JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commis 00081708	sion Filers)	2 Total pages fi	led:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER NAME	The Honorable	Tanya N.				
INAME		-			Date Received	
						ALLY FILED
	NICKNAME	LAST		SUFFIX	07/07/2024	
		Garrison				
4 CANDIDATE /	ADDRESS / PO BOX; A	APT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING						
ADDRESS	REDACTED PER	254.0313, GOV'T C	ODE		Receipt #	Amount
Change of Address		i i i i i i i i i i i i i i i i i i i				
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Ms.	Anissa				
NAME		, anood				
	NICKNAME	LAST Farrar			SUFFIX	
		Fairai				
6 CAMPAIGN			4.03			ATE; ZIP CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE),	AP	/ SUITE #; CITY;	, 517	ATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER 2	254.0313, GOV'T C	ODE			
7 CAMPAIGN	AREA CODE PH	HONE NUMBER E	EXTENSION			
TREASURER	(713) 447-3216					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		mpaign treasurer
				E such a such that E	appointment (offi	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	X July 15	8th day before e		Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
	Marstle Davis Ma			Marthe		
9 PERIOD COVERED	Month Day Ye		IROUGH	Month Day	Year	
	01/01/2024	IF	IKUUGH	06/30/202	24	
10 ELECTION	ELECTION DATE	-				
10 ELECTION	Month Day Ye		rimary	ELECTION TYPE	Other	
	Buy IC		ninary	Runon	Uotilei	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	r (if known)	
	District Judge District 1	.57 Harris				
	1					
		GO T	O PAGE 2			
<u> </u>						
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	6	Versi	on V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 32

I

13 C / OH NAME	Garrison, Tanya N. (The Honorable)	14 Filer ID 00081708	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures made by political of e without the candidate's or offic nformation only if they receive n	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	R NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		IER THAN PLEDGES, LOANS, ADE ELECTRONICALLY)	\$ 0.00	
		ICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES (IZED POLITICAL EXPENDITURES	OF LOANS)	\$ 0.00
TOTALS			\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 10,733.87
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 122,355.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LO	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			ler penalty of perjury, that the ac ncludes all information required on Code.	
		Th	ne Honorable Tanya N. Garri	son
			gnature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Supro to and auto-	wind hofers me hutter	aid	thin the	dovi
		aid ertify which, witness my hand and seal of (day
Signature of offic	er administering oath	Printed name of officer administering	g oath Title of office	er administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3 3 of 32

				0 0. 02				
18 FILER NA Garrison,	ME Tanya N. (The Honorable)	19 Filer ID 00081708	(Ethics	Commission Filers)				
	E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00				
4. X	4. X SCHEDULE E(J): LOANS (JUDICIAL)							
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

				1 Total pages Schedule B(J):						
	The Inst	ruction Guide explains h	now to complet	te this form.	Sch: 1/1 Rpt: 4/32					
2 F	ILER NAME				3 Filer ID (Eth	ics Commiss	on Filers)			
G	Sarrison, Tanya	N. (The Honorable)			00081708					
4 T	OTAL OF UN	ITEMIZED PLEDGES				\$	0.00			
5 D	Date	6 Full name of pledgor	ut-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind (If a	description oplicable)			
		7 Pledgor Address;	City; State; Zip C	Code						
10 P	Pledgor's principal	occupation		11 Pledgor's job title	Check if travel out	side of Texas	. Complete Schedule T.			
10 .	leugor 5 principal									
12 P	Pledgor's employe	r/law firm		13 Law firm of pledgor's	spouse (if any)					
14 lf	pledgor is a child	I, law firm of parent(s) (if any)								

	LOANS (J	UDICIAL)			SCHEDULE E	(J)		
	The Instructio	on Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/32				
	FILER NAME Garrison, Tanya	N. (The Honorable)		3 Filer ID 000817	(Ethics Commission Fi 708	ilers)		
4	TOTAL OF UN	IITEMIZED LOANS			\$	0.00		
5	Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)			
	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate			
					11 Maturity Date			
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)				
16	If lender is child, la	aw firm of parent(s) (if any)						
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)			
	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guarantee	d (\$)		
	not applicable	21 Guarantor address; City; State;	Zip Code					
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title					
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)					
27	If guarantor is child	d, 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 Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	head/Ren ense oense ages/Cont			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			I	3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/25 Rpt: 6/32		Garrison, Tanya N. (The Honorable)					00081708		
4	Date 01/02/2024		Payee name Acres of Angles							
6	Amount (\$) \$500.00		Payee address; City; State; Post Office Box 38027 Houston, TX 77238	Zip Co	le					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schu Contributions/Donations Made By Candidate/Officeholder/Political Comm				ΤX,	de of Texas. Com officeholder living IIOT Event.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	lht			Office he	eld	
	Date		Payee name							
	05/30/2024		Air BNB							
	Amount (\$) \$588.00		888 Brannan St.	Zip Co	le					
			San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		Check if Austin,	TX,	de of Texas. Comp officeholder living e for ABOT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	lht			Office he	eld	
	Date		Payee name							
	01/09/2024		American Board of Trial Advocates							
	Amount (\$) \$100.00		Payee address; City; State; 2011 Brayan St. #3000	Zip Co	le					
			Dallas, TX 75201							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)				de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	iht			Office he	eld	

