### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete t	his form. 1 Filer ID (Ethics Commis 00081819	sion Filers)	2 Total pages fi	led: L3
3 CANDIDATE /	MS / MRS / MR FIRS		MI		
OFFICEHOLDER NAME		ry D.		OFFICE Date Received	USE ONLY
				ELECTRONIC	
	NICKNAME LAS		SUFFIX	01/14/2025	
	Ung	er			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUI	FE #; CITY;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING	1035 Dairy Ashford Rd.			Dessint #	Amount
ADDRESS	Ste. 245			Receipt #	Amount
Change of Address	Houston, TX 77079			Date Processed	
				Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRS	Ţ		MI	
TREASURER NAME	Mr. Mark	< V.			
	NICKNAME LAST	7		SUFFIX	
	Burli	ngame			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	1035 Dairy Ashford Rd				
	Ste. 245				
(Residence or Business)	Houston, TX 77079				
7 CAMPAIGN	AREA CODE PHONE NU	MBER EXTENSION			
TREASURER	(214) 684-6888	MDER EXTENSION			
PHONE	(214) 004-0000				
8 REPORT					
TYPE	X January 15 30	th day before election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	July 15 8th	n day before election	Exceeded modified	Final Report (Att	
			reporting limit		
9 PERIOD	Month Day Year		Month Day	Year	
COVERED	07/01/2024	THROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other	
	11/03/2026	X General	 Special	_	
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)	
	District Judge District 248 Harri	S	District Judge Dis		
		GO TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us	3	Versi	on V4.1.0.5dd2ace2
sinis provided by Te			•	v C1 31	5 v

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

FORM JC/OH COVER SHEET PG 2 2 of 13

T

13 C / OH NAME	Unger, Hilary D. (The	Honorable)	14 Filer ID 00081819	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been made officeholders are required to report this in	e without the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS M/		<b>\$</b> 0.00
		ICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES ( ZED POLITICAL EXPENDITURES	JF LOANS)	\$ 0.00
TOTALS				<b>4</b> 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 736.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LC TING PERIOD	DANS AS OF THE LAST DAY	<b>\$</b> 466.20
17 AFFIDAVIT				
			er penalty of perjury, that the an ncludes all information required n Code.	
		Т	he Honorable Hilary D. Ung	per
			nature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	ribed before me. by the s	aid	. this the	day
		ertify which, witness my hand and seal of c		
Signature of offic	er administering oath	Printed name of officer administering	g oath Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

## FORM JC/OH COVER SHEET PG 3

3 of 13

18 FILER NAME19 Filer IDUnger, Hilary D. (The Honorable)00081819			(Ethics Commission Filers)
20 SCHEDUL			
NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		<b>\$</b> 456.20
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 8.99
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 727.53
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

LOANS (J	IUDICIAL)			SCHEDULE	E(J)
	The Instruction Guide explains how to complete this form		ages Schedule E(J): '1 Rpt: 4/13		
2 FILER NAME Unger, Hilary D.	(The Honorable)		3 Filer ID 000818	(Ethics Commissio 319	on Filers)
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS			\$	456.20
5 Date of loan	7 Name of lender Out-of-state PA	AC (ID#:	)	9 Loan Amount (	\$)
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
12 Lender's Principal	Occupation	13 Lender's Job Title			
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16 If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Col	lateral	18 Check if personal funds we	ere deposited	d into political accou (See Instruction	
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guara	nteed (\$)
not applicable	<b>21</b> Guarantor address; City; State;	Zip Code			
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	)	
27 If guarantor is chil	d, law firm of parent(s) (if any)	1			

### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
	/- Fees Food/Beve Gift/Award	erage Expense s/Memorials Expense	Office Overhead/Rent Polling Expense Printing Expense	al Expense Tra Tra Tra	licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District 'HER (enter a category not listed above)
	The Inst	ruction Guide explains h	low to complete th	is form.	
Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/13	Unger, Hilary D. (T	he Honorable)			00081819
CREDIT CARD	Name of fina	ncial institution	5 TOTAL C	F UNITEMIZED	
ISSUER	Cred	lit One			\$
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid
	\$8.99	12/12/2024			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City, State, Zip Code
	Kroger				
			Houston. 7	X 77024	
PURPOSE OF	(a) Category				
EXPENDITURE			Cupcakes	for Democratic	event
X Political	Food/Beverage Expe	nse			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct				<b>_</b>	Office held
	Accounting/Bainking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Total pages Schedule F4: Sch: 1/1 Rpt: 5/13 CREDIT CARD ISSUER PAYMENT PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee       Event Exp. Fees Food/Beve Committee         Total pages Schedule F4: Sch: 1/1 Rpt: 5/13       2       FILER NAME Unger, Hilary D. (The Sch: 1/1 Rpt: 5/13)         CREDIT CARD ISSUER       Name of final Credit Sch: 1/1 Rpt: 5/13         PAYMENT       (a) Amount Charged \$8.99         PAYEE       (a) Payee name Kroger         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top Food/Beverage Expendit (See Categories listed at the top Food/Beverage Expendit (Se	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         Total pages Schedule F4:       2 FILER NAME         Sch: 1/1 Rpt: 5/13       Unger, Hilary D. (The Honorable)         CREDIT CARD ISSUER       Name of financial institution Credit One         PAYMENT       (a) Amount Charged \$8.99       (b) Date of Charge \$8.99         PAYEE       (a) Payee name         Kroger       Kroger         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense         Mon-Political       (c) Check if travel outside of Texas. Complete Schedule         Complete QNLLY if direct       Candidate/Officeholder name	Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee       Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services       Loan Repayment/Reir Office Overhead/Rent Poling Expense Salaries/Wages/Contr The Instruction Guide explains how to complete th         Total pages Schedule F4:       2       FILER NAME Unger, Hilary D. (The Honorable)       Total C         CREDIT CARD ISSUER       2       FILER NAME Unger, Hilary D. (The Honorable)       5       TOTAL O EXPEND CHARGE CARD         PAYMENT       (a) Amount Charged \$8.99       (b) Date of Charge 12/12/2024       (c) Date(s) O 9325 Katy Houston, T         PAYEE       (a) Payee name Kroger       (b) Payee an 9325 Katy Houston, T         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Descripti Cupcakes         Mon-Political       (c) Check if travel outside of Texas. Complete Schedule T.       (c) Candidate/Officeholder name	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/OfficeOteriate Committee       Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Giff/Awards/Memorials Expense Giff/Awards/Memorials Expense Giff/Awards/Memorials Expense Giff/Awards/Memorials Expense Giff/Awards/Memorials Expense Salares/Wages/Contract Labor       So Ore Particle Overhead/Rental Expense Salares/Wages/Contract Labor       So Tre Printing Expense Salares/Wages/Contract Labor         Total pages Schedule F4:       2       FILER NAME Unger, Hilary D. (The Honorable)       5       TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD         CREDIT CARD ISSUER       Name of financial institution Credit One       5       TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD         PAYMENT       (a) Amount Charged \$8.99       (b) Date of Charge 12/12/2024       (c) Date(s) Credit Card Issuer 9325 Katy Fwy         PAYEE       (a) Payee name Kroger       (b) Payee address; 9325 Katy Fwy       9325 Katy Fwy         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description Cupcakes for Democratic         Mon-Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, Office Sought

