JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commi 00065741		2 Total pages	filed: 44
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Charles A.				USE UNL I
NAME		onanes / l			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
	Kin	Spain		Jr.		
		-				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;			ZIP CODE	Date Hand-delivered	or Date Postmarked
ADDRESS	REDACTED PER	254.0313, GOV'T (CODE			
Change of Address					Date Processed	I
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Geoffrey C.				
	NICKNAME	LAST			SUFFIX	
		Westergaard			JUFFIX	
		westergaaru				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NC) PO BOX PLEASE);	AP'	T / SUITE #; CITY;	ST	TATE; ZIP CODE
	REDACTED PER	254.0313. GOV'T	CODE			
(Residence or Business)						
7 CAMPAIGN TREASURER PHONE	AREA CODE P (713) 291-0999	HONE NUMBER	EXTENSION			
8 REPORT TYPE		Quite days hafey	n alastian 🗖	Dura#	1 1546 days after a	
	January 15	X 30th day befor		Runoff		ampaign treasurer ficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit		ttach C/OH-FR)
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	07/01/2024		HROUGH	09/26/202		
					-	
10 ELECTION	ELECTION DAT	- 1				
10 ELECTION				ELECTION TYPE		
	11/05/2024		Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Jus	tico Placo / Distric	t 1 <i>1</i>	Court Of Appeals		1 District 1/
			· ↓ - 7			District 14
		GO '	TO PAGE 2			
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 44

I

13 C / OH NAME	Spain Jr., Charles A.	(The Honorable)	14 Filer ID 00065741	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withor d officeholders are required to report this information	ut the candidate's or offic	ceholder's kno	owledge or
Additional Pages		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME	Ē		
		COMMITTEE CAMPAIGN TREASURER ADDF	RESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00
				\$	17,746.00
EXPENDITURE	· · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOA IZED POLITICAL EXPENDITURES	4N5)	\$	0.00
TOTALS				Ψ	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	62,419.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THI RIOD	E LAST DAY OF THE	\$	19,729.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required		
			orable Charles A. Spai		
		Signature	e of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administeri	ng oath
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JC/OH SHEET PG 3

	FORM	A JC	ار
COVE	R SH	EET	Ρ

18 FILER NAME Spain Jr., C	E Charles A. (The Honorable)	19 Filer ID 00065741	(Eth	ics Commission Filers)
20 SCHEDULE			Т	
NAME OF S				SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	17,746.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	55,675.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,009.45
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,734.45
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SUBTOTALS - JC/OH

Spain Jr., Charles A. (The Honorable)	 3 Filer ID (Ethics Commission Filers) 00065741 7 Amount of Contribution (\$) \$250.00
09/10/2024 Nobles, Jeffrey 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-2384	\$250.00
	use (if any)
8 Contributor's Principal Occupation 9 Contributor's Job Title	use (if any)
Attorney Retired	use (if any)
10 Contributor's employer/law firm 11 Law firm of contributor's spon N/A 11 Law firm of contributor's spon	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:) 09/05/2024 Rutter, Kent Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
Houston, TX 77002-1775	
Contributor's Principal Occupation Contributor's Job Title Attorney Partner	
Contributor's employer/law firm Law firm of contributor's spon Haynes and Boone, LLP If contributor is a child, law firm of parent(s) (if any)	use (if any)
Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Alexander, Jerry Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
Dallas, TX 75270-2169 Contributor's Principal Occupation Contributor's Job Title	
Contributor's Principal OccupationContributor's Job TitleAttorneyPartner	
Contributor's employer/law firm Law firm of contributor's spot	use (if any)
Passman & Jones	
If contributor is a child, law firm of parent(s) (if any)	
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/44
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Spain Jr., Ch	narles A. (The Honorable)		00065741
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
08/26/2024	Bain, Linda		\$25.00
	6 Contributor address; City; State; Zip Code		
	Needville, TX 77461-8612		
Best efforts	Principal Occupation	9 Contributor's Job Title Best efforts	
10 Contributor's e	omolovor/low firm	11 Law firm of contributor's sp	
Best efforts	shipoyen aw inni		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
09/19/2024	Bandas, David	/	\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78703-3431		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Best efforts		Best efforts	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Best efforts			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
09/15/2024	Blackwell, Eric		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77019-5471		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Government and legislative affairs Director of Government		& Political Affairs	
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
NRG Energy	1		
If contributor is	s a child, law firm of parent(s) (if any)	•	
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Spain Jr., Ch	narles A. (The Honorable)		00065741
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
09/10/2024	Bodin, Mike		\$100.00
	6 Contributor address; City; State; Zip Code		
0 Osatzilautaria	Houston, TX 77008-6340	• O	
Real estate	Principal Occupation	9 Contributor's Job Title Retired	
10 Contributor's e	omolovor/low firm	11 Law firm of contributor's sp	
N/A	shipoyen aw inni		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	.)	Amount of Contribution (\$)
09/19/2024	Bow, Claire	,	\$100.00
	Contributor address; City; State; Zip Code		
	Salem, OR 97302-1926		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Retired	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
09/17/2024	Bracewell PAC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002-2770		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	•	
L	hy Texas Ethics Commission www.ethi	rs state ty us	Version VA 1 0 48da51f7

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/44
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Spain Jr., Ch	narles A. (The Honorable)		00065741
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
09/12/2024	Brar, Jas		\$500.00
	6 Contributor address; City; State; Zip Code		
0 Constributoria	Houston, TX 77024-2624	Contributorio Job Title	
Attorney	Principal Occupation	9 Contributor's Job Title Partner	
10 Contributor's e	pmplover/law firm	11 Law firm of contributor's sp	Douise (if any)
	O'Neil & Gray LLP		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/31/2024	Brooks, Katherine	/	\$250.00
	Contributor address; City; State; Zip Code		
	Tomball, TX 77375-5551		
Contributor's F	Principal Occupation	Contributor's Job Title	
Student		Stutent	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
NA			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/10/2024	Cox, Karen		\$100.00
	Contributor address; City; State; Zip Code		
Contributorio	Austin, TX 78749-3475	Contributor's Job Title	
Attorney	Principal Occupation	Contributor's Job Title N/A	
-	employer/law firm	Law firm of contributor's sp	pouse (if any)
N/A			
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