		E	XPENDITURE CATEGO	RIES FOR I	3OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Transportation Equipme Travel in District Travel Out of District				
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Eth	ics Commission Filers)			
	Sch: 2/25 Rpt: 7/32		N. (The Honorable)			00081708				
4	Date 04/02/2024	Payee name American Board	of Trial Advocates							
6	Amount (\$) \$485.00	Payee address; 2011 Brayan St. Dallas, TX 7520	#3000	; Zip Code	2					
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration for TX-ABOTA Santa Fe CLE and meeting. 						ise			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name C	Office sough	t	Office held				
	Date	Payee name								
	01/22/2024	Arne's								
	Amount (\$) \$126.44	Payee address; 2830 Hicks Stre	et	; Zip Code	2					
		Houston, TX 770	007							
	PURPOSE OF EXPENDITURE				Check if travel	rription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense orations for Chili Cookoff.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	der name C	Office sough	it	Office held				
	Date	Payee name								
	01/22/2024	Banner Buzz								
	Amount (\$) \$62.21	Payee address; 415 Horizon Driv		; Zip Code	3					
		Suwanne, GA 30	0024							
	PURPOSE OF EXPENDITURE	Category (See Cate Event Expense	egories listed at the top of this sch	nedule) (k		outside of Texas. Complete S n, TX, officeholder living expen hili Cookoff.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	der name C	Office sough	it	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense 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)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 8/32	Garrison, Tanya N. (The Honorable)	00081708
4	Date	Payee name	
	06/24/2024	Budget Rental Car	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.52	6 Sylvan Way #1 Parsippany, NJ 07054	
8	PURPOSE		
0	OF	a) Category (See Categories listed at the top of this schedule) Travel Out of District	utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Rental Car in	Santa Fe for ABOTA CLE and Meeting.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/07/2024	Carroll Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$649.50	2907 Canal St.	
	PURPOSE	Houston, TX 77003 a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Duty'' Stickers for jurors.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/23/2024	Central Market	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.53	3815 Westheimer	
		Houston, TX 77027	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense am Howell, executive director of
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)
-	Sch: 4/25 Rpt: 9/32	Garrison, Tanya N. (The Honorable)	00081708
4	Date 01/29/2024	5 Payee name Champ Burger	
6	Amount (\$) \$92.04	 7 Payee address; City; State; Zip Code 304 Sampston St. Houston, TX 77003 	
8	PURPOSE OF EXPENDITURE		Itside of Texas. Complete Schedule T. FX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/15/2024	Chili House	
	Amount (\$) \$23.85	Payee address; City; State; Zip Code 114 1/2 Old Santa Fe Trail	
	BUBBOOF	Santa Fe, NM 87501	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense Santa Fe for ABOTA meeting.
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/25/2024	City of Sacramento	
	Amount (\$) \$27.25	Payee address;City;State;Zip Code915 I St.	
		Sacramento, CA 95814	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense I Mock Trial Competition.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE C	ATEGOR	RIES 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 Expo mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contrac	Expense t Labor		Travel in District Travel Out of Distri	uipment & Related Expense	
1	Total pages Schedule F1:	2		explains				3	Filer ID	(Ethics Commission Filers)
L.	Sch: 5/25 Rpt: 10/32		Garrison, Tanya N. (The Hono	rable)				-	00081708	
4	Date	5	Payee name							
	03/24/2024		City of Sacramento							
6	Amount (\$) \$36.48		Payee address; City; 915 I St. Sacramento, CA 95814	State;	; Zip Coo	le				
_		<u> </u>	-							
8	 B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for UH Mock Trial Competition. 						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office hel	d
	Date		Payee name							
	03/23/2024		City of Sacramento							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$18.10		915 St. Sacramento, CA 95814							
	PURPOSE OF EXPENDITURE				Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for UH Mock Trial Competition.			expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht			Office hel	d
	Date		Payee name							
	04/01/2024		Dish Society							
	Amount (\$) \$27.42		Payee address; City; 1050 Yale St suite 100	State;	; Zip Coo	le				
			Houston, TX 77008							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	edule)	Che	eck if travel o	, TX,	le of Texas. Compl officeholder living e neeting.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/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: 6/25 Rpt: 11/32		Garrison, Tanya N. (The Honorable)				00081708		
4	Date 05/22/2024		Payee name Double Tree Houston						
_									
6	Amount (\$) \$32.00		Payee address; City; State; 5353 Westheimer Houston, TX 77056	Zip Coo	e				
8	PURPOSE				b) Description				
0	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for CLE.						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	04/04/2024		Empire Cafe						
	Amount (\$)		Payee address; City; State;	Zip Coo	e				
	\$18.52		1732 Westhiemer Houston, TX 77098						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Food/Beverage Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense t mediator.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	04/29/2024		Etsy						
	Amount (\$) \$64.93		Payee address; City; State; 117 Adams Street	Zip Coo	e				
			Brooklyn, NY 11201						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Gift/Awards/Memorials Expense	dule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense TACTAS President.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Of	ffice soug	ht		Office held		

