co	· .	
1	Total pages Schedule G: Sch: 5/15 Rpt: 25/35	FILER NAME Spain Jr., Charles A. (The Honorable)	3 File 000	er ID (Ethics Commission Filers) 065741
4	Date	Payee name		
	01/03/2024	Democratic National Committee		
6	Amount (\$)	Payee address; City; State; Zip Co	le	
	\$250.00	430 South Capitol Street Southeast		
	Reimbursement from political contributions intended	Washington, DC 20003-4024		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Check i	f travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check i Membership	f Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	undidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	01/03/2024	Diverse Alief Democrats		
	Amount (\$)	Payee address; City; State; Zip Co	le	
	\$25.00	3514 Shadow Bluff Court		
	X Reimbursement from political contributions intended	Houston, TX 77082-7302		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	f travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check i Membership	f Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	indidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	01/10/2024	Fort Bend County Democratic Party		
	Amount (\$)	Payee address; City; State; Zip Co	le	
	\$250.00	11418 Oak Lake Ridge Court		
	Reimbursement from political contributions intended	Sugar Land, TX 77498-7006		
	PURPOSE	Category (See Categories listed at the top of this schedule)	· <u>–</u>	f travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	—	f Austin, TX, officeholder living expense meeting lunch sponsorship
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/15 Rpt: 26/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/22/2024 Fort Bend County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$25.00 11418 Oak Lake Ridge Court Reimbursement from political contributions Х intended Sugar Land, TX 77498-7006 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2024 Galveston County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$15.00 Post Office Box 1071 Reimbursement from political contributions Χ La Marque, TX 77568-1071 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2024 Galveston County Democrats Club Payee address; City; State; Zip Code Amount (\$) \$50.00 Post Office Box 614 Reimbursement from Χ political contributions intended Galveston, TX 77553-0614 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

(Ethics Commission Filers)

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID Sch: 7/15 Rpt: 27/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/03/2024 Greater Heights Democratic Club Payee address; City; State; Zip Code \$20.00 4619 Lyons Avenue Reimbursement from

SCHEDULE G

Solicitation/Fundraising Expense

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

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Polling Experage Gift/Awards/Memorials Expense Printing Experage Printing Expera	
L	Credit Gard i dyment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/15 Rpt: 28/35	Spain Jr., Charles A. (The Honorable)	00065741
4	Date	5 Payee name	1
	01/03/2024	Harris County Young Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	е
	\$25.00	Post Office Box 131672	
	Reimbursement from		
	political contributions intended	Houston, TX 77219-1672	
8	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	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	Membership
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
H	Date	Payee name	
	01/12/2024	Houston Association of Women Attorneys	
_			Δ
	Amount (\$) \$35.00	Payee address; City; State; Zip Code	5
		2450 Louisiana Street	
	Reimbursement from political contributions	Suite 400-301	
	intended	Houston, TX 77006-2380	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee N	Membership
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
H	Date	Payee name	
	01/03/2024	Houston Black American Democrats (H-BAD)	
_			2
	Amount (\$) \$250.00	Payee address; City; State; Zip Code	5
	•	4806 Edfield Street	
	Reimbursement from political contributions intended	Houston, TX 77033-3508	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	TVI FIADITORE	Candidate/Officeholder/Political Committee	<i>M</i> embership
		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
\vdash	-		