2 FILER NAME Spain Jr., Charles A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065741 4 Date 09/15/2024 5 Full name of contributor out-of-state PAC (ID#:) Del Paggio, Catherine 6 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Contributor's Principal Occupation Development Professional 9 Contributor's Job Title Development Professional 10 Contributor's employer/law firm Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) 2 If contributor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID#:) Drake, Nicola Amount of Contribution (\$) 9/23/2024 Full name of contributor Out-of-state PAC (ID#:) Drake, Nicola Amount of Contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 09/15/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 6 Contributor's address; City; State; Zip Code 7 8 Contributor's Principal Occupation 9 Contributor's Job Title Development Professional 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Full name of contributor s500.00
09/15/2024 Del Paggio, Catherine \$500.00 6 Contributor address; City; State; Zip Code \$500.00 6 Contributor address; City; State; Zip Code \$500.00 8 Contributor's Principal Occupation 9 Contributor's Job Title Development Professional Development Professional 10 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Houston Methodist Hospital Foundation Out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Drake, Nicola \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77006-5016 Houston, TX 77006-5016 8 Contributor's Principal Occupation 9 Development Professional Development Professional 10 Contributor's employer/law firm Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) Date Full name of contributor 09/23/2024 Full name of contributor Drake, Nicola Mount of Contribution (\$)
6 Contributor address; City; State; Zip Code Houston, TX 77006-5016 8 Contributor's Principal Occupation Development Professional 10 Contributor's employer/law firm Houston Methodist Hospital Foundation 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor 09/23/2024 Full name of contributor Drake, Nicola \$500.00
8 Contributor's Principal Occupation 9 Contributor's Job Title Development Professional Development Professional 10 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Drake, Nicola \$500.00
8 Contributor's Principal Occupation 9 Contributor's Job Title Development Professional Development Professional 10 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Drake, Nicola \$500.00
8 Contributor's Principal Occupation 9 Contributor's Job Title Development Professional Development Professional 10 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Drake, Nicola \$500.00
Development Professional Development Professional 10 Contributor's employer/law firm Houston Methodist Hospital Foundation 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 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 (\$) \$500.00
10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 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 (\$) 09/23/2024 Drake, Nicola \$500.00
Houston Methodist Hospital Foundation 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor 09/23/2024 Out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00
12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor 09/23/2024 Out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Drake, Nicola \$500.00
09/23/2024 Drake, Nicola \$500.00
09/23/2024 Drake, Nicola \$500.00
Houston, TX 77007-5635
Contributor's Principal Occupation Contributor's Job Title
Attorney Principal
Contributor's employer/law firm Law firm of contributor's spouse (if any)
Drake Law Firm
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 (\$)
09/19/2024 Falgoust, Neal \$250.00
Contributor address; City; State; Zip Code
Auctin TV 70752 2210
Austin, TX 78752-3318 Contributor's Principal Occupation Contributor's Job Title
Attorney Assistant city attorney
Contributor's employer/law firm Law firm of contributor's spouse (if any)
City of Austin
If contributor is a child, law firm of parent(s) (if any)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/44
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Spain Jr., Charles A. (The Honorable)	00065741
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/20/2024 Friedman, Sam	\$100.00
6 Contributor address; City; State; Zip Code	
Naples, FL 34103-3699	
8 Contributor's Principal Occupation 9 Contributor's Job Title	
Physician Retired	
10 Contributor's employer/law firm11 Law firm of contributor's sp	oouse (if any)
N/A	
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 (\$)
09/15/2024 Frye, Phyllis	\$1,000.00
Contributor address; City; State; Zip Code	
Houston, TX 77005-4290	
Contributor's Principal Occupation Contributor's Job Title	
Attorney Retired	
Contributor's employer/law firm Law firm of contributor's sp	oouse (if any)
N/A	
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 (\$)
09/20/2024 Garcia, Matias	\$500.00
Contributor address; City; State; Zip Code	
Austin, TX 78734-2043	
Contributor's Principal Occupation Contributor's Job Title	
Attorney Managing member	
Contributor's employer/law firm Law firm of contributor's sp	oouse (if any)
Barnett & Garcia, PLLC	
If contributor is a child, law firm of parent(s) (if any)	
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2 FILER NAME Spain Jr., Ch	narles A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065741
4 Date 09/21/2024	5 Full name of contributor out-of-state PAC (ID#:) HIII, Marie 0 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.00
	Angleton, TX 77515-2941		
8 Contributor's F Retired	Principal Occupation	9 Contributor's Job Title Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	nouse (if any)
N/A			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/05/2024	Haynes and Boone Political Action Committee		\$2,500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219-7672		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Manny Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	Houston, TX 77080-8008		
Contributor's F Retired	L Principal Occupation	Contributor's Job Title Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
	hy Texas Ethics Commission www.ethic	s state ty us	Version V4 1 0 48da51f7

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Spain Jr., Ch	narles A. (The Honorable)	00065741	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/10/2024	Hlavinka, Bryan		\$250.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77019-5448		
	Principal Occupation	9 Contributor's Job Title	
Engineer		Project lead engineer	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Siemens End			
	s a child, law firm of parent(s) (if any)		
Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Hootman, Angela)	Amount of Contribution (\$) \$250.00
09/13/2024	Contributor address; City; State; Zip Code		φ230.00
	Contributor address, City, State, Zip Code		
	Kemah, TX 77565-2361		
Contributor's F	l Principal Occupation	Contributor's Job Title	I
Student		Student	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
Tim Hootma	n Texas Appellate Attorney		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/17/2024	John, Arellano		\$25.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77019-3908		
	Principal Occupation	Contributor's Job Title	
Attorney		Principal	
	employer/law firm ssociates PC	Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
	s a child, law intri of parend(s) (in any)		
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2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741	
4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 09/10/2024 Kapoor, Poonam 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$101.00
Houston, TX 77007-3015		
8 Contributor's Principal Occupation Real estate	9 Contributor's Job Title Agent	
10 Contributor's employer/law firm Ashoka Lion	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:_ 09/19/2024 King, Micah Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
Austin, TX 78701-3180 Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Shareholder	
Contributor's employer/law firm Winstead PC	Law firm of contributor's sp	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:_ 09/13/2024 Lewis, Lane Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
Houston, TX 77018-3028		
Contributor's Principal Occupation Insurance	Contributor's Job Title Insurance agent	
Contributor's employer/law firm	Law firm of contributor's sp	pouse (if any)
Lane Lewis Agency		
If contributor is a child, law firm of parent(s) (if any)		
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2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741	
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$250.00
Waco, TX 76710-1530		
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Mediator	
 10 Contributor's employer/law firm McLennan County Dispute Resolution Center 12 If contributor is a child, law firm of parent(s) (if any) 	11 Law firm of contributor's sp N/A	oouse (if any)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$25.00
Austin, TX 78703-4651		
Contributor's Principal Occupation Speaker	Contributor's Job Title Executive drector	
Contributor's employer/law firm I'm From Driftwood	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#:) 07/25/2024 McCorquodale, Wilmer Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
Houston, TX 77019-3713		
Contributor's Principal Occupation Retired	Contributor's Job Title NA	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Retired If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.ethics	s.state.tx.us	Version V4.1.0.48da51f7