			EXPENDITURE CATEGORIES	S FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Print	fice Overh olling Expe inting Exp alaries/Wa	ense ges/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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 7/25 Rpt: 12/32	2	Garrison, Tanya N. (The Honorable)			5	00081708			
4	Date	5	Payee name							
	06/14/2024		Five and Dime General Store							
6	Amount (\$)	7	Payee address; City; State; Zi	ip Cod	e					
	\$22.15		101 W. March ST.							
			Santa Fa NIM 97E01							
			Santa Fe, NM 87501							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	e) (b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							anta Fe for ABOTA Meeting.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office	e soug	nt		Office held			
	Date		Payee name							
	04/22/2024		Four Seasons Hotel Houston							
				in Cod	-					
	Amount (\$)		Payee address; City; State; Zi	.ip Cou	e					
	\$8.00		1300 Lamar St.							
			Houston, TX 77010							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (b) Description					
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Parking for T	AC	TAS.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e soug	nt		Office held			
	Date		Payee name							
	04/01/2024		Girl Scouts of San Jacinto Coucil							
	Amount (\$)		Payee address; City; State; Zi	in Cod	۵					
	\$72.00		3110 Southwest Fwy	ip cou						
	ψ12.00		SIIO Southwest Fwy							
			Houston, TX 77098							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (b) Description					
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Cookies for j	uro	15.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e soug	nt		Office held			
	r									

	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:	ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 8/25 Rpt: 13/32	Garrison, Tanya N. (Tl	he Honorable)			00081708	``````````````````````````````````````			
4	Date 05/06/2024	Payee name GoDaddy.com LLC								
6	Amount (\$) \$188.34	Payee address; City; .4455 N. Hayden Rd. Scottsdale, AZ 85260	State;	Zip Code						
8	PURPOSE OF EXPENDITURE	Category (See Categories lis Advertising Expense	sted at the top of this sched	_{ule)} (b)		outside of Texas. Com , TX, officeholder living ing.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder na	me Off	ice sought		Office he	ld			
	Date	ayee name								
	01/29/2024	larris County Democr	atic Party							
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 4619 Lyons Ave.								
	PURPOSE OF EXPENDITURE	louston, TX 77020 Category _{(See Categories lis} Contributions/Donation Candidate/Officeholde	ns Made By			outside of Texas. Com , TX, officeholder living p arty.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder na	me Off	ice sought		Office he	ld			
	Date	ayee name								
	02/28/2024	larris County Democr	atic Party							
	Amount (\$) \$30.00	Payee address; City; 619 Lyons Ave.	State;	Zip Code						
		louston, TX 77020								
	PURPOSE OF EXPENDITURE	Category (See Categories lis Contributions/Donation Candidate/Officeholde	ns Made By		Check if Austin	outside of Texas. Com , TX, officeholder living Ibership dues.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder na	me Off	ice sought		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	Overhea Expense Expense Wages	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: 9/25 Rpt: 14/32		Garrison, Tanya N. (The Honorable)				00081708			
4	Date	5	Payee name							
	04/29/2024		Harris County Democratic Party							
6	Amount (\$)	7	Payee address; City; State; Zip C	Code						
	\$30.00		4619 Lyons Ave.							
			Houston TX 77020							
_		<u> </u>	Houston, TX 77020							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T. officeholder living expense			
			Candidate/Officeholder/Political Committee		Monthly dues					
9	Complete ONLY if direct	<u></u>	Candidate/Officeholder name Office so				Office held			
ľ	expenditure to benefit C/OF			Jugin			Office field			
╞										
	Date		Payee name							
	03/28/2024		Harris County Democratic Party							
	Amount (\$)		Payee address; City; State; Zip C	Code						
	\$30.00		4619 Lyons Ave.							
			Houston, TX 77020							
-	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF		Contributions/Donations Made By	,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin	, тх,	officeholder living expense			
					Monthly mem	ibei	rship dues.			
	Complete ONLY if direct		Candidate/Officeholder name Office so	bught			Office held			
	expenditure to benefit C/OF	Н								
⊨	Date		Payee name							
	06/28/2024		Harris County Democratic Party							
	Amount (\$)		Payee address; City; State; Zip C	Code						
	\$30.00		4619 Lyons Ave.							
	+00100									
			Houston TX 77020							
			Houston, TX 77020							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		de ef Tevres, Complete Celestula T			
	EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T. officeholder living expense			
			Candidate/Officeholder/Political Committee		Monthly mem					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name Office so				Office held			
	expenditure to benefit C/Oł			Juyin						
L										

