JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commissi 00067179	on Filers)	2 Total pages fil	ed: 8
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
OFFICEHOLDER	The Honorable	Kristin M.				
NAME		KIISUII IVI.			Date Received	
					ELECTRONIC	ALLY FILED
					07/15/2024	
	NICKNAME	LAST		SUFFIX	01113/2024	
		Guiney				
4 CANDIDATE /	ADDRESS / PO BOX; A		ΓV·	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER		1173011E <i>#</i> , Ch	,	ZII CODE		
MAILING					Dessist //	
ADDRESS	REDACTED PER 2	54.0313, GOV'T (CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					1011	
NAME	Mr.	Edward C.				
	NICKNAME	LAST			SUFFIX	
		McClees			0011.00	
		MCCICCS				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT /	SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER						
ADDRESS						
(Residence or Business)	REDACTED PER 2	54.0313, GOV I (JODE			
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER PHONE	(281) 773-3766					
PHONE	,					
8 REPORT						
TYPE	January 15	30th day befor	e election 🔲 R	unoff	15th day after ca	mpaign treasurer
					appointment (office	
	X July 15	8th day before	election E	xceeded modified	Final Report (Atta	ach C/OH-FR)
			L re	eporting limit	_	
	Manth Davi Var			Manth Davi	Veer	
9 PERIOD COVERED	Month Day Yea			Month Day	Year	
COVERED	01/01/2024	11	HROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea		Primary	Runoff	Other	
	11/05/2024		lineary			
	11/00/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I	i	12 OFFICE SOUGHT	(if known)	
		02 Llorria				District 1 st
	District Judge District 1	os Harris		Court Of Appeals	s, Justice Place 8	DISTICT IST
	1					
GO TO PAGE 2						
Forms provided by Ta	exas Ethics Commission	140404/ 01	thics.state.tx.us		Vorei	on V4.1.0.d378aba0
i onno provided by Te		vvvvv.e			VEISI	,, v+.1.0.03/0a0d0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 18

I

13 C / OH NAME	Guiney, Kristin M. (Tl	ne Honorable)	14 Filer ID 00067179	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to supp candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledg consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expendent expenditures are required to report this information only if they receive notice of such expendent expenditures are required to report this information only if they receive notice of such expendent expendent.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 11,150.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	19)	\$ 22,300.00		
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 1,328.52		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 2,657.04		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 22,424.37		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.				
		The Hono	orable Kristin M. Guir	ney		
		Signature o	f Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
	•	aid	, this the	day		
of	, 20, to cr	ertify which, witness my hand and seal of office.				
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath		
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba0		

FORM JC/OH COVER SHEET PG 3

3	of	18

18 FILER NAME Guiney, Kristin M. (The Honorable)	19 Filer ID 00067179	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS	1	
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 22,300.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00
4. X SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2,657.04
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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 CONTRIBUTIO	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/18
2 FILER NAME Guiney, Kristin M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00067179
4 Date 05/02/2024			7 Amount of Contribution (\$) \$500.00
	TX, TX 77011		
8 Contributor's F Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's e Self	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:) Bailey, Noel Outributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
Contributor's F	Hou, TX 77014 Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Self	employer/law firm	Law firm of contributor's sp	Jouse (II ally)
If contributor is	s a child, law firm of parent(s) (if any)	1	
Date 04/18/2024	Full name of contributor out-of-state PAC (ID#: Benavides, Kelly Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	Houston, TX 77007		
Contributor's Principal Occupation Contributor's Job Title			
Attorney Attorney Contributor's employer/law firm Law firm of contributor's specific contributor's specific contributor.			pouse (if any)
self			
If contributor is	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.d378aba0

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/18		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Guiney, Kristin M. (The Honorable)			00067179	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
05/02/2024	Bennett, Todd		\$500.00	
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77008			
	Principal Occupation	9 Contributor's Job Title		
Attorney 10 Contributor's e	malayor/lay firm	Attorney		
Self	anpioyeniaw inni	11 Law firm of contributor's sp	Jouse (II any)	
	s a child, law firm of parent(s) (if any)			
	s a china, naw introl parent(s) (ii any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/02/2024	Brown, Adam)	\$250.00	
	Contributor address; City; State; Zip Code			
	,,,			
	Houston, TX 77002			
Contributor's F	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
Self				
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 (\$)	
05/15/2024	Cook, Daniel		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77060			
Contributor's	Principal Occupation	Contributor's Job Title		
Accountant		Accountant		
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)	
Cook Johnston CPA				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided	by Texas Ethics Commission www.ethic	cs state tx us	Version V4 1 0 d378aba0	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/18	
2 FILER NAME Guiney, Krist	tin M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067179	
4 Date 05/01/2024	 5 Full name of contributor out-of-state PAC (ID#:) Corral, Aam 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00
	Houston, TX 77223		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e Self	employer/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 (\$)
05/02/2024	Davidson, Lucienne		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e Hanszen Laj	employer/law firm	Law firm of contributor's sp	oouse (if any)
	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	N	Amount of Contribution (\$)
05/29/2024	Davis, Neal)	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Self			
II CONTIDUTOR IS	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 d378aba0

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Guiney, Kristin M. (The Honorable)			00067179
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/06/2024 Davis, neal			\$500.00
6 Contributor address; Ci			
Houston, TX 77008			
8 Contributor's Principal Occupation		9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's employer/law firm		11 Law firm of contributor's sp	oouse (if any)
Self			
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 (\$)
05/02/2024 Dees, J. Gordon			\$100.00
Contributor address; Ci	ty; State; Zip Code		
Houston, TX 77007			
Contributor's Principal Occupation		Contributor's Job Title	
Attorney		Attorney	
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)
Self			
If contributor is a child, law firm of parent(s	i) (if any)		
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2024 Hart, Cary			\$250.00
Contributor address; Ci			
houston, TX 77011			
Contributor's Principal Occupation		Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's s			bouse (if any)
Self			
If contributor is a child, law firm of parent(s	i) (if any)		
Forms provided by Texas Ethics Commis	sion www.ethic	cs.state.tx.us	Version V4.1.0.d378aba0

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Guiney, Kris	tin M. (The Honorable)		00067179
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
05/09/2024	Henderson, Chadrick		\$250.00
	6 Contributor address; City; State; Zip Code		
0 Constributoria (Houston, TX 77054	Contributorio Job Title	
Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's e	pmolover/law firm	11 Law firm of contributor's sp	nouse (if any)
Self			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Hoover Slovacek		\$500.00
	Contributor address; City; State; Zip Code		•
	Houston, TX 77056		
Contributor's F	Principal Occupation	Contributor's Job Title	
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)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/03/2024	Irvin, Cheryl Contributor address; City; State; Zip Code		\$1,000.00
	Contributor address, City, State, Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethio	cs.state.tx.us	Version V4.1.0.d378aba0

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/18	
2 FILER NAME Guiney, Kristin M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00067179
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/28/2024	Keirnan, John		\$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e Self	employer/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 (\$)
05/25/2024	McClees, J. Rushton		\$1,000.00
	Contributor address; City; State; Zip Code		
Contributoria	Birmingham, AL 35213	Contributor's Job Title	
Attorney	Principal Occupation	Attorney	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
Dentons Sirc			
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 (\$)
05/02/2024	Nachtigall, David		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's st			oouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V4.1.0.d378aba0

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Guiney, Kris	tin M. (The Honorable)	00067179	
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
06/17/2024	Robinson, Anthony		\$200.00
	6 Contributor address; City; State; Zip Code		
	Decider TV 77501		
	Pearlan, TX 77581		
Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's	amplover/law firm	11 Law firm of contributor's sp	
Self			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
05/02/2024	Schultz, Natalie	,	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	
Gongora an		Harris County Pubilc De	efender's Office
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
05/22/2024	Stephenson, Jon		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's		Contributor's Job Title	
Contributor's Principal OccupationContributor's Job TitleAttorneyAttorney			
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)
Self			
If contributor i	s a child, law firm of parent(s) (if any)		
Forme provided	by Texas Ethics Commission www	w othics state ty us	Version V4.1.0.d378aba0
i onns provided		w.ethics.state.tx.us	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Guiney, Kris	tin M. (The Honorable)		00067179
4 Date 05/02/2024	5 Full name of contributor out-of-state PAC (ID#: Stradley, Wiliam		7 Amount of Contribution (\$)\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77008		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e Self	employer/law firm	11 Law firm of contributor's sp	bouse (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 (\$)
05/11/2024	Stryker, Kevin		\$500.00
	Contributor address; City; State; Zip Code		
	Sugarland, TX 77478		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Self			
IT CONTRIBUTOR IS	s a child, law firm of parent(s) (if any)		
Data		<u>,</u>	Amount of Contribution (\$)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Tanner, Allen)	Amount of Contribution (\$) \$500.00
03/03/2024	Contributor address; City; State; Zip Code		
	houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's s			bouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V4.1.0.d378aba0

PLEDGED CONTRIBUTIONS (JUDICIAL)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B(J):			
	Sch: 1/1 Rpt: 12/18					
2 FILER NAME				nics Commission F	-ilers)	
	И. (The Honorable)		00067179	1		
⁴ TOTAL OF UN	NITEMIZED PLEDGES			\$	0.00	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind de (If appli	scription cable)	
	7 Pledgor Address; City; State; Zip	Code		 		
10 Pledgor's principa	l occupation	11 Pledgor's job title	Check if travel out	side of Texas. Co	mplete Schedule T.	
12 Pledgor's employe	er/law firm	13 Law firm of pledgor's	spouse (if any)			
14 If pledgor is a child	d, law firm of parent(s) (if any)	-				