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G: Sch: 1/7 Rpt: 6/13	2       FILER NAME       3       Filer ID (Ethics Commission Filers)         Unger, Hilary D. (The Honorable)       00081819	
4	Date 12/09/2024	5 Payee name Acres of Angels - Edna Griggs	
6	Amount (\$) \$50.00 Reimbursement from political contributions intended	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>6205 Maxroy St.</li> <li>Houston, TX 77091</li> </ul>	
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if Austin, TX, officeholder living expense</li> <li>Toy Drive</li> </ul>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date 12/07/2024	Payee name Act Blue	
	Amount (\$) \$4.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
	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 Service Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date 12/07/2024	Payee name Act Blue	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 366 Summer St	
	X Reimbursement from political contributions intended	Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Area 5 Democrats	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office OV Food/Beverage Expense Polling E: y - Gitt/Awards/Memorials Expense Printing E	ayment/Reimbursement     Solicitation/Fundraising Expense       erhead/Rental Expense     Transportation Equipment & Related Expense       spense     Travel in District       xpes/Contract Labor     OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 2/7 Rpt: 7/13	2 FILER NAME Unger, Hilary D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081819
4 Date 07/23/2024	5 Payee name Act Blue	I
6 Amount (\$) \$100.00	<ul> <li>7 Payee address; City; State; Zip Co 366 Summer St</li> <li>Somerville, MA 02144</li> </ul>	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
09/13/2024	Act Blue	
Amount (\$) \$100.00	Payee address; City; State; Zip Co 366 Summer St Somerville, MA 02144	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name Act Blue	
Amount (\$) \$50.00	Payee address; City; State; Zip Co 366 Summer St	bde
X         Reimbursement from political contributions intended	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Southwest Democrats
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 B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense 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 G: Sch: 3/7 Rpt: 8/13	2 FILER NAME Unger, Hilary D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081819
4 Date 09/21/2024	5 Payee name Act Blue		
6 Amount (\$) \$6.00 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C 366 Summer St</li> <li>Somerville, MA 02144</li> </ul>	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 09/13/2024	Payee name Act Blue		
Amount (\$) \$10.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip C 366 Summer St Somerville, MA 02144	ode	
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 07/13/2024	Payee name Act Blue		
Amount (\$) \$10.00	Payee address; City; State; Zip C 366 Summer St	ode	
Reimbursement from political contributions intended	Somerville, MA 02144		
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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense 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 G: Sch: 4/7 Rpt: 9/13	2 FILER NAME Unger, Hilary D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081819
4 Date 11/03/2024	5 Payee name Act Blue		
6 Amount (\$) \$50.00 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C 366 Summer St</li> <li>Somerville, MA 02144</li> </ul>	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description	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	Payee name		
09/21/2024	Act Blue		
Amount (\$) \$30.00 Reimbursement from political contributions		ode	
intended	Somerville, MA 02144		7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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 12/02/2024	Payee name Act Blue		
Amount (\$) \$25.00	Payee address; City; State; Zip C 366 Summer St	ode	
X Reimbursement from political contributions intended	Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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	L Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reinbursement     Solicitation/Fundraising Expense       berhead/Rental Expense     Transportation Equipment & Related Expense       pense     Travel in District       xpense     Travel Out of District       vages/Contract Labor     OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 5/7 Rpt: 10/13	2 FILER NAME Unger, Hilary D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081819
4 Date 12/03/2024	5 Payee name Act Blue	
6 Amount (\$) \$100.00 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip Co 366 Summer St</li> <li>Somerville, MA 02144</li> </ul>	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Road Women Membership
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
10/21/2024	Act Blue	
Amount (\$) \$10.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co 366 Summer St Somerville, MA 02144	de
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SW Democrats
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2024	Payee name Act Blue	
Amount (\$) \$10.00	Payee address; City; State; Zip Co 366 Summer St	de
X Reimbursement from political contributions intended	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SW Democrats
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		
1	Total pages Schedule G: Sch: 6/7 Rpt: 11/13	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Unger, Hilary D. (The Honorable)       00081819	
4	Date 08/21/2024	5 Payee name Act Blue	
6	Amount (\$) \$10.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if Austin, TX, officeholder living expense</li> <li>SW Democrats</li> </ul>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F	Date	Pavee name	
	07/21/2024	Act Blue	
	Amount (\$) \$10.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee SW Democrats Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SW Democrats	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date 12/03/2024	Payee name Association of Women Attorneys	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2450 Louisiana St. Ste. 400-301 Houston, TX 77006	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense Holiday Party	
	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 verhead/Rental Expense Expense Expense 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 G: Sch: 7/7 Rpt: 12/13	2 FILER NAME Unger, Hilary D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081819	
4	Date 12/09/2024	5 Payee name The R.E.A.C.H Center			
6	Amount (\$) \$102.53 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C 2600 S. Loop West Ste. 595 E Houston, TX 77054</li> </ul>	ode		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description [ Donation	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	

OUTSTAN	IDING LOANS	SCHEDULE L	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 13/13	
2 FILER NAME Unger, Hilary D	(The Honorable)	3 Filer ID (Ethics Commission Filers) 00081819	
LENDER INFORMATION	<ul> <li>4 Name of lender Unger, Hilary</li> <li>5 Lender address; City; State; Zip Code</li> </ul>	I	
	Houston, TX 77079		
GUARANTOR INFORMATION	6 Name of guarantor		
X not applicable	7 Guarantor address; City; State; Zip Code		