SCHEDULE G

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	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor		Transporta Travel in D Travel Out	
		•	The Instruction Guide explain	is now to c	omplete this form.			
1	Total pages Schedule G: Sch: 9/15 Rpt: 29/35	2 FILER Snain	NAME Jr., Charles A. (The Honorable)		1	Filer ID 000657	(Ethics Commission Filers)
_	•		<u> </u>					12
4	Date 01/03/2024	5 Payee Housto	name on Stonewall Young Democrats	6				
6	Amount (\$)	7 Payee	address; City; Stat	te; Zip C	nde			
	\$10.00	l ´	office Box 61002	ic, 2ip C				
	Reimbursement from political contributions intended	Houst	on, TX 77208-1002					
8	PURPOSE	(a) Catego	ry (See Categories listed at the top of this s	chedule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE		outions/Donations Made By date/Officeholder/Political Com	mittee	Membership	Ch	eck if Austii	n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/0	Officeholder name		Office sought			Office held
	Date	Payee	name					
	01/03/2024	Humbl	e Area Democrats					
	Amount (\$)	Payee	address; City; Stat	te; Zip C	ode			
	\$20.00	Post C	ffice Box 3863					
	X Reimbursement from political contributions intended	Humbl	e, TX 77347-3863					
	PURPOSE	Catego	(See Categories listed at the top of this s	chedule)	Description [Ch	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE		outions/Donations Made By date/Officeholder/Political Com	mittee	Membership	Ch	eck if Austii	n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/0	Officeholder name		Office sought			Office held
	Date	Payee						
	01/24/2024	Hyperi	naπ 					
	Amount (\$)	l ´	• • • • • • • • • • • • • • • • • • • •	te; Zip C	ode			
	\$31.91		porate Drive					
	Reimbursement from political contributions	Suite 3	300					
	X political contributions intended	Burlinç	ton, MA 01803-4200					
	PURPOSE	Catego	ry (See Categories listed at the top of this s	chedule)	Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advert	ising Expense			Ch	eck if Austii	n, TX, officeholder living expense
					Website hosting			
	Complete ONLY if direct	<u> </u> Candidate/0	Officeholder name		Office sought			Office held
	expenditure to benefit C/OH				223 33ug.it			- 112 112

SCHEDULE G

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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ov Polling E Printing E Salaries/	Expense Wages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 30/35		Spain Jr., Charles A. (The Honorable)				00065741
4	Date	5	Payee name				
	01/03/2024		Katy Area Democrats				
6	Amount (\$) \$25.00	7	Payee address; City; State; Post Office Box 6952	Zip C	ode		
	X Reimbursement from political contributions intended		Katy, TX 77491-6952				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	╛	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee	Membership	」Ch	eck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/03/2024		Kingwood Area Democrats				
	Amount (\$)		Payee address; City; State;	Zip C	ode		
	\$25.00		Post Office Box 6177				
	Reimbursement from political contributions intended		Kingwood, TX 77325-6177				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	╛	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee	Membership] cn	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 01/03/2024		Payee name Mexican-American Bar Association of H	Houstor	n (MABAH)		
	Amount (\$) \$75.00		Payee address; City; State; Post Office Box 303	Zip C	ode		
	Reimbursement from political contributions intended		Houston, TX 77001-0303			_	
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee	Membership] Cn	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE **G**

