CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00067179		19			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Kristin M.			10/07/2024	
		NICKNAME	LAST		SUFFIX	1	
			Guiney			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	pecify)	1	
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Data Imaged	
•	COVERED	01/01/2024	THROUGH	06/30/2024	rear	Date Imaged	
6	EXPLANATION OF C			00/00/2021			
•		entered contributions and e	expenditures on the reg	oort total. I entered the	e contribution an	ıd expenditure amou	ınts in both the total
	amounts and the total	l unitemized amounts. I did					
	humbly ask that the p	enalty be waived.					
_	AFFIDAV/IT						
′	AFFIDAVIT		Isw	ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
			Х	Semiannual reports was made in good fa			
				misrepresent the info			or to
							
			X	Other reports: I streport not later than			
				that the report as ori			
				swear, or affirm, that filed was made in go		nission in the report	as originally
				meu was maue in go	iou iailii.		
				The H	lonorable Krist	tin M. Guiney	
				Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		2 9			
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	9.		
	Signature of office	er administering oath	Printed name of of	ficer administering oa	th T	Title of officer admini	stering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00067179 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristin M. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Guiney CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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** Mr. Edward C. NAME NICKNAME LAST **SUFFIX** McClees **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** (281) 773-3766 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 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 District Judge District 183 Harris Court Of Appeals, Justice Place 8 District 1st

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GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Guiney, Kristin M. (TI	ne Honorable)	14 Filer ID 00067179	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 11,150.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES	10)	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 1,328.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 22,424.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S 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 Hon	orable Kristin M. Guir	ney
		Signature	of Candidate or Officeho	older
AFFIX NO	ГARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
	an administrative	District and service of the		
Signature of office	er administering oath	Printed name of officer administering oath	Little of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

4 of 19

				4 of 19
18 FILER NAM Guiney, K	ME (ristin M. (The Honorable)	19 Filer ID 00067179	(Ethics Con	nmission Filers)
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	11,150.00
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	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	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 O	F C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ges Schedule A(J)1: B Rpt: 5/19	
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3 Filer ID 0006717	(Ethics Commissio 79	n Filers)
4	Date 05/02/2024	5 Full name of contributor [Andrews, Lisa6 Contributor address; City; StaTX, TX 77011	out-of-state PAC (ID#:_ te; Zip Code		7 Amount o	of Contribution (\$)	\$500.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	1		
	Attorney			Attorney			
10	Contributor's employer/law firm 11 Law firm of contributor's s Self		11 Law firm of contributor's sp	oouse (if any)			
12	If contributor is	s a child, law firm of parent(s) (if an	y)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	of Contribution (\$)	
	05/02/2024	Bailey, Noel Contributor address; City; Sta				(,)	\$500.00
	O - materille : d - ml - 1	Hou, TX 77014		O and the standard Lab Title			
	Attorney	Principal Occupation		Contributor's Job Title Attorney			
		employer/law firm		Law firm of contributor's sp	acusa (if any)		
	Self	етпрюуетлам тт		Law IIIII of Contributor's Sp	ouse (ii ariy)		
	If contributor is	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	of Contribution (\$)	
	04/18/2024	Benavides, Kelly Contributor address; City; Sta Houston, TX 77007	te; Zip Code				\$250.00
	Contributor's F	<u>I</u> Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	self						
	If contributor is	s a child, law firm of parent(s) (if an	у)				

MONET	TARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	iction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 6/19
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Guiney, Kris	stin M. (The Honorable)			00067179
4 Date 05/02/2024	5 Full name of contributor Bennett, Todd 6 Contributor address; City;	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$500.00
	Houston, TX 77008			
8 Contributor's	Principal Occupation		9 Contributor's Job Title	
Attorney			Attorney	
10 Contributor's Self	O Contributor's employer/law firm Self 11 Law firm of contributor's s			pouse (if any)
12 If contributor	is a child, law firm of parent(s) (i	f any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2024	Brown, Adam Contributor address; City;	State; Zip Code		\$250.00
	Houston, TX 77002			
Contributor's	Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
Contributor's Self	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor	is a child, law firm of parent(s) (i	f any)	1	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/15/2024	Cook, Daniel			\$1,000.00
	Contributor address; City; Houston, TX 77060	State; Zip Code		
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 Johns	ton CPA			
If contributor	is a child, law firm of parent(s) (i	f any)	1	

	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: 3/8 Rpt: 7/19
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067179
4	Date 05/01/2024	5 Full name of contributor Corral, Aam6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77223				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/02/2024	Davidson, Lucienne Contributor address; City;	State; Zip Code			\$100.00
	Cambrilanda	Houston, TX 77008		Contributoulo Job Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	חחוים	se (if any)
	Hanszen La				, , ,	(i. di.y)
		s a child, law firm of parent(s) (i	f any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/29/2024	Davis, Neal	_			\$250.00
		Contributor address; City; Houston, TX 77008	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

