#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to c	omplete this form.	1 Filer ID (Ethics Comm 00082049	,	2 Total pages	filed: 16
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Frances Y.			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX		
		Bourliot		JUFFIA		
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING					Receipt #	Amount
ADDRESS	REDACTED PER	254.0313, GOV'T (	CODE			Amount
Change of Address					Date Processed	
					Data Imaged	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mrs.	Carrie				
	NICKNAME	LAST			SUFFIX	
		Picott				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER	254.0313, GOV'T (	CODE			
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 855-0034					
8 REPORT TYPE	January 15	X 30th day befor	e election	Runoff		campaign treasurer
					_	officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2024	T	HROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Ye	ar   🔲 F	Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	- (if known)	
	Court Of Appeals, Just	ice Place 5 Distric	t 14	Court Of Appeal		e 5 District 14
	1			1		
		GO .	TO PAGE 2			
Forms provided by To	exas Ethics Commission		thics.state.tx.u	IC		rsion V4.1.0.48da51f
i onna provided by Te		www.e	ແທບວ.ວເລເບ.ເ	13	vei	3011 V4.1.0.40UA311

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 16

T

13 C / OH NAME	Bourliot, Frances Y.	(The Honorable)	14 Filer ID 00082049	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informat	ut the candidate's or offi	iceholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	:			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		, <b>\$</b> 0.00		
				<b>\$</b> 14,099.25		
EXPENDITURE		(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES				
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 0.00 \$ 6,425.89		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$ 32,250.17		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required			
		The Hono	orable Frances Y. Bo	ourliot		
		Signature	of Candidate or Officeh	older		
AFFIX NC	TARY STAMP / SEAL AB	OVE				
		aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of off	icer administering oath	Printed name of officer administering oath	Title of offic	er administering oath		
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51		

#### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 16

18 FILER NAME Bourliot, Franc	<b>18</b> FILER NAME <b>19</b> Filer IDBourliot, Frances Y. (The Honorable)00082049					
20 SCHEDULE SUI NAME OF SCHE			SUBTOTAL AMOUNT			
	HEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 13,400.00			
2. X SCI	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3. 🔲 SCH	HEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4. 🗌 SCI	HEDULE E(J): LOANS (JUDICIAL)		\$			
5. 🗙 SCI	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 6,013.66			
6. 🔲 SCI	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. 🗌 SCI	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$			
8. 🗌 SCI	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. 🗙 SCI	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10. 🗌 SCI	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$			
11. 🗌 SCI	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	DNS	\$			
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$			

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/16	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Bourliot, Fra	nces Y. (The Honorable)	00082049	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
08/26/2024	Bain, Linda Jean		\$25.00
	6 Contributor address; City; State; Zip Code		
	Needville, TX 77461		
	Principal Occupation	9 Contributor's Job Title	
Travel agent		Travel agent	
10 Contributor's e Frosch	mployer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
	a shild low firm of percent(a) (if any)		
	s a child, law firm of parent(s) (if any)		
Data			Amount of Quantifications (ft)
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Gibbs, Robin	)	Amount of Contribution (\$) \$1,500.00
09/20/2024			\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	pouse (if any)
Gibbs & Brur			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Horwitz, Noah		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Morgan, Lew	<i>i</i> is, & Bockius		
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 V4.1.0.48da51f7

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/16			
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
	nces Y. (The Honorable)		00082049		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
09/17/2024	Hunton Andrews Kurth Texas PAC		\$2,500.00		
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77002				
8 Contributor's I	Principal Occupation				
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
09/19/2024	Moore, Daryl		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77098				
Contributor's R	Principal Occupation	Contributor's Job Title			
Lawyer		Lawyer			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)		
AZA					
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
09/19/2024	Mukerji, Sambar		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77006				
Contributor's I	I Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
Mukerji Law	Firm	Mukerji Law Firm			
If contributor is	s a child, law firm of parent(s) (if any)				
L Componential of	by Taxas Ethics Commission www.ethic	e state ty us	Version V/4 1 0 48da51f7		

The Instruction Guide explains how to c	Image: Schedule A(J)1:         Sch: 3/5 Rpt: 6/16
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Bourliot, Frances Y. (The Honorable)	00082049
4 Date 5 Full name of contributor or	-of-state PAC (ID#:) 7 Amount of Contribution (\$)
09/11/2024 Munsch Hardt Knopf & Harr PC	\$500.00
6 Contributor address; City; State; Z	Code
Houston, TX 75201	
8 Contributor's Principal Occupation	9 Contributor's Job Title
<b>10</b> Contributor's employer/law firm	<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)	
	-of-state PAC (ID#:) Amount of Contribution (\$)
09/19/2024 Porter Hedges LLP	\$1,000.00
Contributor address; City; State; Z	Code
Houston, TX 77002	
Contributor's Principal Occupation	Contributor's Job Title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	of other DAG (ID)
09/17/2024 Rahim, Sonia	-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00
Houston, TX 77030	
Contributor's Principal Occupation	Contributor's Job Title
Radiologist	Radiologist
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
RP	
If contributor is a child, law firm of parent(s) (if any)	
Forms provided by Taxas Ethics Commission	Warsion V/4 1 0 48da51f