	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	rhead pense pens ages	e /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: 10/25 Rpt: 15/32		Garrison, Tanya N. (The Honorable)					00081708			
4	Date	5	Payee name								
	05/28/2024		Harris County Democratic Party								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$30.00		4619 Lyons Ave.								
Houston, TX 77020											
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By	Judioy			outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee				officeholder living expense			
						Monthly mem	ibe	rship dues.			
_			And the second					Office held			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	gni			Office held			
⊨	Date		Payee name								
	03/22/2024		Houston Airports Reserved Parking								
				Zin Co	do						
	Amount (\$) \$66.32			Zip Co	ue						
	Φ00.3Z		7800 Airport Blvd								
			Houston, TX 77061								
	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		Travel Out of District			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								y for travel for UH Mock Trial			
						Competition.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght			Office held			
	Date		Payee name								
	05/20/2024		Houston Airports Reserved Parking								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$48.00		7800 Airport Blvd								
			Houston, TX 77061								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Travel In District					de of Texas. Complete Schedule T.			
	-							officeholder living expense y to travel to State Bar South Padre			
						Island CLE.					
-	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	aht			Office held			
	expenditure to benefit C/OI										

	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 Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District nmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 11/25 Rpt: 16/32		Garrison, Tanya N. (The Honorable) 00081708								
4	Date	5	Payee name								
	01/08/2024		Houston Bar Association								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$10.00		1111 Bagby. FLB 200								
			Houston, TX 77002								
8	PURPOSE	(a)	1								
ľ	OF	(a)	Category (See Categories listed at the top of this schedule) Event Expense (b) Description								
	EXPENDITURE		Check if Austin, TX, officeholder living expense								
			Appellate Section Lunch								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held								
	Date		Payee name								
	01/22/2024		Houston Bar Association								
	Amount (\$)		Payee address; City; State; Zip Code								
\$520.00 1111 Bagby. FLB 200											
	\$020.00		1111 Dugby. 1 LD 200								
			Houston, TX 77002								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee								
			Sponsorship of LGBT Committee event.								
	Complete ONLY if direct		Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Oł										
_	Data	1									
	Date 01/24/2024		Payee name								
			Houston Bar Association								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$520.00		1111 Bagby. FLB 200								
			Houston, TX 77002								
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		Contributions/Donations Made By								
			Candidate/Officeholder/Political Committee								
			Sponsorship of Harvest Party.								
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held								
		•									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing B	verhead xpense Expense Wages	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: 12/25 Rpt: 17/32		Garrison, Tanya N. (The Honorable)				00081708				
4	Date 03/06/2024		Payee name Houston Bar Association								
6 Amount (\$) \$200.00 \$200.00 Houston, TX 77002 7 Payee address; City; State; Zip Code 1111 Bagby. FLB 200											
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/OF		andidate/Officeholder name Office so	ught			Office held				
	Date		Payee name								
	02/21/2024		Houston Chronicle								
	Amount (\$) \$0.21		Payee address; City; State; Zip C 4747 Southwest Freeway	ode							
			Houston, TX 77027								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Supplies	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense on to Houston Chronicle.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ught			Office held				
	Date		Payee name								
	06/10/2024		Houston Chronicle								
	Amount (\$) \$19.96		Payee address; City; State; Zip C 4747 Southwest Freeway	ode							
			Houston, TX 77027								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	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		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: 13/25 Rpt: 18/32	Garrison, Tanya N. (The Honorable)	00081708							
4	Date 05/13/2024	5 Payee name Houston Chronicle								
6	Amount (\$) \$19.96	 Payee address; City; State; Zip Code 4747 Southwest Freeway Houston, TX 77027 								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/28/2024	Houstonian Conference Center								
	Amount (\$) \$21.00	Payee address; City; State; Zip Code 111 N. Post Oak Ln.								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ACTAS.							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/13/2024	Jemez Enterprizes								
	Amount (\$) \$78.65	Payee address; City; State; Zip Code 7413 NM-4								
		Jemez Pueblo, NM 87024								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ing Permits while in New Mexico for and Meeting.							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPE	NDITURE CA	\TEGOF	RIES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/ Legal Servic	age Expense /Memorials Expens ces		Office Over Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	
	-	1_			uction Guide e	xplains i	how to con	npie	ete this form.	г <u>. </u>			· ,
1	Total pages Schedule F1:					_				3	Filer ID	(Ethics Com	mission Filers)
	Sch: 14/25 Rpt: 19/32		Garrison, Ta	anya N. ((The Honora	able)					00081708		
4	Date	5	Payee name										
	01/23/2024		Kroger										
6	Amount (\$)	7	Payee addres	ss; Ci	ity;	State;	; Zip Coo	de					
	\$187.61		1505 Wirt										
			Houston, T>	x 77055									
8	PURPOSE						r	(h)	Description				
ð	OF		Category (Se		s listed at the top of	of this sche	iedule)	(u)	Description	outsid	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Event Expe	lise							officeholder living		
									Food and ing				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder ı	name	C	Dffice soug	ght			Office he	eld	
	Date	Π	Payee name										
	04/26/2024		Kroger										
	Amount (\$)	-	Payee addres	es: Ci	ity;	State:	; Zip Coo	٩ŀ					
	\$46.09		1505 Wirt	33, C.	ty,	ouic,	, בוף כ כנ						
	ψ +0.05		1000 0000										
			Houston, T>	x 77055									
	PURPOSE OF EXPENDITURE		Category _{(Se} Gift/Awards,		s listed at the top o als Expense		iedule)	(b)		, TX,	de of Texas. Com officeholder living ar Litigation	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder ı	name	C	Office soug	ght			Office he	eld	
	Date	Π	Payee name										
	03/21/2024		La Palapa										
	Amount (\$)	-	Payee addres	ss. Ci	ity;	State:	; Zip Coo	1e					
	\$76.72		1110 Presto		ty,	0,	, <u>Lip</u>						
	\$10.1 <u>2</u>		111011000	/1									
			Houston, T>	x 77002									
	PURPOSE		Category (Se			of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Exp	ense						de of Texas. Com		
									Staff lunch.	, 1X,	officeholder living	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder ı	name	C	Office soug	ght			Office he	eld	

