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) 00066188 12 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ursula A. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Hall 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 ΜI **TREASURER** Mr. Anthony W. NAME NICKNAME LAST **SUFFIX** Hall Ш **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) 503-8070 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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** 01/26/2024 02/24/2024 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 165 Harris District Judge District 165

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Hall, Ursula A. (The I	Honorable)	14 Filer ID 00066188	(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	\$ 0.00			
	IS)	\$ 9,499.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 24,376.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	\$ 48,991.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 92,192.16
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Ursula A. Hal	I
		Signature of	f Candidate or Officehol	der
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed 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 office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	JVEK SF	3 of 12	
	LER NAN all, Ursu	IE la A. (The Honorable)	19 Filer ID 00066188	(Ethics Con	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	9,499.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		\$			
5.	X	\$	24,376.73		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		\$			
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	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	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: 1/4 Rpt: 4/12
2	FILER NAME Hall, Ursula	A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066188
4	Date 02/20/2024	5 Full name of contributor Beckham, Wendy6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00
		Houston, TX 77047		_		
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 02/20/2024	Full name of contributor Bickham, Thomas Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
		Houston, TX 77098				
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm N s a child, law firm of parent(s) (i	f any)	Law firm of contributor's sp	oous	se (if any)
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/20/2024	Cox, Jonathan Contributor address; City; Houston, TX 77004				\$200.00
		Principal Occupation		Contributor's Job Title	_	
	Attorney					
	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) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Fotal pages Schedule A(J)1: Sch: 2/4 Rpt: 5/12
2	FILER NAME Hall. Ursula	A. (The Honorable)			1	Filer ID (Ethics Commission Filers)
4	Date 02/24/2024	5 Full name of contributorCrout, Charles6 Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
		Washington, DC 20007		_		
8		Principal Occupation		9 Contributor's Job Title		
10	Attorney Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse	(if any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date 02/20/2024	Full name of contributor Eastland, Desiree Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$24.00
	Contributor's I	Pearland, TX 77584 Principal Occupation		Contributor's Job Title		
	Minister					
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Α	Amount of Contribution (\$)
	02/20/2024	Green, Ronald Contributor address; City; Houston, TX 77021	State; Zip Code		\$500.0	
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney					
		employer/law firm		Law firm of contributor's sp	oouse	(if any)
	Jones Walke					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

MONET	TARY 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: 3/4 Rpt: 6/12
2 FILER NAME Hall, Ursula	A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00066188
4 Date 02/20/2024	5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$500.00
	Houston, TX 77079			
	Principal Occupation		9 Contributor's Job Title	
Attorney 10 Contributor's	employer/law firm		11 Law firm of contributor's sp	nouse (if any)
TO Continuators	employer/iaw iimi		11 Law IIIII of Continutions Sp	ouse (II arry)
12 If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2024	Contributor address; City; S		\$1,000.00	
Contributorio	Houston, TX 77042		Contributor's Job Title	
Engineering	Principal Occupation		Contributor's Job Title	
	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/21/2024	Middleton, Ouida (Dr.)			\$50.00
	Contributor address; City; S Rosenberg, TX 77471	State; Zip Code		
Contributor's	Principal Occupation		Contributor's Job Title	L
Healthcare				
Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor	is a child, law firm of parent(s) (if	any)	<u></u>	

	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: 4/4 Rpt: 7/12
2	FILER NAME Hall, Ursula	A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066188
4	Date 02/20/2024	5 Full name of contributor Pradia, Troy6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Houston, TX 77004				
8		Principal Occupation		9 Contributor's Job Title		
10		employer/law firm adia Law Firm, PLLC		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date 02/20/2024	Full name of contributor Proctor, Shemin Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Hunton Andı	employer/law firm rews Kurth LLP s a child, law firm of parent(s) (i	f any)	Law firm of contributor's sp	oous	se (if any)
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/01/2024	Sorrels, Randall Contributor address; City; Houston, TX 77007				\$1,000.00
		Principal Occupation		Contributor's Job Title		
	Attorney Contributor's 6	employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Sorrels Law	employer/law liim		Law IIIII of Contributor's Sp	Jous	se (II ally)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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	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: 1/5 Rpt: 8/12	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	02/08/2024	Allied Printing Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.38	14915 Stubener Airline
		Houston, TX 77069
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV materials printing
		l community
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/08/2024	Bailey, Cynthia
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$384.62	7830 Flintridge
		Houston, TX 77028
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense GOTV efforts
		GOTV eliots
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/20/2024	Custom Tees Houston
H	Amount (\$)	Payee address; City; State; Zip Code
	\$595.00	Memorial City Mall
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Houston, TX 77024
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign collateral Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign shirts for volunteers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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/Political Committee Credit Card Payment			Legal Services	Sala		OTHER (enter a category not listed above)				
				The Instruction Gu	ıide explains how t	o comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 2/5 Rpt: 9/12		Hall, Ursula	A. (The Honora	ıble)				00066188		
4	Date	5	Payee name								
	02/08/2024		Dupree, Eve	elyn							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code)				
	\$500.00		2714 Montic	ello							
			Houston, TX	< 77045							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b) Description				
	OF		Fees	o catogorios notou at a	io top of the concustor			vel outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						_		officeholder living	expense	
							GOTV effor	rts			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	t		Office he	eld	
	experialitate to beliefit eroi	'									
	Date		Payee name								
	01/29/2024		Go Daddy								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	;				
	\$24.51		14455 N Ha	yden							
			Scottsdale,	AZ 85260							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b) Description				
	OF EXPENDITURE		Fees				<u> </u>		de of Texas. Com		
							ш		officeholder living	expense	
							Webhosting	y iees	5		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	sough	t		Office he	7ld	
	expenditure to benefit C/OI		Januluale/Onic	centituel maine	Office	Sough	ı		Office file	aiu	
_	Data	_									
	Date		Payee name								
	02/02/2024		Go Daddy								
	Amount (\$)		Payee addres		State; Zip	Code)				
	\$11.72		14455 N Ha	yden							
			Scottsdale,	AZ 85260							
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b) Description				
	EXPENDITURE		Fees						de of Texas. Com , officeholder living	•	
							Webhosting			rexpense	
								₉ .50.	-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office he	eld	
	expenditure to benefit C/OI				200	9''	-		200 110		
-											
l											