The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/16	
2 FILER NAME Bourliot, Fran	ices Y. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00082049	
09/17/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ Rodes, Dorian</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	7 Amount of Contribution (\$) \$100.00	
	Houston, TX 77021		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Shellist Lazaı			
<b>12</b> If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/17/2024	Shields, LaToya		\$25.00
	Contributor address; City; State; Zip Code Houston, TX 77075		
Contributor's P	rincipal Occupation	Contributor's Job Title	I
Director		Director	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Network of B	ehavioral Health Providers		
If contributor is	a child, law firm of parent(s) (if any)		
Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Spagnoletti, Marcus Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
	Houston, TX 77002		
Contributor's P	rincipal Occupation	Contributor's Job Title	•
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Spagnoletti L			
If contributor is	a child, law firm of parent(s) (if any)		
Formo provided k	ov Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/16	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Bourliot, Fra	nces Y. (The Honorable)	00082049	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/17/2024	Stewart J. Guss & Associates		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77070		
8 Contributor's	I Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (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 (\$)
07/08/2024	Texas Democratic Women of the BV	)	\$150.00
01100/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Brian TV 77905		
O a ratella standa	Bryan, TX 77805	Operatelite stands that Title	
Contributors	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
Contributor 3		Eaw min of contributor 3 sp	
If contributor	is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/16			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	ances Y. (The Honorable)	00082049				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
09/17/2024	Community Bar and Kitchen		contribution (\$) description \$416.67 Fundraiser			
	7 Contributor address; City; State; Zip Code					
	houston TX 77006					
10 Dringing age	houston, TX 77006	11 Employer (EOD NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of In-kind contribution			
09/17/2024		)	contribution (\$) description			
03/1//2024			\$206.59   Fundraiser			
	Contributor address; City; State; Zip Code		I I			
	Houston, TX 77008		I Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Employer (FOR NON-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Attorney		Attorney				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	itor's spouse (if any) (FOR JUDICIAL)			
5th Court of	Appeals					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of In-kind contribution			
09/17/2024	Morgan, Paul		contribution (\$) description \$75.99 I Fundraiser			
	Contributor address; City; State; Zip Code					
	Houston, TX 77008		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Attorney		Attorney				
	employer/law firm (FOR JUDICIAL)	-	or's spouse (if any) (FOR JUDICIAL)			
Morgan Lav	v Firm	Jackson Walker				
_	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				