The Instruction Guide explains	1 Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/44				
2 FILER NAME Spain Jr., Charles A. (The Honorable	3 Filer ID (Ethics Commission Filers) 00065741				
4 Date 5 Full name of contributor 08/24/2024 McLaughlin, William 6 Contributor address; 0	Dr Out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$250.00		
Boston, MA 02118-2	2892				
8 Contributor's Principal Occupation Best efforts		9 Contributor's Job Title Best efforts			
10 Contributor's employer/law firm Best efforts		11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is a child, law firm of parent	(s) (if any)	1			
09/12/2024 Northrup, Michael					
Dallas, TX 75206-68	815				
Contributor's Principal Occupation Attorney		Contributor's Job Title Shareholder			
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)		
Cowles Thompson		N/A			
If contributor is a child, law firm of parent	(s) (if any)				
09/19/2024 Orazi, Ryan					
Contributor's Principal Occupation		Contributor's Job Title			
Project manager		Project manager			
Contributor's employer/law firm		Law firm of contributor's sp	pouse (if any)		
Spectrum					
If contributor is a child, law firm of parent	(S) (if any)				
Forms provided by Texas Ethics Commi	ission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7		

The Instrue	ction Guide explains how to complete t	1 Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/44	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Spain Jr., Ch	arles A. (The Honorable)	00065741	
4 Date 09/10/2024	5 Full name of contributor out-of-state PAC Pacheco, Sarah		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77005-1613		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Partner	
10 Contributor's e Jackson Wal		11 Law firm of contributor's sp	pouse (if any)
	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (ii ally)		
Date	Full name of contributor		Amount of Contribution (\$)
09/19/2024	Full name of contributor out-of-state PAC	C (ID#:)	\$100.00
00/10/2021	Contributor address; City; State; Zip Code		
	Austin, TX 78748-3723		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Nursing		Family nurse practitione	er
	mployer/law firm	Law firm of contributor's s	pouse (if any)
	s Clinical Research		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
09/19/2024	Ronan, Daniel		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751-5127		
Contributor's F	Principal Occupation	Contributor's Job Title	
Planning & p		Interim executive direct	or
Contributor's e	mployer/law firm	Law firm of contributor's s	pouse (if any)
Austin Histor	y Center Associatio		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www	v.ethics.state.tx.us	Version V4.1.0.48da51f7

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/44	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Spain Jr., Ch	arles A. (The Honorable)	00065741	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/13/2024	Seymour, Thomas		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77008-3912		
	Principal Occupation	9 Contributor's Job Title	
Project mana		Retired	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/12/2024	Susman Godfrey L.L.P .		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002-5091		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/13/2024	Thompson, William		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219-3685		
Attorney	Principal Occupation	Contributor's Job Title Partner	
-	malovor/low firm	-	
	mployer/law firm ard & Spalding, LLP	Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/44	
2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741	
4 Date 5 Full name of contributor out-of-state PAC (ID#: 09/15/2024 Watters, Jeffrey 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
Houston, TX 77056-8000		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney	Partner	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	ouse (if any)
Gray Reed		
12 If contributor is a child, law firm of parent(s) (if any)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 18/44		Spain Jr., Charles A. (The Honorable)					00065741
4	Date 07/18/2024	5	Payee name Fort Bend County Democratic Party					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	nde			
U	\$5,000.00	,	11418 Oak Lake Ridge Court	ς, Σιρ ου	Juc			
			Sugar Land, TX 77498-7006		-			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Image: Contribution of the schedule of the								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	07/31/2024		Harris County Democratic Party					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$1,000.00		4619 Lyons Avenue					
	. ,		Suite A					
			Houston, TX 77020-4304					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Contributions/Donations Made By Candidate/Officeholder/Political Comr		(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	09/16/2024		Monarch Printing Company, Inc.					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$750.00		6605 McGrew Street					
			Suite B					
			Houston, TX 77087-3466					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 19/44		Spain Jr., Charles A. (The Honorable)				00065741
4	Date 09/26/2024		Payee name Nasrullah, Mohammed				
6	Amount (\$) \$500.00		Payee address; City; State; 13515 Robin Hill Court Houston, TX 77059-3555	Zip Coo	de		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Consulting Expense Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Image: Muslim American get out the vote mailer						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held
	Date		Payee name				
	08/27/2024		Raise the Money, Inc.				
	Amount (\$) \$21.96		Payee address; City; State; Post Office Box 26466	Zip Co	de		
	DUDDOSE		Little Rock, AR 72221-6466		(4)		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Accounting/Banking	edule)	Check if Aust	in, TX	ide of Texas. Complete Schedule T. , officeholder living expense ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ght		Office held
	Date		Payee name				
	09/04/2024		Raise the Money, Inc.				
	Amount (\$) \$25.00		Payee address; City; State; Post Office Box 26466	Zip Co	de		
			Little Rock, AR 72221-6466				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Accounting/Banking	edule)	Check if Aust	in, TX	ide of Texas. Complete Schedule T. , officeholder living expense ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 20/44		Spain Jr., Charles A. (The Honorable)				00065741
4	Date 09/05/2024		Payee name Raise the Money, Inc.				
6	Amount (\$) \$49.25		Payee address; City; State; Post Office Box 26466 Little Rock, AR 72221-6466	Zip Coo	e		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online fundraising processing fee						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	09/11/2024		Raise the Money, Inc.				
	Amount (\$) \$84.59		Payee address; City; State; Post Office Box 26466	Zip Coo	e		
	PURPOSE OF EXPENDITURE	(a)	Little Rock, AR 72221-6466 Category (See Categories listed at the top of this sche Accounting/Banking	dule)	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	09/15/2024		Raise the Money, Inc.				
	Amount (\$) \$86.50		Payee address; City; State; Post Office Box 26466	Zip Coo	e		
			Little Rock, AR 72221-6466				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Accounting/Banking	dule)	Check if Austin	I, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held

				ORIES FOR	R BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/W	erhead/ pense xpense Vages/0	Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/8 Rpt: 21/44		Spain Jr., Charles A. (The Honorable	e)				00065741	
4	Date 09/16/2024		Payee name Raise the Money, Inc.						
6	Amount (\$) \$37.50	1	Payee address; City; Sta Post Office Box 26466 Little Rock, AR 72221-6466	te; Zip Co	ode				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Online fundraising processing fee						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	ld
	Date	l I	Payee name						
	09/17/2024		Raise the Money, Inc.						
	Amount (\$) \$99.00	I	Payee address; City; Stai Post Office Box 26466	te; Zip Co	de				
			ittle Rock, AR 72221-6466						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Accounting/Banking	schedule)	[TX,	le of Texas. Comp officeholder living I g processin g	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	ld
	Date		Payee name						
	09/18/2024		Raise the Money, Inc.						
	Amount (\$) \$23.53	I	Payee address; City; Star Post Office Box 26466	te; Zip Co	de				
		1	ittle Rock, AR 72221-6466						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Accounting/Banking	chedule)			TX,	le of Texas. Comp officeholder living I g processin g	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 22/44		Spain Jr., Charles A. (The Honorable)				00065741
4	Date	5	Payee name				
	09/22/2024		Raise the Money, Inc.				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$45.85		Post Office Box 26466				
			Little Rock, AR 72221-6466				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	- duite)	(b) Description		
Ū	OF	(,	Accounting/Banking	eaule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		, 1000 a		Check if Austir	I, TX	, officeholder living expense
					Online fundra	aisi	ng processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght		Office held
	Date		Payee name				
	09/24/2024		Raise the Money, Inc.				
	Amount (\$)			Zip Co	he		
	\$29.90		Post Office Box 26466	210 00			
	ψ29.90		Post Office Box 20400				
			Little Rock, AR 72221-6466				
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Accounting/Banking	edule)	Check if Austir	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office sou	ght		Office held
	Date		Payee name				
	09/25/2024		Raise the Money, Inc.				
	Amount (\$)		-	Zip Co	le		
	\$5.15		Post Office Box 26466	2.0 00			
	\$0.10						
			Little Rock, AR 72221-6466				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Unline fundra	aisi	ng processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held

			EXPENDITURE CATEGO	RIES FOF	BC	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhea bense pense ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		·		3	Filer ID (Ethics Commission Filers)
-	Sch: 6/8 Rpt: 23/44		Spain Jr., Charles A. (The Honorable)				5	00065741
4	Date	5	Payee name					
	09/23/2024		Spain Jr., Charles (The Honorable)					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de			
	\$206.83 P.O. Box 56386							
			Houston, TX 77256-6386					
8	PURPOSE	(a)			(h)	Description		
ľ	OF	(a)	Category (See Categories listed at the top of this sch Loan Repayment/Reimbursement	nedule)	(0)	·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
								for political expenditures from
						personal fund	ds a	as reported on 7/15/2022 Schedule G
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	09/23/2024		Spain Jr., Charles (The Honorable)					
-	Amount (\$)			; Zip Co	de			
	\$6,455.62		P.O. Box 56386	, zip co	ue			
	φ0,400.0Z		F.O. B0X 30380					
			Houston, TX 77256-6386					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								for political expenditures from
								as reported on 7/15/2023 Schedule G
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	09/23/2024		Spain Jr., Charles (The Honorable)					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$18,764.40		P.O. Box 56386	, <u>_</u> , _ 00				
	\$10,10 H 10							
			Houston, TX 77256-6386					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Loan Repayment/Reimbursement					ide of Texas. Complete Schedule T.
								, officeholder living expense for political expenditures from
								as reported on 1/15/2024 Schedule G
	Complete ONLV if direct	Ļ	Candidato/Officeholder name	Office com	-tdr			-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIII			Office held

			EXPENDITURE CATE	GORIES F	OR B	OX 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 nmittee Legal Services The Instruction Guide expla	Office (Polling Printing Salarie	Overhea Expens I Expen s/Wage	se s/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 7/8 Rpt: 24/44		Spain Jr., Charles A. (The Honorab	le)				00065741	()	
4	Date	5	Payee name							
	09/23/2024		Spain Jr., Charles (The Honorable)							
6	Amount (\$)	7	Payee address; City; S	tate; Zip (Code					
	\$4,301.21 P.O. Box 56386									
			Houston, TX 77256-6386							
8	PURPOSE	(a)			(h)	Description				
ľ	OF	(<i>a</i>)	Category (See Categories listed at the top of thi Loan Repayment/Reimbursement	s schedule)			outsi	de of Texas. Comple	ete Schedule T.	
	EXPENDITURE							officeholder living e		
									xpenditures from	
						personal fund	ds a	as reported on	2/5/2024 Schedule G	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held	ł	
⊨	Date		Payee name							
	09/23/2024		Spain Jr., Charles (The Honorable)							
-	Amount (\$)	-		tate; Zip (ode.					
	\$11,700.07		P.O. Box 56386	iaie, zip v	Jue					
	φ11,700.07		F.O. BUX 30380							
			Houston, TX 77256-6386							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Loan Repayment/Reimbursement			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
									xpenditures from	
									2/26/2024 Schedule G	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held	1	
-	Date	Γ	Payee name							
	09/23/2024		Spain Jr., Charles (The Honorable)							
	Amount (\$)			tate; Zip (` odo					
	\$3,589.10		P.O. Box 56386	ιαιε, Ζιρ ι	Jue					
	43,309.10		F.O. BUX 30380							
			Houston, TX 77256-6386							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Comple		
								officeholder living e		
									xpenditures from 1 7/15/2024 Schedule G	
						-				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held	1	

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/8 Rpt: 25/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741
4	Date 09/02/2024	5 Payee name Texas Association of Civil Trial and Appellate Specialists	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 609 Main Street Ste. 4000 Houston, TX 77002-3172	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/24/2024	The Young and The Politics	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 5206 Madden Lane Houston, TX 77048-2724	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense punty GOTY
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisin Transportation Equipn	g Expense nent & Related I	Expense			
	Consulting Expense Contributions/ Donations Made By	Food/Bever	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District					
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a categ	ory not listed at	oove)			
		The Instr	ruction Guide explains I	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)			
	Sch: 1/9 Rpt: 26/44	Spain Jr., Charles A	A. (The Honorable)		00065741					
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMI						
	ISSUER	USAA Savin	gs Bank Visa	EXPENDITURES CHARGED TO A CR	\$					
			3	CHARGED TO A CR						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer Paid					
		\$60.00	07/01/2024							
		φ00.00	07701/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		(a) r ayou hamo		4619 Lyons Avenue	Only,	Otato,	Lip Couc			
		Harris County Demo	ocratic Party	Suite A						
					1204					
_		(a) Catagany		Houston, TX 77020-4	1304					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	hin					
		Contributions/Donatio		Sustaining Members						
	X Political									
	Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living e	xpense				
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held					
e	penditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer Paid					
		\$200.00	09/02/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				Post Office Box 3100	61					
		Meyerland Area Democrats Club								
				Houston, TX 77231-0	Houston, TX 77231-0061					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	·	November 2024 capi	tal campaign					
	X Political	Contributions/Donatio Candidate/Officeholde								
	Non-Political	I	of Texas. Complete Schedule		tin, TX, officeholder living e	vnonso				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Office sought	Office held	xpense				
e	complete <u>ONE r</u> if direct kpenditure to benefit C/OH	Canalaato, Childonoladi		since sought						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
				(0) Date(0) Droate Data						
		\$250.00	09/02/2024							
	PAYEE			(b) Davias address:	City,	Stata	Zip Code			
		(a) Payee name		(b) Payee address;	City,	State,	Zip Coue			
		Harris County Demo	ocratic	3401 Allen Parkway						
				Suite 100	057					
				Houston, TX 77019-1	1821					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	hin					
	_	Contributions/Donatio		Sustaining membership						
	X Political	Candidate/Officeholde		ee						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				T. Check if Aust	tin, TX, officeholder living e	xpense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held					
e	expenditure to benefit C/OH									

			_			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	rage Expense P s/Memorials Expense P	S FOR BOX 10(a) oan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense alaries/Wages/Contract Labor	Solicitation/Fundraising B Transportation Equipmer Travel in District Travel Out of District OTHER (enter a category	t & Related I	
	The Inst	ruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/9 Rpt: 27/44	Spain Jr., Charles A	A. (The Honorable)		00065741		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$25.00	09/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Fort Bend County D	Democratic	11418 Oak Lake Ridge	Court		
			Sugar Land, TX 77498-	7006		
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
EXPENDITURE	Contributions/Donatio Candidate/Officeholde	ns Made By	Sustaining membership)		
Non-Political (c) Check if travel outside of Texas. Complete Schedul			Check if Austin,	TX, officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Of expenditure to benefit C/OH			ce sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$20.00	09/22/2024				
PAYEE	(a) Payee name Brazoria County De	emocratic	(b) Payee address; 4010 Lotus Drive	City,	State,	Zip Code
			Pearland, TX 77584-49	12		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio	ns Made By	(b) Description Sustaining membership)		
Non-Political		er/Political Committee of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	ce sought	TX, officeholder living expension Office held	ense	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Pala		
	\$15.00	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Galveston County [Democratic	Post Office Box 1071			
			La Marque, TX 77568-1	L071		
PURPOSE OF	(a) Category	of this school (a)	(b) Description			
EXPENDITURE (See Categories listed at the top of this schedule) X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By		Sustaining membership)			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				TX, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held		
expenditure to benefit C/OH		-				

	EAPENDITURE	SCHEDULE F4						
			ENDITURE CATEGORI	()				
	Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees	(Office Overhead/Rental Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District			
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awar	ls/Memorials Expense	Printing Expense T	ravel in District ravel Out of District ITHER (enter a category not listed above)			
		Ū.	truction Guide explains ho	-				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 3/9 Rpt: 28/44	Spain Jr., Charles	A. (The Honorable)		00065741			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED	•			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	- \\$			
			1 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$500.00	07/15/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
ľ	=	(a) r ayee name		4010 Lotus Drive				
		Brazoria County D	emocratic					
				Pearland, TX 77584-4912	2			
8	PURPOSE OF	(a) Category	of this schoolule)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Contributions/Donation		November 2024 capital campaign				
	X Political	Candidate/Officehold	er/Political Committee	9				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				, officeholder living expense			
9	9 Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			ice sought	Office held			
Ĕ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$15.00	07/22/2024					
		+_0.00						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
		Galveston County	Democratic	Post Office Box 1071				
				La Margua TV 77560 10	71			
⊢	PURPOSE OF	(a) Category		La Marque, TX 77568-1071 (b) Description				
	EXPENDITURE	(See Categories listed at the top		Sustaining membership				
	X Political	Contributions/Donation Candidate/Officehold	er/Political Committee	9				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$20.00	07/22/2024					
⊢	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
				4010 Lotus Drive				
		Brazoria County D	emocratic					
				Pearland, TX 77584-4912				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description Sustaining membership				
	X Political	Contributions/Donation	ons Made By					
	Non-Political		er/Political Committee		offeehelder living evenen-			
⊢	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholde	of Texas. Complete Schedule T r name Off	Check if Austin, TX	, officeholder living expense Office held			
е	expenditure to benefit C/OH							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards	erage Expense F s/Memorials Expense F	ES FOR BOX oan Repayment/F Office Overhead/R olling Expense Printing Expense Galaries/Wages/Co	Reimbursement ental Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related	·	
		The Inst	ruction Guide explains ho	w to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 4/9 Rpt: 29/44	Spain Jr., Charles A	A. (The Honorable)			00065741			
4	CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZE	D			
	ISSUER	see pi	revious		IDITURES GED TO A CRED	ит (\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$25.00	07/22/2024						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Fort Bend County D	Democratic	11418 O	ak Lake Ridge	Court			
				Sugar La	and, TX 77498-	7006			
8	PURPOSE OF EXPENDITURE	(a) Category (b) Descrip (See Categories listed at the top of this schedule) Suctaining			•				
		Contributions/Donatio		Sustainir	ng membership				
	X Political Candidate/Officeholder/Political Committe								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule Schedule Candidate/Officeholder name Candidate/Officeholder name				Check if Austin, 1	TX, officeholder living exp	ense		
	Complete ONLY if direct	name Offi	ice sought		Office held				
expenditure to benefit C/OH									
PAYMENT(a) Amount Charged(b) Date of Charge			(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$150.00	07/31/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				4821 NA	SA Parkway				
		Bay Area Democrat	tic movement	Apt. 16E					
				Seabroo	k, TX 77586-65	51			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this ashedula)	(b) Descri	•				
		Contributions/Donatio	,	November 2024 capital campaign					
	X Political	Candidate/Officeholde							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, 7	FX, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$60.00	08/01/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Harris County Dom	ocratic Darty	4619 Lyc	ons Avenue				
		Harris County Dem	ocialic Faily	Suite A					
					, TX 77020-430)4			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
Contributions/Donations Made By		ons Made By		ng membership					
	X Political								
	Non-Political								
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought		Office held			
e	xpenditure to benefit C/OH								

Forms provided by Texas Ethics Commission

EXPENDITURES MADE BY CREDIT CARD

			_					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	erage Expense P s/Memorials Expense P	ban Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category I	& Related E			
	The Inst	ruction Guide explains how	low to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)		
Sch: 5/9 Rpt: 30/44	Spain Jr., Charles /	A. (The Honorable)		00065741				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$20.00	08/22/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Brazoria County De	emocratic	4010 Lotus Drive					
			Pearland, TX 77584-491	.2				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donatic Candidate/Officehold		Sustaining membership					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Sched			X, officeholder living expen	ise			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Of expenditure to benefit C/OH			ce sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$25.00	08/22/2024						
PAYEE	(a) Payee name Fort Bend County I	Democratic	(b) Payee address; City, State, Zip Code 11418 Oak Lake Ridge Court					
			Sugar Land, TX 77498-7006					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
EXPENDITURE	Contributions/Donatic		Sustaining membership					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expen	ise			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$15.00	08/22/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Galveston County I	Democratic	Post Office Box 1071					
			La Marque, TX 77568-10	071				
PURPOSE OF	(a) Category	of this school (-)	(b) Description					
	(See Categories listed at the top Contributions/Donatic		Sustaining membership					
X Political Candidate/Officeholder/Political Commit		er/Political Committee						
Non-Political				X, officeholder living expen	ise			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	ce sought	Office held					

EXPENDITURE (See Categories listed at the top of this schedule) Event Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
Average of the properties of the propertis of the properties of the properties of the properties of the pr		EXPE	ENDITURE CATEGORI	ES FOR BOX 10(a)					
1 Total pages Schedule F4. 2 FILER NAME 3 Filer ID (Ethes Commission Filers) 00065741 4 GREDT CARD Name of financial institution sisture 5 TOTAL OF UNITENES EXPENDITURES CARD 5 6 PAYMENT (a) Amount Charged \$200.00 (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid 5 7 PAYEE (a) Payee name (b) Payee name EXPENDITURE (b) Payee name (c) Date(s) Credit Card Issuer Paid State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (c) Category (c) Cate	Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expe Fees Food/Beve - Gift/Awards	ense vrage Expense s/Memorials Expense	Loan Repayment/Reimbursement S Office Overhead/Rental Expense 7 Polling Expense 7 Printing Expense 7	ransportation Equipme ravel in District ravel Out of District	nt & Related I			
Sch: 6/9 Rpt: 31/44 Spain Jr, Charles A. (The Honorable) 00065741 4 CREDIT CARD ISSUER Name of Inna-Cal Institution SEPENDTURES 5 TOTAL OF UNITENIZED CARD ED TO A CREDIT CARD \$ 6 PAYMENT (a) Amount Charged S 200.00 (b) Date of Charge O8/22/024 (c) Date(s) Credit Card Issuer Paid \$ 7 PAYEE (a) Amount Charged S 2001/vest Democrats (b) Payee address; Southwest Democrats (c) Date(s) Credit Card Issuer Paid State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (a) Category Expenditure to be cont its sinclusio ContributionS/Donations Made BY Candidate/Officeholder/Political OB/22/024 (b) Description Event Condidate/officeholder/Political OB/22/024 (b) Description Event 9 Complete DALY if direct expenditure to benefit C/OFI EXPENDITURE (a) Amount Charged S 200.00 (b) Date of Charge OB/22/024 (c) Date(s) Credit Card Issuer Paid 9 Arment Expenditure to benefit C/OFI EXPENDITURE (a) Amount Charged S 200.00 (b) Date of Charge OB/22/024 (c) Date(s) Credit Card Issuer Paid 9 Arment Houston Black American (b) Description Event City, State, Zip Code 4806 Edfield Street Houston, TX 77033-S508 City, State, Zip Code 4006 Edfield Street Houston, TX 77033-S508 PAYMENT (a) Amount Charged S 200.00 (b) Description Event City, State, Zip Code 4806 Edfield Street Houston, TX 77032-S5014 (c) Descr		The Inst	ruction Guide explains he	ow to complete this form.					
4 CREDIT CARD ISSUER Name of financial institution see prévious 5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT CHARGED TO A CREDIT 6 PAYMENT (a) Amount Charged S200.00 (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Southwest Democrats (b) Payee address: Post Office Box 2053 City. State. Zip Code 8 PUSPOSE OF EXPENDITURE (a) Category (see Cespute isside a ne to of its scheaue) Candidate/Officeholder rame (b) Date of Charge Candidate/Officeholder rame (c) Date(s) Credit Card Issuer Paid (d) Date of Charge (c) Date(s) Credit Card Issuer Paid 9 Complete DAILY if direct expenditure to benefit C/OH (a) Amount Charged S200.00 (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name Houston Plack American (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name Houston Plack American (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid PUSPOSE OF EXPENDITURE (a) Category (c) Cardidate/Officeholder/Political Committee (c) Cardidat	1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
ISSUER See previous EXPENDITURES CARGED TO A CREDIT CARGE TO A CREDIT CARGE TO A CREDIT S 6 PAYMENT (a) Amount Charged s200.00 (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations/Made By Condicate/Officeholder/Political Committee (b) Dasc of Charge (b) Dascription (c) Date(s) Credit Card Issuer Paid PAYEE (a) Category (B) Contributions/Donations/Made By Contributions/Donations/Made By Contributions/Donations/Made By Contributions/Donations/Made By Contributions/Donations/Made By Contributions/Donations/Made By Condicate/Officeholder/Political Committee (b) Dascri	Sch: 6/9 Rpt: 31/44	Spain Jr., Charles A	A. (The Honorable)		00065741				
Y PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (be Categories lated at he top of this schedule) Condidate/Officeholder name (b) Description Event (c) Description Event (c) Description Event 9 Complete QNLY if direct expenditure to benefit COOH (a) Amount Charged S200.00 (b) Date of Charge (c) Date of the schedule) Condidate/Officeholder name (c) Date of Charge (c) Date of the schedule) Condidate/Officeholder name (c) Date of Charge (c) Date of the schedule) Condidate/Officeholder name (c) Date of Charge (c) Date of The schedule) (c) Description (c) Description (c) Description (c) Description (c) Description (c				EXPENDITURES CHARGED TO A CREDI	\$				
7 PAYEE (a) Payee name Southwest Democrats (b) Payee address; Post Office Box 2053 City, State, Zip Code Post Office Box 2053 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution SynChonations Made By Candidate/Officeholder/Political Committee (b) Description 9 Complete ONLY If direct expenditure to benefit C/OH Candidate/Officeholder name (c) Dates if Austin, TX, officeholder bing expense 9 AYMENT (a) Amount Charged S200.00 (b) Date of Charge 08/22/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Category (See Categories listed at the top of this schedule) Contribution SynChineholder name (b) Description PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution SynChineholder name (b) Description PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution SynChineholder name (b) Description Complete ONLY If direct Contribution SynChineholder name (c) Check if Austin, TX, officieholder ling organize PAYMENT (a) Amount Charged S200.00 (b) Description Complete ONLY If direct Contribution SynChineholder name (c) Check if Austin, TX, officieholder ling organize Contribution SynChineholder (b) Description (c) Check if Austin, TX, officieholder ling organize Con	6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
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	EXPENDITORES MADE BY CREDIT CARD							
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Candidate/Officeholder/Politica	l Committee Legal Serv	ices	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)				
1 Total pages Cabadula E4:		ruction Guide explains no	ow to complete this form.	2 Files ID (Ethios Commission Filess)				
1 Total pages Schedule F4:		(The Henerable)		3 Filer ID (Ethics Commission Filers) 00065741				
Sch: 7/9 Rpt: 32/44	Spain Jr., Charles A	ncial institution	5 TOTAL OF UNITEMIZED					
4 CREDIT CARD ISSUER		revious	EXPENDITURES CHARGED TO A CREDI CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
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		n of Momon	2450 Louisiana Street					
	Houston Associatio	n or women	Suite 400-301					
			Houston, TX 77006-2380					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			(b) Description					
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	West University De	mocrats						
			Houston, TX 77005-2738	3				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
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	Harris County Dem	ocralic Party	Suite A					
			Houston, TX 77020-4304	1				
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Ex Fees Food/Be / - Gift/Awa	verage Expense I rds/Memorials Expense I	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	Reimbursement Si ental Expense Ti Ti Ti	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District THER (enter a catego	nt & Related I		
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	Sch: 8/9 Rpt: 33/44	Spain Jr., Charles	A. (The Honorable)			00065741			
4	CREDIT CARD ISSUER		ancial institution ank Visa	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$579.55	07/06/2024						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Fort Bend County	Pride	3027 Cre	estone Drive				
			Rosenbe	erg, TX 77471-19	44				
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		Katy Area Democ	rats	Post Office Box 6952					
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				Katy, TX 77491-6952 (b) Description					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	Event					
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⊢	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				1601 Tra	apelo Road				
		Constant Contact		Suite 329	9				
L					, MA 02451-735 ⁻	7			
	PURPOSE OF	(a) Category		(b) Descri					
		(See Categories listed at the to Advertising Expense		Email pla	atform				
	X Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	, officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officehold	er name Off	fice sought		Office held			
e	xpenditure to benefit C/OH								