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Candidate/Officeholder/Politica			Citt/Awards/Memorials Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	a category not listed above	e)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/5 Rpt: 10/12		Hall, Ursula	A. (The Honora	able)					00066188		
4	Date	5	Payee name									
	02/06/2024		Harris Coun	ty Democratic I	Party							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$12,000.00		4619 Lyons	Avenue								
			Houston, TX	77020								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	LXI ENDITORE		Candidate/C	Officeholder/Pol	litical Comn	nittee		_		officeholder livin	g expense	
								Party GOTV	enc	ms.		
_	Operation ONLY & Street	L_				Off:				O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	(Office sou	ignt			Office h	eid	
	Date		Payee name									
	02/22/2024			ıck American D								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$500.00											
			Houston, TX	<u> </u>								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				=		de of Texas. Con officeholder livin	nplete Schedule T. a expense	
								Slate card pri				
								•				
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/13/2024		Simpletextin	ıg.com								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$928.82		1815 Purdy	Avenue								
			Miami Beac	h, FL 33139								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF	 `´	Advertising	-	uic top of this sci	icuaic)	`´		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		J							officeholder livin	g expense	
								Campaign ad	lvei	rtising		
	0 1. 0	L				O.(<u> </u>			·		
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	(Office sou	ght			Office h	eia	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services	Salari	OTHER (enter a category not listed above)					
				The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 4/5 Rpt: 11/12		Hall, Ursula	A. (The Honoral	ble)				00066188		
4	Date	5	Payee name								
	02/20/2024		Square Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	!				
	\$425.68	l	1455 Marke	t Street							
		l									
			San Francis	co, CA 94103							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) Description				
	OF	l		nead/Rental Exp			Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	l		•			ш		, officeholder living		
		l								als and fees associat	ed
							with service	acti	vation.		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office he	eld	
	expenditure to benefit C/OI										
	Date		Payee name								
	02/21/2024		Synergy Me	dia & Consulting)						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	!				
	\$8,020.00		12955 Willo	w Place Drive							
			Houston, TX	(77070							
_	PURPOSE	(a)				(b) Description				
	OF	``'	Advertising I	e Categories listed at th	e top of this schedule)	(~	`	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Auvertising	LAPENSC			=		, officeholder living		
							Radio advert	isin	g expenditu	re	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/20/2024		Vasquez Vis	sions PhotoFun							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$440.00		10810 W Je	wel Bend Lane	·						
	•										
			Houston, TX	77075							
	PURPOSE	(2)				/h) Description				
	OF	ره) ا	Event Exper	e Categories listed at th	e top of this schedule)	(5)	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Event Exper	126					, officeholder living		
							Photo booth	ren	tal for camp	aign fundraiser	
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			ense ges/Contract La		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 12/12			– a A. (The Honorable))				00066188	(
4	Date	5	Payee name	 e						
	02/20/2024		Victory Co							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Coc	е			
	\$231.00		1034 Sauli	iner						
			Houston, T	X 77004						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	b) Descript			
	OF EXPENDITURE		Consulting				_		ide of Texas. Com	
								utreach	, officeholder living	expense
							voter o	ulicacii		
9	Complete ONLY if direct	<u> </u>	Candidata/Of	ficeholder name		Office soug	ht		Office he	ald.
	expenditure to benefit C/OI		Sai luiuale/Oi	ilcentituel flame	C	Jilice Soug	iii		Office fie	au