				EXPENDITUR	RE CATEGOR	RIES FOF	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C Imittee L	vent Expense ees ood/Beverage Exper Sift/Awards/Memorial egal Services <b>The Instruction G</b>	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense (ages/	Contract Labor		Travel in District Travel Out of Di	Equipme t istrict	I Expense ent & Related Expense pry not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	ics Commission Filers)
	Sch: 1/5 Rpt: 10/16		Bourliot, Fra	nces Y. (The	Honorable)					00082049		
4	Date 09/26/2024		Payee name Bourliot, Frai	nces								
6	Amount (\$) \$412.23		Payee addres: 14053 Memo Houston, TX	orial Drive Box		; Zip Co	de					
8	PURPOSE OF EXPENDITURE			Categories listed at nent/Reimbur		edule)		Check if Austin,	, TX,	de of Texas. Con officeholder livin for expense	g exper	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	08/09/2024		J & N Enterp	rises, Inc.								
	Amount (\$) \$782.53		Payee addres 2519 Fairwa	s; City; y Park Dr. Suit		; Zip Co	de					
	PURPOSE		Houston, TX	77092 Categories listed at	the ten of this set	odulo)	(b)	Description				
	OF EXPENDITURE		Printing Expe			(eduic)		Check if travel of	, TX,	de of Texas. Con officeholder livin ials		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name			_						
	09/26/2024		J & N Enterp	rises, Inc.								
	Amount (\$) \$1,309.83		Payee addres 2519 Fairwa	s; City; y Park Dr. Suit		; Zip Co	de					
			Houston, TX	77092								
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Printing Expe	e Categories listed at ENSE	the top of this sch	edule)			, TX,	de of Texas. Con officeholder livin printing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · · ·		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 2/5 Rpt: 11/16		Bourliot, Frances Y. (The Honorable)				00082049
4	Date	5	Payee name				
	09/24/2024		Monarch Printing				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$577.33		6605 McGrew St				
			Houston, TX 77087				
8	PURPOSE	<u> </u>			(b) Description		
ľ	OF		Category (See Categories listed at the top of this sche Printing Expense	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense
					Fliers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Iht		Office held
	Date		Payee name				
	08/26/2024		Raise the Money, Inc.				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$1.47		P.O. Box 26466	•			
	<b>*</b> =····						
			Little Rock, AR 72221				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	09/16/2024		Raise the Money, Inc.				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$245.25		P.O. Box 26466	•			
			Little Rock, AR 72221				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
					Online donat		, officeholder living expense
					Crime donal	011	
	Complete ONILV if direct	Ľ	andidata/Officabalder same	office carry	ubt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ji it		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
-	Sch: 3/5 Rpt: 12/16	Bourliot, Frances Y. (The Honorable)						
4	Date 09/17/2024	5 Payee name Raise the Money, Inc.						
6	Amount (\$) \$5.15	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Online donation fees</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/17/2024	Raise the Money, Inc.						
	Amount (\$) \$1.47	Payee address; City; State; Zip Code P.O. Box 26466						
	PURPOSE	Little Rock, AR 72221						
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense DN feeS					
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held								
	Date	Payee name						
	09/17/2024	Raise the Money, Inc.						
	Amount (\$) \$5.15	Payee address;City;State; Zip CodeP.O. Box 26466						
		Little Rock, AR 72221						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense D <b>N fee</b>					
	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/Political C Credit Card Payment		Event Expense         Loan Repay           Fees         Office Overt           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Exp		ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 4/5 Rpt: 13/16		Bourliot, Frances Y. (The Honorable)				00082049	
4	Date	5	Payee name					
	09/19/2024		Raise the Money, Inc.					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$24.75		P.O. Box 26466					
			Little Rock, AR 72221					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Fees	,			de of Texas. Complete Schedule T.	
							officeholder living expense	
					Online donat	ion	tee	
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held	
	Date		Payee name					
	09/19/2024		Raise the Money, Inc.					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$24.75		P.O. Box 26466					
			Little Rock, AR 72221					
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Jht		Office held	
	Date Payee name							
	09/26/2024		Raise the Money, Inc.					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$73.75		P.O. Box 26466					
			Little Rock, AR 72221					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Fees				de of Texas. Complete Schedule T.	
					Online donat		officeholder living expense	
					Grinne uorial	1011		
_	Complete ONLY if direct	Ļ	Candidate/Officabelder name	offico corre	t		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name O	office sou	Jin		Onice neid	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				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)		
1	Total pages Schedule F1:	EII ER NAM	IF				3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/5 Rpt: 14/16		rances Y. (The Ho	onorable)				00082049	(,
4	Date	Payee nam	e				•		
	08/29/2024	West Houston Democrats							
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 13114 Waldemere Dr Houston, TX 77077							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Membership and donation</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	office sough	it		Office he	eld
	Date	Payee nam	е						
	09/24/2024	Young and	the Politics						
	Amount (\$) \$2,500.00	Payee addr 5206 Mad		State;	Zip Code	9			
		houston, T	X 77048						
	PURPOSE OF EXPENDITURE		See Categories listed at the /ages/Contract Lal		<sub>edule)</sub> (k			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	office sough	nt		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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 G: Sch: 1/2 Rpt: 15/16	2 FILER NAME Bourliot, Frances Y. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082049			
4 Date 08/30/2024	5 Payee name Apple					
6 Amount (\$) \$116.91 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 303 Memorial City Houston, TX 77024					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date 09/10/2024	Payee name Becks Prime					
Amount (\$) \$52.93 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1202 Dairy Ashford Houston, TX 77079					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date 08/06/2024	Payee name El Tiempo					
Amount (\$) \$47.59	Payee address;     City;     State;     Zip Code       59     5602 Washington     5602 Washington					
X Reimbursement from political contributions intended	Houston, TX 77007					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	payment/Reimbursement       Solicitation/Fundraising Expense         verhead/Rental Expense       Transportation Equipment & Related Expense         Expense       Travel in District         Expense       Travel Out of District         Wages/Contract Labor       OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 2/2 Rpt: 16/16	2 FILER NAME Bourliot, Frances Y. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00082049				
4 Date 08/30/2024	5 Payee name Houston Lawyers Association					
6 Amount (\$) \$83.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 300009					
8 PURPOSE OF EXPENDITURE	Houston, TX 77230 (a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held				
Date 07/17/2024	Payee name Shipley's					
Amount (\$) \$111.80 Reimbursement from	Payee address; City; State; Zip C 11617 Katy freeway	ode				
X political contributions intended	Houston, TX 77079					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				