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Tran Polling Expense Trav Printing Expense Trav		Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Travel in District Fravel Out of District DTHER (enter a category not listed above)					
		The Inst	ruction Guide explains I	ns how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
	Sch: 9/9 Rpt: 34/44	Spain Jr., Charles A	A. (The Honorable)	e) 00065741							
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDITURES							
				CHARGED TO A C CARD							
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid					
		\$53.30	08/13/2024								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				1601 Trapelo Road							
		Constant Contact		Suite 329							
			Waltham, MA 02451-7357								
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top	Email platform								
	X Political	Advertising Expense									
	Non-Political	e T. Check if Au	ustin, TX, o	officeholder living ex	pense						
9	Complete ONLY if direct	Candidate/Officeholder	name C	Dffice sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid					
		\$53.30	09/13/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
			1601 Trapelo Road				·				
		Constant Contact	Suite 329								
				Waltham, MA 02453	1-7357						
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Email platform							
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ustin, TX, o	officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
e	xpenditure to benefit C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense spense Travel in District xpes/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 1/10 Rpt: 35/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741	
4 Date 07/31/2024	5 Payee name Bay Area Democratic Movement		
6 Amount (\$) \$150.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4821 NASA Parkway Apt. 16E Seabrook, TX 77586-6551		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense November 2024 capital campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
07/15/2024	Brazoria County Democratic Party		
Amount (\$)	Payee address; City; State; Zip Co	aha	
\$500.00	4010 Lotus Drive		
X Reimbursement from political contributions intended	Pearland, TX 77584-4912		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense November 2024 capital campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
07/22/2024	Brazoria County Democratic Party		
Amount (\$) \$20.00	Payee address; City; State; Zip Co 4010 Lotus Drive	ode	
X Reimbursement from political contributions intended	Pearland, TX 77584-4912		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Office Ov	bayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense kpense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 2/10 Rpt: 36/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741
4 Date 08/22/2024	5 Payee name Brazoria County Democratic Party	
6 Amount (\$) \$20.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip Co 4010 Lotus Drive Pearland, TX 77584-4912 	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
09/22/2024	Brazoria County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$20.00	4010 Lotus Drive	Jue
Reimbursement from political contributions intended	Pearland, TX 77584-4912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
07/13/2024	Constant Contact	
Amount (\$) \$53.30	Payee address; City; State; Zip Co 1601 Trapelo Road	ode
X Reimbursement from political contributions intended	Suite 329 Waltham, MA 02451-7357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G: Sch: 3/10 Rpt: 37/44	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741	
4	Date 08/13/2024	5 Payee name Constant Contact	
6	Amount (\$) \$53.30 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451-7357	
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email platform 	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	
	09/13/2024	Constant Contact	
	Amount (\$) \$53.30 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451-7357	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Email platform	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date 07/22/2024	Payee name Fort Bend County Democratic Party	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 11418 Oak Lake Ridge Court	
	X Reimbursement from political contributions intended	Sugar Land, TX 77498-7006	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Sustaining membership	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
⊨			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 State in the Charles A (The Hangraphic) 000057741	
	Sch: 4/10 Rpt: 38/44	Spain Jr., Charles A. (The Honorable) 00065741	
4	Date 08/22/2024	5 Payee name Fort Bend County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	11418 Oak Lake Ridge Court	
	X political contributions intended	Sugar Land, TX 77498-7006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Sustaining membership	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	
	09/22/2024	Fort Bend County Democratic Party	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	11418 Oak Lake Ridge Court	
		11410 Ouk Lake Mage Court	
	X Reimbursement from political contributions intended	Sugar Land, TX 77498-7006	
	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 Candidate/Officeholder/Political Committee Sustaining membership	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	
	07/06/2024	Fort Bend County Pride	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$579.55	3027 Crestone Drive	
	X Reimbursement from political contributions intended	Rosenberg, TX 77471-1944	
	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 Candidate/Officeholder/Political Committee Pride festival	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
F				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule G: Sch: 5/10 Rpt: 39/44	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741		
4	•			
4	Date 07/22/2024	5 Payee name Galveston County Democratic Party		
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code Post Office Box 1071		
	X Reimbursement from political contributions intended	La Marque, TX 77568-1071		
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership 		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
F	Date	Payee name		
	08/22/2024	Galveston County Democratic Party		
⊢				
	Amount (\$) \$15.00	Payee address; City; State; Zip Code Post Office Box 1071		
	Reimbursement from political contributions intended	La Marque, TX 77568-1071		
⊢	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 Candidate/Officeholder/Political Committee Sustaining membership		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
F	Date	Payee name		
	09/22/2024	Galveston County Democratic Party		
	Amount (\$) \$15.00	Payee address; City; State; Zip Code Post Office Box 1071		
	X Reimbursement from political contributions intended	La Marque, TX 77568-1071		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Description Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule G: Sch: 6/10 Rpt: 40/44	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741		
4	Date 09/02/2024	5 Payee name Harris County Democratic Lawyers Association Inc.		
6	Amount (\$) \$250.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3401 Allen Parkway Suite 100 Houston, TX 77019-1857		
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership 		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
F	Date 07/01/2024	Payee name Harris County Democratic Party		
	Amount (\$) \$60.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4619 Lyons Avenue Suite A Houston, TX 77020-4304		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Sustaining membership		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date 08/01/2024	Payee name Harris County Democratic Party		
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 4619 Lyons Avenue Suite A		
	Reimbursement from political contributions intended	Houston, TX 77020-4304		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
Γ				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	bayment/Reimbursement verhead/Rental Expense xpense 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: Sch: 7/10 Rpt: 41/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3	B Filer ID (Ethics Commission Filers) 00065741
4 Date 09/01/2024	5 Payee name Harris County Democratic Party		
6 Amount (\$) \$60.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip City; 4619 Lyons Avenue Suite A Houston, TX 77020-4304 	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ership
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
08/30/2024	Houston Association of Women Attorneys		
Amount (\$) \$35.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip C 2450 Louisiana Street Suite 400-301 Houston, TX 77006-2380	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/22/2024	Payee name Houston Black American Democrats (H-BAD)		
Amount (\$) \$200.00	Payee address; City; State; Zip City; 4806 Edfield Street	ode	
X Reimbursement from political contributions intended	Houston, TX 77033-3508		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
F			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense spense Travel in District xpes/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 8/10 Rpt: 42/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065741
4	Date 09/09/2024	5 Payee name Houston Transgender Unity Committee	
6	Amount (\$) \$300.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip Co Post Office Box 542287 Houston, TX 77254-2287 	ode
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gala
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
F	Date	Payee name	
	09/26/2024	Innovative Solutions IT	
┝	Amount (\$)	Payee address; City; State; Zip Co	aha
	\$175.00	10862 Redstone Court	
	X Reimbursement from political contributions intended	Missouri City, TX 77459-3278	
Γ	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Printing slatecard for Texas Democratic Women Fort Bend County
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
F	Date	Payee name	
	07/07/2024	Katy Area Democrats	
	Amount (\$) \$150.00	Payee address; City; State; Zip Co Post Office Box 6952	ode
	X Reimbursement from political contributions intended	Katy, TX 77491-6952	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
F			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense 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: Sch: 9/10 Rpt: 43/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065741
4 Date 09/02/2024	5 Payee name Meyerland Area Democrats Club		I
6 Amount (\$) \$200.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip C Post Office Box 310061 Houston, TX 77231-0061 	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capital campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Pavee name		
08/22/2024	Oak Forest Area Democrats		
Amount (\$) \$200.00 Reimbursement from political contributions intended	Payee address; City; State; Zip C 6111 West 43rd Street Houston, TX 77092-5014	ode	
DUDDOSE			Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	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		
08/22/2024	Southwest Democrats		
Amount (\$) \$200.00	Payee address; City; State; Zip C Post Office Box 2053	ode	
X Reimbursement from political contributions intended	Bellaire, TX 77402-2053		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement rerhead/Rental Expense xpense 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: Sch: 10/10 Rpt: 44/44	2 FILER NAME Spain Jr., Charles A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065741
4 Date 09/06/2024	5 Payee name The Montrose Center		
6 Amount (\$) \$250.00 Reimbursement from political contributions intended	 Payee address; City; State; Zip Co 401 Branard Street # 2 Houston, TX 77006-5015 	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description	Check if travel outside of Texas. Complete Schedule T. 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 08/30/2024	Payee name West University Democrats		
Amount (\$) \$25.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co 4118 Milton Street Houston, TX 77005-2738	bde	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held