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fi G mmittee Le	pes pood/Beverage Expense ift/Awards/Memorials Expense egal Services	Pollin Printii Salari	g Expense ing Expense ies/Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
				he Instruction Guide expl	ains how to	o complete this form.					
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 11/15 Rpt: 31/35		Spain Jr., Ch	arles A. (The Honoral	ole)			00065741			
4	Date	5	Payee name								
	01/04/2024		Meyerland Ar	ea Democrats Club							
6	Amount (\$)	7	Payee address	; City; S	tate; Zip	Code					
	\$21.00		Post Office Box 310061								
	Reimbursement from										
political contributions intended			Houston, TX 77231-0061								
		<u> </u>	Housion, TX	77231-0001		1					
8	PURPOSE OF	(a)		Categories listed at the top of th	is schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			/Donations Made By ficeholder/Political Co	mmittoo			heck if Austin, TX, officeholder living expense			
			Carididate/Oi	ilceriolder/Political Co	mmuee	Membership					
9	expenditure to benefit	Car	ndidate/Officeho	lder name		Office sought		Office held			
	C/OH										
	Date		Payee name								
	01/04/2024		North Brazori	a Democrats							
	Amount (\$)	T	Payee address	; City; S	tate; Zip	Code					
	\$50.00		55 Pin Oak C	ourt							
	Reimbursement from										
	X political contributions intended		Lake Jacksor	n, TX 77566-5928							
	PURPOSE	┢	Category (See	Categories listed at the top of th	is schedule)	Description [٦c	heck if travel outside of Texas. Complete Schedule T.			
	OF		,	/Donations Made By	io conodaio,		_	heck if Austin, TX, officeholder living expense			
EXPENDITURE				ficeholder/Political Co	mmittee	Membership					
	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeho	lder name		Office sought		Office held			
	expenditure to benefit					ŭ					
	C/OH										
	Date		Payee name								
	01/04/2024		Oak Forest A	rea Democrats							
Amount (\$)			Payee address; City; State; Zip Code								
	\$15.00		6111 West 43	Brd Street							
	Reimbursement from										
	X political contributions intended		Houston, TX	77092-5014							
	PURPOSE		Category (See	Categories listed at the top of th	is schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE			/Donations Made By	•		С	heck if Austin, TX, officeholder living expense			
	- -		Candidate/Of	ficeholder/Political Co	mmittee	Membership					
	·	Car	ndidate/Officeho	lder name		Office sought		Office held			
	expenditure to benefit C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/15 Rpt: 32/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/04/2024 Rice Young Democrats Payee address; Amount (\$) City; State; Zip Code \$100.00 Post Office Box 1892 Reimbursement from political contributions Х intended Houston, TX 77251-1892 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 River Oaks Area Democratic Women (ROADwomen) Amount (\$) Payee address; City; State; Zip Code \$50.00 13527 North Tracewood Bend Reimbursement from political contributions Χ Houston, TX 77077-1536 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 Southwest Democrats Payee address; State; Zip Code Amount (\$) City; \$20.00 Post Office Box 2053 Reimbursement from Χ political contributions intended Bellaire, TX 77402-2053 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/15 Rpt: 33/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/04/2024 Spring Branch Democrats Amount (\$) Payee address; City; State; Zip Code \$20.00 Post Office 550161 Reimbursement from political contributions Х intended Houston, TX 77255-0161 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 Texas Coalition of Black Democrats - Harris County Chapter Amount (\$) Payee address; City; State; Zip Code \$25.00 2401 Westridge Street Apt. 3217 Reimbursement from political contributions Χ Houston, TX 77054-1537 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 Texas Democratic Party Payee address; City; State; Zip Code Amount (\$) \$500.00 Post Office Box 15707 Reimbursement from Χ political contributions intended Austin, TX 78761-5707 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrialsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
ľ	Sch: 14/15 Rpt: 34/35		Spain Jr., Charles A. (The Honorable)			00065741			
Ļ	<u>-</u>	L	, ,			00003741			
4	Date	5	Payee name						
	01/04/2024		Texas Democratic Women						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$25.00		Post Office Box 15707						
	Reimbursement from political contributions intended		Austin, TX 78761-5707						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
ľ	OF	(۵)	Contributions/Donations Made By	edule)	(b) Description	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Membership	_			
					Wembersinp				
Ļ	Complete ONII V if alias -t		adidata/Officabaldar na ===		Office accept:	Office hald			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			
	Date		Payee name						
	01/04/2024		The Spring Democratic Club						
⊢	Amount (\$)								
	\$25.00								
			olo opinig Cypicss Rodu						
	X Reimbursement from political contributions intended		Spring, TX 77373-2526						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ittee	Membership	Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			
Г	Date		Payee name						
	01/17/2024		The Young and The Politics						
⊢	Amount (\$) Payee address; City; State; Zip Code								
	\$1,000.00 5206 Madden Lane								
	Reimbursement from political contributions intended		Houston, TX 77048-2724						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Consulting Expense			Check if Austin, TX, officeholder living expense			
					Voter outreach				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 15/15 Rpt: 35/35 Spain Jr., Charles A. (The Honorable) 00065741 Date Payee name 01/04/2024 West Houston Democratic Club Amount (\$) Payee address; City: State; Zip Code \$25.00 13114 Waldemere Drive Reimbursement from political contributions Х intended Houston, TX 77077-5513 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 West University Democrats Amount (\$) Payee address; City; State; Zip Code \$25.00 4118 Milton Street Reimbursement from political contributions Houston, TX 77005-2738 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH