FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080055 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Julie The Honorable NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Countiss CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Stanley S. NAME NICKNAME LAST **SUFFIX** Beard Jr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 388-3237 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 7 District 1 Court Of Appeals, Justice Place 7 District 1

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Countiss, Julie (The	Honorable)	14 Filer ID (I	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 16,500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 436.38	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 17,604.38	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 21,483.43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		The Hon	orable Julie Countiss	;	
		Signature of	Candidate or Officehold	der	
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subsc	ribed before me, by the s	aid	, this the	day	
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVEK SF	3 of 17
I	LER NAN ountiss,	(Ethics Com	mission Filers)		
	AME OF	SUBTO	TAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	16,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	17,604.38
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/17
2	FILER NAME Countiss, Ju	ER NAME suntiss, Julie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080055
4	Date 07/01/2024	5 Full name of contributor Aziz, Muhammad6 Contributor address; City; §	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002		1		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10		employer/law firm atkins Nichols Agosto Aziz &	Stogner	11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if		l		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	08/26/2024	Bain, Linda Contributor address; City; 9 Needville, TX 77461	<u> </u>			\$25.00
	Cantuila staula I			Contributor's Job Title		
	Travel agent	Principal Occupation		Travel agent		
		employer/law firm		Law firm of contributor's sp	20110	co (if any)
	Frosch Trave			Law IIIII of Continuator's Sp	Jous	se (II ally)
_		s a child, law firm of parent(s) (if	anyl			
	ii continuator i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/28/2024	Countiss, William	_			\$500.00
		Contributor address; City; S Lago Vista, TX 78645	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Sales			Sales Man		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCH	EDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Sch Sch: 2/4 Rpt: 5	, ,	:
2	FILER NAME	FILER NAME 3		3	Filer ID (Ethics	Commission	on Filers)	
	Countiss, Ju	llie (The Honorable)				00080055		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contr	ibution (\$)	
	08/14/2024 Hardin, Rusty				\$2,500.00			
		6 Contributor address; City;	State; Zip Code					
		Houston, TX 77005						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Attorney			Partner				
10		employer/law firm		11 Law firm of contributor's s	spous	e (if any)		
	Rusty Hardir	n & Associates						
12	! If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contr	ibution (\$)	
	09/26/2024	Kim, John	_					\$1,000.00
		Contributor address; City;	State; Zip Code					
		Houston, TX 77006						
	Contributorio	l		Contributor's Job Title				
	Attorney	Principal Occupation		Partner-Owner				
		employer/law firm		Law firm of contributor's s	S D O L I C	eo (if any)		
	The Kim Lav			Law IIIII of Contributor 3 3	spous	e (ii aiiy)		
		s a child, law firm of parent(s) (if any)					
	ii continbutor i	s a clinia, law ilitii of paretii(s) (ii aiiy)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contr	ibution (\$)	
	09/26/2024	Mullin, Michele						\$100.00
		Contributor address; City;	State; Zip Code		"]			
		Houston, TX 77054						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Administrato	or		Administrator				
	Contributor's	employer/law firm		Law firm of contributor's s	spous	e (if any)		
	Havins & As	sociates PC						
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/17
2	FILER NAME Countiss, Ju	countiss, Julie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080055
4	Date 07/03/2024	5 Full name of contributor Nichamoff, Seth6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77005				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Nichamoff La	employer/law firm aw		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/26/2024	Panzner-Kozek, Paige Contributor address; City;	State; Zip Code			\$25.00
	Contributor's I	Lido Beach, NY 11561 Principal Occupation		Contributor's Job Title		
	Artist	-ппстрат Оссирацоп		Artist		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/26/2024	Roach, Robert Contributor address; City;	State; Zip Code		-	\$100.00
		Houston, TX 77042				
		Principal Occupation		Contributor's Job Title		
	Attorney			Partner		
	Roach Newt	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			

MONE	TARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/17
2 FILER NAME Countiss, J	FILER NAME Countiss, Julie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080055	
4 Date 09/26/2024			7 Amount of Contribution (\$) \$5,000.00	
	Houston, TX 77002			
8 Contributor's	Principal Occupation		9 Contributor's Job Title	
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/09/2024		—		\$1,000.00
	Houston, TX 77056			
Contributor's	Principal Occupation		Contributor's Job Title	
Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor	is a child, law firm of parent(s) (if	any)	l	
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
08/14/2024	Yetter, Paul	_		\$1,000.00
	Contributor address; City; S Spring, TX 77379	State; Zip Code		
Contributor's	Principal Occupation		Contributor's Job Title	1
Attorney	· · · · · · · · · · · · · · · · · · ·		Partner	
	employer/law firm		Law firm of contributor's sp	pouse (if any)
Yetter Cole	man			
If contributor	is a child, law firm of parent(s) (if	any)		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

pursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 8/17	Countiss, Julie (The Honorable)	00080055
4	Date	5 Payee name	
	08/26/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.88	PO Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	1 1 665	eck if travel outside of Texas. Complete Schedule T.
		l	eck if Austin, TX, officeholder living expense
		Credi	it card processing fees
_	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/26/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.13	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	OF EXPENDITURE	1663	eck if travel outside of Texas. Complete Schedule T.
		I — — — — — — — — — — — — — — — — — — —	eck if Austin, TX, officeholder living expense it card processing fees
		Cieui	it card processing lees
	Commission ONLL V if disposit	Condidate Office helder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	09/26/2024	Area 5 Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	3800 Spencer Hwy Ste L	
		Pasadena, TX 77504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Contributions/Donations Made By	eck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		eck if Austin, TX, officeholder living expense
		Dona	ttion for Bingo fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Or	1	

SCHEDULE F1

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: 2/10 Rpt: 9/17	Countiss, Julie (The Honorable)	00080055
4		5 Payee name	
	07/16/2024	Brazoria County Democrats	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 11800 Magnolia Pkwy, Suite 210 Manvel, TX 77578	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
-	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T. TX, officeholder living expense SOTV efforts
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/01/2024	DonorBox	
	Amount (\$) \$224.73	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106	
		Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense OCCESSING fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/14/2024	DonorBox	
	Amount (\$) \$163.35	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106	
L		Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense OCCESSING feeS
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 10/17	Countiss, Julie (The Honorable) 00080055
4	Date	5 Payee name
	07/30/2024	Fort Bend Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	13515 Southwest Fwy #204
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Ticket to fundraising gala
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	Fort Bend Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	13515 Southwest Fwy #204
	Ψ2,300.00	10010 30utilwest i wy #204
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution to GOTV enorts
	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	<u>'</u>	
	Date	Payee name
	09/17/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	4619 Lyons Ave.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution to GOTV efforts
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 11/17	Countiss, Julie (The Honorable) 00080055
4	Date	5 Payee name
	09/20/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	4619 Lyons Ave.
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Ticket to Blue Surge Rally
		Hotel to Blue Gange Hairy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/26/2024	Harris County Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3213 Houston Ave.
	,	
		Houston, TX 77009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Ticket to Roast & Toast fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	Para and a second
	Date 07/10/2024	Payee name Houston Bar Foundation
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 1111 Bagby Street, FLB. 200
	Ψ20.00	1111 Dayby Street, FLB. 200
		Houston, TX 77002
	DUDDOCE	(3.2.1)
	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
		Appellate Section CLE registration fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 12/17	Countiss, Julie (The Honorable) 00080055
4	Date	5 Payee name
	08/23/2024	Houston Black American Democrats PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 21572
		Houston, TX 77226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/23/2024	Houston LGBT Political Caucus PAC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 66664
	Φ500.00	PO BOX 00004
		Houston, TX 77266-6664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Ticket to fundraiser
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	07/25/2024	Katy Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 6952
	400.00	. 6 26/. 6662
		Katy, TX 77491
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Ticket to Palooza Fundraiser
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 13/17	Countiss, Julie (The Honorable)	00080055
4	Date	5 Payee name	
	09/19/2024	Kingdom Builders Cathedral	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	7937 Count St	
		Houston, TX 77028	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions / Densitions Medic Properties of the contributions / Densitions	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Contribution	to Senior's Bingo Event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61		
	Date	Payee name	
	07/30/2024	Maldonado, Antonio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	6814 Evans St	
		Houston, TX 77063	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autaida of Touga Camplete Cabadula T
	EXPENDITURE	Jaianes/Wages/Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Campaign st	aff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	08/08/2024	Meyerland Area Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 310061	
		Houston, TX 77035	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations/Donations Made by	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Ticket to fun	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

Gredit Card F ayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (E	thics Commission Filers)
Sch: 7/10 Rpt: 14/17	Countiss, Julie (The Honorable)		00080055	
4 Date	5 Payee name		•	
08/09/2024	Monarch Printing			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$265.22	6605 McGrew St. B			
	Houston, TX 77087			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense		l outside of Texas. Complete	Schedule T.
EXPENDITURE		. —	n, TX, officeholder living exp	ense
		Printing of ca	ampaign stickers	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held	
Date	Payee name			
08/09/2024	Monarch Printing			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1,732.00	6605 McGrew St. B			
	Houston, TX 77087			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense	. —	I outside of Texas. Completen, TX, officeholder living exp	
			ampaign flyers	CIISC
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O				
Date	Payee name			
08/09/2024	Monarch Printing			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$2,338.20	6605 McGrew St. B			
Ψ2,000.20				
	Houston, TX 77087			
DUDDOCE		(b) December 2		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel	I outside of Texas. Complete	Schedule T.
EXPENDITURE	Printing Expense		n, TX, officeholder living exp	
		Printing of ca	ampaign push card	S
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	H 			

SCHEDULE F1

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

Fees Office Overhead/Rental Expens Polling Expense Polling 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)

	Credit Card Payment	The Instruction Guide explains how to complete t	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 15/17	Countiss, Julie (The Honorable)	00080055
4	Date	5 Payee name	
	09/19/2024	Sisters United Alliance PAC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	8731 W Bellfort Ave	
		Houston, TX 77071	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Co	ontribution
_	Operation ONLY if the est	Out lide to 10 ff and address a second	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	· 		
	Date	Payee name	
	08/28/2024	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.01	354 Oyster Point Boulevard	
		South San Francisco, CA 94080	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
	OF EXPENDITURE	1000	Check if travel outside of Texas. Complete Schedule T.
		l	Check if Austin, TX, officeholder living expense edit card processing fees
			cuit card processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
	Date	Davida nama	
	09/04/2024	Payee name Strong Strategies	
	Amount (\$) \$1,507.48	Payee address; City; State; Zip Code PO Box 56386	
	Φ1,507.46	PO BOX 30380	
		Haveton TV 77050	
		Houston, TX 77256	
	PURPOSE OF		Scription
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	indraising and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/10 Rpt: 16/17 Countiss, Julie (The Honorable) 00080055 4 Date Payee name 08/13/2024 Texas Access to Justice 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 1601 Rio Grande St #351 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Lawteria event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/12/2024 Texas Democratic Women - Galveston County Amount (\$) Payee address; City; State; Zip Code \$100.00 1201 Newport Blvd. League City, TX 77573 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2024 Texas Democratic Women - Harris Amount (\$) Payee address: City: State; Zip Code \$300.00 5823 Doliver Houston, TX 77057 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Ticket to Women Making History event Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

(Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overnead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
(Credit Card Payment	The Instruction Guide explains how to complete this form.	
	otal pages Schedule F1: ch: 10/10 Rpt: 17/17	2 FILER NAME Countiss, Julie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080055
1 D		<u> </u>	
	7/25/2024	5 Payee name Wells, Grace	
	mount (\$)	7 Payee address; City; State; Zip Code	
, ^	\$500.00	PO Box 56386 Houston, TX 77256	
3	PURPOSE		
	OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense gn for campaign materials
) C	omplete <u>ONLY</u> if direct spenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held