LOANS (J	IUDICIAL)			SCHEDULE	E(J)	
The Instruction	Sch: 1/	ages Schedule E(J): I/1 Rpt: 13/18				
2 FILER NAME Guiney, Kristin I	2 FILER NAME 3 Filer ID Guiney, Kristin M. (The Honorable) 00067					
⁴ TOTAL OF UN	NITEMIZED LOANS			\$	0.00	
5 Date of loan	7 Name of lender out-of-state P/	AC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate11 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 Col	lateral	18 Check if personal funds were deposited into political account (See Instructions)				
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guara	nteed (\$)	
not applicable	21 Guarantor address; City; State;	Zip Code				
23 Guarantor's Princ	ipal Occupation	24 Guarantor's Job Title				
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27 If guarantor is 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 hmittee Legal Services The Instruction Guide explai	Office (Polling Printing Salarie	Dverhea Expens J Expen s/Wage	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: 1/5 Rpt: 14/18		Guiney, Kristin M. (The Honorable)					00067179
4	Date	5	Payee name					
	05/07/2024		Campaign Partners LLC					
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip (Code			
	\$600.00		PO Box 655					
			Bellaire, TX 77402					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Event Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						May campaig	jn ti	undraiser
_	Operation ONITY if all a st			0.45				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held
	Date		Payee name					
	03/01/2024		Pressler, James					
	Amount (\$)		Payee address; City; Sta	ate; Zip (Code			
	\$500.00		PO Box 655					
			Bellaire, TX 77402-0655					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T. , officeholder living expense
						Consulting	, 17,	
						g		
Complete ONLY if direct			Candidate/Officeholder name	Office s	Jught			Office held
expenditure to benefit C/OH								
	Date		Payee name					
	06/17/2024		WinRed Technical Services LLC					
	Amount (\$)		Payee address; City; Sta	ate; Zip (Code			
	\$7.88		1776 Wilson Blvd	· •				
			Ste 305					
			Arlington, VA 22209					
	PURPOSE	(₂)	-		(b)	Description		
	OF	(a)	Category (See Categories listed at the top of this Fees	s schedule)		Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		F663					officeholder living expense
						Credit Card F	Proc	cessing Fee
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ought			Office held
	expenditure to benefit C/OI	H						

Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Contributions/ Donations Made By - Gift/Awards/Mt Candidate/Officeholder/Political Committee Legal Services Credit Card Payment		Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
	Total pages Cabadula E1	2 Ell ED NAME			
1±	Total pages Schedule F1:				
	Sch: 2/5 Rpt: 15/18	Guiney, Kristin M. (The Honorable) 00067179			
4	Date	5 Payee name			
	05/29/2024	WinRed Technical Services LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$9.85	1776 Wilson Blvd			
	49.00				
		Ste 305			
		Arlington, VA 22209			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/Oł				
╞					
	Date	Payee name			
	05/11/2024	WinRed Technical Services LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.70	1776 Wilson Blvd			
		Ste 305			
		Arlington, VA 22209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Credit cord processing for			
		Credit card processing fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiatione to benefit C/Of	1			
	Date	Payee name			
	05/09/2024	WinRed Technical Services LLC			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.85	1776 Wilson Blvd			
	φ9.00				
		Ste 305			
		Arlington, VA 22209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
⊢					

	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)			
ľ					
	Sch: 3/5 Rpt: 16/18	Guiney, Kristin M. (The Honorable) 00067179			
4	Date	5 Payee name			
	05/06/2024	WinRed Technical Services LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$19.70	1776 Wilson Blvd			
		Ste 305			
		Arlington, VA 22209			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	05/03/2024	WinRed Technical Services LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
'	\$39.40	1776 Wilson Blvd			
	φ39.40				
		Ste 305			
		Arlington, VA 22209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	1			
	Date	Payee name			
	05/03/2024	WinRed Technical Services LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.70	1776 Wilson Blvd			
	¢10.10	Ste 305			
		Arlington, VA 22209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
'	expenditure to benefit C/OF	1			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
1					
	Sch: 4/5 Rpt: 17/18	Guiney, Kristin M. (The Honorable) 00067179			
4	Date	5 Payee name			
	05/02/2024	WinRed Technical Services LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$9.85	1776 Wilson Blvd			
		Ste 305			
		Arlington, VA 22209			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	_/	Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date				
	05/02/2024	Payee name WinRed Technical Services LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.94	1776 Wilson Blvd			
		Ste 305			
		Arlington, VA 22209			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Oł				
	D :				
	Date	Payee name			
	05/02/2024	WinRed Technical Services LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.70	1776 Wilson Blvd			
		Ste 305			
		Arlington, VA 22209			
	5U5502-				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
		Credit data processing ree			
	0 1.0 000000				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held				
	supervisione to benefit C/OI				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Tatal same Oak adula 51	· · · ·
1	Total pages Schedule F1:	
	Sch: 5/5 Rpt: 18/18	Guiney, Kristin M. (The Honorable) 00067179
4	Date	5 Payee name
	05/02/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.40	1776 Wilson Blvd
		Ste 305
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit eard processing foo
		Credit card processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	04/28/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.70	1776 Wilson Blvd
		Ste 305
		Arlington, VA 22209
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
⊨	Date	Pavee name
	04/18/2024	WinRed Technical Services LLC
⊢		
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	1776 Wilson Blvd
		Ste 305
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1