			EXPENDIT	JRE CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expens	se
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Fi	ilors)
T	Sch: 15/25 Rpt: 20/32	I	Garrison, Tanya N. (The	Honorable)			-	00081708		liers)
4	Date	5	Payee name				•			
	06/16/2024		Lotta Burger							
6	Amount (\$)	7	Payee address; City;	State	; Zip Cod	е				
	\$26.00		2915 N. Main St.							
			Las Cruces, NM 88001							
8	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Comp officeholder living		
									a Fe for ABOTA m	ooting
							ave	ing to Santa		ceung.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	eld	
	Date		Payee name							
	06/17/2024	I	Maria's							
	Amount (\$)		Payee address; City;	State	; Zip Cod	0				
	\$85.70		555 W Cordova Rd,	State,	, zip cou					
	фо <u>э</u> .70		555 W COluova Ru,							
			Santa Fe, NM 87505							
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com		
								officeholder living		
						Food while in - lunch with ji			BOTA CLE and M	eeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date		Payee name							
	03/25/2024		Vendocino Farms/Door [Dash						
					· Zin Cod					
	Amount (\$)		Payee address; City;	State	; Zip Cod	e				
	\$119.19	·	1610 R St							
			Sacramento, CA 95811							
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com		
								officeholder living		
						Food for UH	Мос	ck Trial team	۱.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	eld	

				EXPENDIT	URE CATEGO	RIES FOF	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Ove Polling Ex Printing Ex	rhead pense pens			Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
					n Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics C	ommission Filers)
	Sch: 16/25 Rpt: 21/32		Garrison, T	arrison, Tanya N. (The Honorable) 00081708								
4	Date	5	Payee name									
	06/04/2024		Mentimeter	AB								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$148.20		Tulegatan 2									
			Ū									
			Stockholm	113 86 Swed	en							
_	DUDDOCE	<u> </u>					(1-)					
8	PURPOSE OF				at the top of this sch	nedule)	(a)	Description	outsid	de of Texas. Com	nlete Schedu	ile T
	EXPENDITURE		Office Over	head/Rental	Expense					officeholder living		
								Annual subso	cript	tion to multi-	media C	LE presentation
								platform.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	e (Office sou	ght			Office he	eld	
⊨	Date		Payee name									
	01/31/2024		Michael's									
-	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$269.54		9666 Old K			,						
	+_0000											
			Houston, T	X 77055								
	PURPOSE OF EXPENDITURE			ee Categories listed S/Memorials E	I at the top of this sch Expense	nedule)	(b)			de of Texas. Com officeholder living		ule T.
								Framing of ne				ises.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	e (Office sou	ght			Office he	eld	
	Date		Payee name							-	_	
	02/20/2024		Michael's									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$45.02		9666 Old K									
				-								
			Houston, T	X 77055		i						
	PURPOSE OF			ee Categories listed	I at the top of this sch	nedule)	(b)	Description		da		4- T
	EXPENDITURE		Office							de of Texas. Com officeholder living		ມເປ 1.
								Office decora				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	e (Office sou	ght			Office he	eld	