N	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE /	A(J)1
Т	he Instru	ction Guide explains ho	ow to complete this	form.		I pages Schedule A(J)1: : 4/8 Rpt: 8/19	:
2 F	ILER NAME				3 Filer	ID (Ethics Commission	on Filers)
G	Buiney, Kris	tin M. (The Honorable)			000	67179	
4 Date 05/06/2024 5 Full name of contributor out-of-state Davis, neal 6 Contributor address; City; State; Zip Co		out-of-state PAC (ID#:		7 Amo	unt of Contribution (\$)	\$500.00	
		Houston, TX 77008					
8 C	ontributor's I	Principal Occupation		9 Contributor's Job Title			
Α	ttorney			Attorney			
	Contributor's e Self	employer/law firm		11 Law firm of contributor's s	pouse (if a	any)	
12 If	contributor i	s a child, law firm of parent(s) (i	if any)	1			
	ate	Full name of contributor	out-of-state PAC (ID#:	1	Amo	ount of Contribution (\$)	
	5/02/2024	Dees, J. Gordon	U out-of-state PAC (ID#.	J	Amo	ant of Contribution (4)	\$100.00
	3/02/2024	Contributor address; City;	State: Zin Code		.		Ψ100.00
		Houston, TX 77007					
		Principal Occupation		Contributor's Job Title			
Α	ttorney			Attorney			
	Contributor's o Self	employer/law firm		Law firm of contributor's s	pouse (if a	any)	
If	contributor i	s a child, law firm of parent(s) (i	if any)	1			
	ate	Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
0	5/02/2024	Hart, Cary			.		\$250.00
		Contributor address; City;	State; Zip Code				
	`antributarla l	houston, TX 77011		Contributor's Job Title			
	attorney	Principal Occupation		Attorney			
С	ontributor's	employer/law firm		Law firm of contributor's s	pouse (if a	any)	
s	Self						
If	contributor i	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/19
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067179
4	Date 05/09/2024	5 Full name of contributor Henderson, Chadrick6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77054				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Self	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/21/2024	Hoover Slovacek Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	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)			
	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
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			

	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: 6/8 Rpt: 10/19
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067179
4	Date 04/28/2024	5 Full name of contributor Keirnan, John6 Contributor address; City; 9	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	ous	se (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 (\$)
	05/25/2024	McClees, J. Rushton Contributor address; City; \$	State; Zip Code		•	\$1,000.00
		Birmingham, AL 35213		T		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney Law firm of contributor's sp		on (if any)
	Dentons Sire	• •		Law littl of contributors sp	Jous	se (II aliy)
		s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Τ	Amount of Contribution (\$)
	05/02/2024	Nachtigall, David	Out of state 1 AC (ID#.)		\$500.00
		Contributor address; City; \$ Houston, TX 77008	State; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	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		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/19
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067179
4	Date 06/17/2024	Full name of contributor Robinson, Anthony Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Pearlan, TX 77581				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	05/02/2024	Schultz, Natalie Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77008				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		of the same
	Gongora and	employer/law firm		Law firm of contributor's sp Harris County Pubilc De		` -,
		s a child, law firm of parent(s) (if	any)	Figure County Fubility De	-101	idel 3 Office
					_	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/22/2024	Stephenson, Jon Contributor address; City; : Houston, TX 77008	State; Zip Code			\$500.00
-	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	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 t	form.	1	Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/19
2	FILER NAME Guiney, Kris	tin M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067179
4	Date 05/02/2024	5 Full name of contributor Stradley, Wiliam6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/11/2024	Stryker, Kevin Contributor address; City;	State; Zip Code			\$500.00
		Sugarland, TX 77478				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		and the sun of
	Self	employer/law firm		Law firm of contributor's sp	ous	se (II any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	05/03/2024	Tanner, Allen	_			\$500.00
		Contributor address; City; houston, TX 77002	State; Zip Code		<u>'</u>	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