		EXPENDITURE CATEGORIES	FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	Repayment/Reimbursemer e Overhead/Rental Expense ng Expense ries/Wages/Contract Labor o complete this form.	
1	Total pages Schedule F1:	· · · · ·	· · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
-	Sch: 17/25 Rpt: 22/32	Garrison, Tanya N. (The Honorable)		00081708
4	Date 03/18/2024	ayee name Iure and Grand		
6	Amount (\$) \$64.24	'ayee address; City; State; Zip 6 Fulton St. Iew York, NY 10038	Code	
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sift/Awards/Memorials Expense	Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense H Mock Trial team.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held
	Date	'ayee name		
	03/22/2024	Office Depot		
	Amount (\$) \$37.17	ayee address; City; State; Zip 450 Folsom	Code	
	BUBBOOF	Gacramento, CA 95819		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if Au	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Or UH Mock Trial team.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held
	Date	'ayee name		
	05/06/2024	Omni Houston Valet		
	Amount (\$) \$25.00	ayee address; City; State; Zip Riverway Dr	Code	
		louston, TX 77056		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense [•] HISBA Gala.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Indidate/Officeholder name Office	sought	Office held

		EXP	ENDITURE CATEGOR	RIES FOR E	8OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award Imittee Legal Ser	erage Expense Is/Memorials Expense	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 18/25 Rpt: 23/32	Garrison, Tanya N	. (The Honorable)			00081708	
4	Date 01/04/2024	Payee name Omni Royal Orlear	IS				
6	Amount (\$) \$324.51	Payee address; 621 St. Louis St. New Orleans, LA 7		Zip Code			
8	PURPOSE OF EXPENDITURE	Category _{(See Categor} Travel Out of Distri	ies listed at the top of this sche Ct	edule) (b	Check if Austin,	outside of Texas. Compl , TX, officeholder living e e Bar Advanced	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t	Office hel	d
	Date	Payee name					
	03/26/2024	SMF Sactown Sho	р				
	Amount (\$) \$25.45	Payee address; 6900 Airport Blvd	City; State;	Zip Code			
		Sacrament, CA 95	837				
	PURPOSE OF EXPENDITURE	Category _{(See Categor} Food/Beverage Ex	ies listed at the top of this sche pense	_{edule)} (b	Check if Austin,	outside of Texas. Compl , TX, officeholder living e aveling to UH Me	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t	Office hel	d
	Date	Payee name					
	06/18/2024	Santa Cafe					
	Amount (\$) \$78.72	Payee address; 231 Washington	City; State;	Zip Code			
		Santa Fe, NM 875	01				
	PURPOSE OF EXPENDITURE	Category _{(See Categor} Food/Beverage Ex	ies listed at the top of this scho pense	edule) (b	Check if Austin,	outside of Texas. Compl , TX, officeholder living e Santa Fe for AE	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t	Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense 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	ILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 19/25 Rpt: 24/32	(Garrison, Tanya N. (The Hono	rable)				00081708			
4	Date 02/16/2024		Payee name Shaya Restaurant								
6	Amount (\$) \$37.73	2	Payee address; City; P213 Magazine St. New Orleans, LA 70115	State;	; Zip Coo	le					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	nedule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ew Orleans for CLE.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date	F	Payee name								
	04/19/2024		Southwest Airlines								
	Amount (\$)	F	Payee address; City;	State;	; Zip Coo	le					
	\$179.98		2702 Love Field Dr. Dallas, TX 75235								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel In District	p of this sch	iedule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense gen for State Bar CLE.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date	F	Payee name								
	01/22/2024		Southwest Democrats								
	Amount (\$) \$10.00		Payee address; City; PO Box 2053	State;	; Zip Coo	le					
			Bellaire, TX 77402		i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to ReeS	p of this sch	nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense rShip fees.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	0	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 5 how to complete this form.			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: 20/25 Rpt: 25/32		Garrison, Tanya N. (The Honorable)				00081708			
4	Date 02/21/2024		Payee name Southwest Democrats							
6	Amount (\$) \$10.00		Payee address; City; State; PO Box 2053 Bellaire, TX 77402	Zip Cod	9					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Monthly membership dues. Monthly membership dues.							officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	nt		Office held			
	Date		Payee name							
	04/22/2024		Southwest Democrats							
	Amount (\$) \$10.00		PO Box 2053	Zip Cod	9					
	PURPOSE OF EXPENDITURE	(a)	Bellaire, TX 77402 Category _{(See Categories listed at the top of this sched} Contributions/Donations Made By Candidate/Officeholder/Political Commit			, TX,	de of Texas. Complete Schedule T. officeholder living expense rship dues.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date		Payee name							
	03/21/2024		Southwest Democrats							
	Amount (\$) \$10.00		Payee address; City; State; PO Box 2053	Zip Cod	9					
			Bellaire, TX 77402	i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheor Contributions/Donations Made By Candidate/Officeholder/Political Commit	,		, TX,	de of Texas. Complete Schedule T. officeholder living expense rship dues.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	nt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Overhe Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe	nse es/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	ĺ	3 Filer ID (Ethics Commission Filers)				
	Sch: 21/25 Rpt: 26/32		Garrison, Tanya N. (The Honorable)		00081708				
4	Date 06/20/2024		Payee name Southwest Democrats						
6	Amount (\$) \$10.00		Payee address; City; State; Zip Code PO Box 2053 Bellaire, TX 77402	3					
8	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. , TX, officeholder living expense hbership dues.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sough	t	Office held				
	Date		Payee name						
	05/20/2024		Southwest Democrats						
	Amount (\$) \$10.00		Payee address; City; State; Zip Code PO Box 2053	;					
	PURPOSE OF EXPENDITURE	(a)	Bellaire, TX 77402 Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense hbership dues.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sough	t	Office held				
	Date 03/28/2024		Payee name St. Gerome Catholic School						
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 8825 Kempwood	3					
			Houston, TX 77080						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (b Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense of Spring Festival.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sough	t	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 Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	bense Transportation Equipment & Related Expense Travel in District Travel Out of District Abor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)							
1	Sch: 22/25 Rpt: 27/32	Garrison, Tanya N. (The Honorable)	00081708							
4	Date	Payee name	·							
	04/26/2024	Target								
6	Amount (\$) \$119.85	Payee address; City; State; Zip Code 2580 Shearn St. Houston, TX 77007								
8	PURPOSE	D) Category (See Categories listed at the top of this schedule) (b) Descript	ion							
	OF EXPENDITURE	OF Gift/Awards/Memorials Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/23/2024	Target								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$81.21	2580 Shearn St. Houston, TX 77007								
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense and snacks for jury room.							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/16/2024	Texas Board of Legal Specialization								
	Amount (\$) \$200.00	Payee address;City;State;ZipCode505 E. Huntland Drive, Suite 400								
		Austin, TX 78752								
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memo tee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Travel in District Travel Out of Distr	uipment & Related Expense			
_				n Guide explains	now to com	biete this form.	1_		(
1	Total pages Schedule F1: Sch: 23/25 Rpt: 28/32		LER NAME arrison, Tanya N. (The	e Honorable)				Filer ID 00081708	(Ethics Commission Filers)		
4	Date	5 Pa	iyee name				I				
-	02/20/2024		ne Napoleon House								
6	Amount (\$) \$56.04		Payee address; City; State; Zip Code 500 Chartres St								
		N	ew Orleans, LA 70130		i						
8	PURPOSE OF EXPENDITURE	End/Beverage Expense							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder nam	e C	Office sough	t		Office hel	d		
	Date	Pa	iyee name								
	02/16/2024	Tł	ne Vintage								
	Amount (\$)	Pa	yee address; City;	State;	Zip Code	9					
	\$24.08		21 Magazine St. ew Orleans, LA 70115								
	PURPOSE OF EXPENDITURE	(a) Ca	ategory (See Categories liste	d at the top of this sch	edule) (I		n, TX,	le of Texas. Compl officeholder living e W Orleans fo	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						d			
	Date	Pa	iyee name								
	06/13/2024		ader Joes								
	Amount (\$) \$48.49		yee address; City; 30 W Cordova Rd,	State;	; Zip Code	2					
	Santa Fe, NM 87505										
	PURPOSE OF EXPENDITURE		ategory (See Categories liste ood/Beverage Expension		edule) (I	Check if Austin	n, ΤΧ, I ter \	le of Texas. Compl officeholder living e while in Sant			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ididate/Officeholder nam	e C	Office sough	t		Office hel	d		

				EXPENDI	URE CATEGO	RIES FOR	вс	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate//Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Porinting Expense Legal Services Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)			
		-			n Guide explains	how to cor	nple	ete this form.					
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics	Commission Filers)	
	Sch: 24/25 Rpt: 29/32		Garrison, T	anya N. (The	Honorable)					00081708			
4	Date	5	Payee name										
	04/12/2024		Treebeards	Treebeards									
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$33.02		1111 Texas	s Ave.									
			Houston, T	X 77010									
8	PURPOSE	(a)			d at the top of this sch	h a shula)	(b)	Description					
ľ	OF	(~)		rage Expense		nedule)	(~)		outsi	de of Texas. Com	plete Sche	dule T.	
	EXPENDITURE			age <u>n</u> aperior	-			Check if Austin	, TX,	officeholder living	g expense		
								Lunch with do	ono	rs.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	e (Office sou	ght			Office he	eld		
	Date		Payee name										
	02/05/2024		United Airlin	nes									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de						
	\$90.00		233 South	Wacker Driv	9								
			Chicago, IL	60606									
	PURPOSE OF	(a)			d at the top of this sch	hedule)	(b)	Description					
	EXPENDITURE		Travel Out	of District				Check if travel		officeholder living		aule I.	
								Airfare charges to travel to New Orleans for State					
								Bar CLE.					
	Complete ONLY if direct		Candidate/Off	iceholder name	e (Office sou	ht			Office he	eld		
	expenditure to benefit C/OI					·	,						
-	Date		Payee name										
	03/14/2024		University of										
			Payee addre		Stato	· Zin Co	10						
	Amount (\$) \$2,000.00		4800 Calho	-	Sidle	e; Zip Co	Je						
	φ2,000.00		4000 Callio	un									
			Lisuates T	× 7700 4									
			Houston, T	X 77004									
	PURPOSE OF	(a)			d at the top of this sch	hedule)	(b)	Description				dula T	
	OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							dule T.					
			Canuluale/	Oncentituei/i		lillee		Purchase of t					
-	Complete ONLY if direct	<u>_</u>	Candidate/Off	iceholder name) د د	Office sou	nht			Office he	eld		
	expenditure to benefit C/OI						σ ιις			Unice In			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			nmittee	Event Expense Loan Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete thi			nt/Reimbursement I/Rental Expense e //Contract Labor		Solicitation/Fur Transportation Travel in Distric Travel Out of E OTHER (enter	Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics C	Commission Filers)
	Sch: 25/25 Rpt: 30/32		Garrison, 1	Fanya N. (Tl	ne Honorable)					00081708		
4	Date	5	Payee name	9					•			
	05/23/2024		Walgreens	;								
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Co	de					
	\$205.95		1413 Wirt	Rd.								
			Houston, T	X 77055								
8	PURPOSE	(a)	Category (Soo Catogorios lis	sted at the top of this sch	odulo)	(b)	Description				
	OF	Ľ		s/Memorials		euule)	• •		outsi	de of Texas. Co	nplete Sched	lule T.
	EXPENDITURE				•			Check if Austin	, TX,	c, officeholder living expense		
								Gift card for F	Pan	n Howell, e	xecutive	director of
								TACTAS.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder na	me C	Office sou	ght			Office h	eld	
	Date		Payee name	9								
	02/06/2024		Whataburg	jer								
	Amount (\$)		Payee addr	ess; City;	State;	Zip Co	de					
	\$20.98		1110 Silbe	r Rd.								
			Houston, T	X 77055								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	erage Expen	ge Expense					ide of Texas. Complete Schedule T.		
	-						Check if Austin, TX, officeholder living expense Lunch with intern.					
									lien	1.		
	Complete ONLY if direct		Sandidate/Of	ficeholder na	me C	Office sou	aht			Office ł	old	
	expenditure to benefit C/OI				ine C	mee sou	gin			Onice I	ieiu	