PLEDG	SED CONTRIBUTIONS (JUDIC	IAL)		SCHED	ULE B(J)
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Guiney, Kris	etin M. (The Honorable)		3 Filer ID (00067179	Ethics Commissio	n Filers)
4 TOTAL OI	UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor Address; City; State; Zip) 8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)
			Check if travel of	utside of Texas.	Complete Schedule T.
10 Pledgor's pri	ncipal occupation	11 Pledgor's job title	•		
12 Pledgor's em	pployer/law firm	13 Law firm of pledgo	r's spouse (if any)		
14 If pledgor is	a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHEI	DULE E	(J)		
	The Instructio	on Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 14/19						
2	FILER NAME Guiney, Kristin M	Л. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067179				lers)		
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$		0.00		
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:			9 Loan An	nount (\$)			
6	Is lender a financial institution?			10 Interest						
						11 Maturity	Date			
12	2 Lender's Principal	Occupation	13 Lender's Job Title							
14	1 Lender's Employer	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)	1							
17	7 Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)							
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (S					d (\$)		
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code							
25	5 Guarantor's Emplo	over/Low Eirm	26 Law Firm of guarantor's spouse (if any)							
	· 		20 Law 1 IIII of guarantor 3 Sp	, ous	z (ii ariy)					
27	' If guarantor is child	d, law firm of parent(s) (if any)								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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 comp	olete this for	m.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 15/19	Guiney, Kristin M. (The Honorable)			00067179	
4	Date	5 Payee name		<u> </u>		
	05/07/2024	Campaign Partners LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Code	;			
	\$600.00	PO Box 655				
		Bellaire, TX 77402				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Descripti	ion		
	OF EXPENDITURE	Event Expense				nplete Schedule T.
					, officeholder living undraiser	g expense
			iviay cai	inpaign	ununaisei	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .		Office h	eld
	expenditure to benefit C/O		ıı		Office fi	Ciu
_	Date	Payee name				
	03/01/2024	Pressler, James				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$500.00	PO Box 655	-			
	Ψ300.00	1 C BOX 000				
		Bellaire, TX 77402-0655				
	PURPOSE		N D			
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Descripti		ide of Texas. Com	nplete Schedule T.
	EXPENDITURE	Consulting Expense			, officeholder living	
			Consult	ing		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	it		Office h	eld
	experientare to benefit Gro	'				
	Date	Payee name				
	06/17/2024	WinRed Technical Services LLC				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$7.88	1776 Wilson Blvd				
		Ste 305				
		Arlington, VA 22209				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descripti			
	OF EXPENDITURE	Fees			ide of Texas. Com , officeholder living	nplete Schedule T.
					cessing Fee	
			2.34			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt		Office h	eld
	expenditure to benefit C/O					
1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/5 Rpt: 16/19	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
	\$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	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2024	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 17/19	Guiney, Kristin M. (The Honorable)	00067179
4	Date	5 Payee name	•
	05/06/2024	WinRed Technical Services LLC	
6	Amount (\$) \$19.70	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 305 Arlington, VA 22209	
8	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ard processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	05/03/2024	WinRed Technical Services LLC	
	Amount (\$) \$39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 305 Arlington, VA 22209	
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense and processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	05/03/2024	WinRed Technical Services LLC	
	Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 305 Arlington, VA 22209	
	PURPOSE OF EXPENDITURE	Check if	on I travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ard processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_ <u></u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M 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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee L	_egal Services	Sala		iges	/Contract Labor		OTHER (enter	a category not listed a	above)	
				The Instruction Gu	iide explains how t	to com	iple	ete this form.	_				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)	
	Sch: 4/5 Rpt: 18/19		Guiney, Kris	tin M. (The Hor	orable)					00067179			
4	Date	5	Payee name										
	05/02/2024		WinRed Tec	hnical Services	LLC								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Cod	е						
	\$9.85		1776 Wilson	Blvd									
			Ste 305										
			Arlington, VA	A 22209									
8	PURPOSE	(a)				10	h)	Description					
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		1-663					=		officeholder livi			
								Credit card p	roc	essing fee			
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office	sougl	ht			Office I	neld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	05/02/2024		WinRed Tec	hnical Services	LLC								
	Amount (\$)		Payee addres	s; City;	State; Zip	Cod	е						
	\$3.94		1776 Wilson	Blvd									
			Ste 305										
			Arlington, VA	A 22209									
	PURPOSE	(a)	Category (See	e Categories listed at t	ne top of this schedule)	(1	b)	Description					
	OF EXPENDITURE		Fees					-			mplete Schedule T.		
								—		officeholder livi	ng expense		
								Credit card p	IOC	essing iee			
	Complete ONLY if direct	<u> </u>	Candidato/Offic	oholdor namo	Office	conal	ht			Office I	aold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
\vdash	Data	<u> </u>	Davis										
	Date		Payee name	haisal Camiasa									
	05/02/2024			hnical Services									
	Amount (\$)		Payee addres		State; Zip	Cod	е						
	\$19.70		1776 Wilson	Blvd									
			Ste 305										
			Arlington, VA	A 22209									
	PURPOSE	(a)	Category (See	e Categories listed at t	ne top of this schedule)	(1	b)	Description					
	OF EXPENDITURE		Fees					ш			mplete Schedule T.		
	LAI LINDITORE							_		officeholder livi	ng expense		
								Credit card p	roc	essing fee			
	Commission ONU Wife allows	Ļ	Oandidet-10"		0.00		la ć			Office 1	- ald		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	Office	sougl	nt			Office I	iela		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 19/19	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 Co	de	
	\$39.40	1776 Wilson Blvd		
		Ste 305		
		Arlington, VA 22209		
8	PURPOSE	(a) a :	(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	04/28/2024	WinRed Technical Services LLC		
	Amount (\$)	Payee address; City; State; Zip Co	de	_
	\$19.70	1776 Wilson Blvd		
		Ste 305		
		Arlington, VA 22209		
	PURPOSE	(2) 2	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/61	'		
	Date	Payee name		
	04/18/2024	WinRed Technical Services LLC		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$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	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 expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experience to benefit C/O	,		