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

SCHEDULE T

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 31/32										
2 FILER NAME		3 Filer ID (Ethics Commission Filers)										
Garrison, Tanya	N. (The Honorable)	00081708										
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee											
Budget Rental Car												
5 Contribution / Expe	5 Contribution / Expenditure reported on:											
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1											
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC										
6 Dates of Travel	7 Name of person(s) traveling											
	garrison, tanya (Judge)											
	8 Departure city or name of departure location											
06/13/2024	Houston											
	9 Destination city or name of destination location											
06/16/2024	Albuquerque											
10 Means of transpor	tation 11 Purpose of travel (including name of conference, seminar, o	or other event)										
Commercial Airp	Attending TX-ABOTA CLE and Meeting in Santa Fe.											
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee											
Omni Royal Orle	eans											
Contribution / Expe	enditure reported on:											
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1										
Schedule F2												
Dates of Travel	Dates of Travel Name of person(s) traveling											
	Garrison, Tanya (Judge)											
	Departure city or name of departure location											
02/14/2024	Houston											
	Destination city or name of destination location											
02/17/2024	New Orleans											
Means of transpor		or other event)										
Commercial Airp												
	or / Corporation or Labor Organization / Pledgor /Payee											
SMF Sactown S												
· · · ·	enditure reported on:											
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1										
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC										
Dates of Travel	Name of person(s) traveling											
	Garrison, tanya (Judge)											
	Departure city or name of departure location											
03/21/2024	03/21/2024 Houston											
	Destination city or name of destination location											
03/24/2024	03/24/2024 Sacramento											
Means of transpor	tation Purpose of travel (including name of conference, seminar, o	or other event)										
Commercial Airp	blane Expenses relating to travel to Sacrament to coach UI	H Mock Trial team.										

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee												
United Airlines												
5 Contribution / Expe	5 Contribution / Expenditure reported on:											
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule C2 Schedule D							
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
6 Dates of Travel												
Garrison, Tanya (Judge)												
8 Departure city or name of departure location												
02/14/2024 houston												
	9 Destination city or name of destination location											
02/17/2024	new o	orleans										
10 Means of transport				conference, seminar, or o	other event)							
Commercial Airp	lane	attending CL	E and ABOTA meeti	ng.								
		·										