#### 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) 00081708 36 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tanya N. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Garrison CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 7938 S WELLINGTON CT MAILING Receipt # Amount **ADDRESS** Change of Address Houton, TX 77055 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Anissa NAME NICKNAME LAST **SUFFIX** Farrar STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 8618 Lanell Ln. **ADDRESS** (Residence or Business) Houston, TX 77055 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 447-3216 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| 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 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 157 Harris

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Garrison, Tanya N. (	he Honorable)	14 Filer ID 00081708	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politic These expenditures may have been ma I officeholders are required to report this	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURI	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(O` ES OF LOANS, OR CONTRIBUTIONS	·	\$ 0.00
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEE:	S OE LOAMS)	\$ 0.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES	S OF LOANS)	\$ 0.00
TOTALS				<b>3</b> 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 22,471.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	S OF THE LAST DAY OF THE	\$ 99,870.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			inder penalty of perjury, that the acd d includes all information required t tion Code.	
			The Honorable Tanya N. Garris	son
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal o	of office.	
Signature of office	cer administering oath	Printed name of officer administer	ring oath Title of office	r administering oath

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

			3 of 36						
	L8 FILER NAME Garrison, Tanya N. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00081708								
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.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 22,471.79						
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	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
	Total pages Schedule F1:	
	Sch: 1/33 Rpt: 4/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	07/25/2024	Agora
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.49	1712 Westheimer Rd.
		Houston, TX 77098
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee with lawyers.
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
L	07/08/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.56	410 Terry Ave. N.
		Seattle, WA 98109
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee supplies for staff coffee bar.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	
	Date	Payee name
	07/05/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.96	410 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff birthday presents.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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/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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/33 Rpt: 5/36	Garrison, Tanya N. (The Honorable)	00081708
4	Date	5 Payee name	
	07/30/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.65	410 Terry Ave. N.	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Party supplies for staff party.
			Tarty supplies for stail party.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office Hold
H	Date	Davies warms	
	08/08/2024	Payee name Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.50	410 Terry Ave. N.	
		0	
		Seattle, WA 98109	
	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Description  Check if travel outside of Tourse Complete Schodule T
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Snacks for jury room.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/13/2024	American Board of Trial Advocates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2011 Brayan St. #3000	
		Dallas, TX 75201	
	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
			Annual dues.
	Complete ONII V if allow	Condidate/Officeholder neur	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services  The Instruction Cu		-	es/Contract Labor		OTHER (enter a	a category not listed above)
Ļ		-			ilue explains now to	comp	nete this form.	-		
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/33 Rpt: 6/36		Garrison, Ta	anya N. (The Ho	onorable)				00081708	
4	Date	5	Payee name							
	10/04/2024		Aramark							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code				
	\$31.69		Minute Maio	l Park						
			501 Crawfor	rd St.						
			Houston, TX	< 77002						
8	PURPOSE	⊢				/h	<b>)</b> December			
°	OF			ee Categories listed at th	ne top of this schedule)	(0)	Description  Check if travel	outsi	ide of Texas. Con	mplete Schedule T.
	EXPENDITURE		F00u/Bever	age Expense					, officeholder livin	•
							Lunch with in			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	t		Office h	eld
	expenditure to benefit C/O	Η								
	Date		Payee name							
	09/09/2024		Austin Marri	iott Downtown						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$19.41		304 E Cesa	r Chavez St						
			Austin, TX 7	78701						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b	<b>)</b> Description			
	OF EXPENDITURE		Travel In Dis	strict			<u> </u>			nplete Schedule T.
							ш		, officeholder livin	r Advanced Appellate
							conference.	IIC	III Austiii ioi	Auvanceu Appellate
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Office s	ough	<u> </u>		Office h	neld
	expenditure to benefit C/O		zarialaate/Oni	ceriolaer riame	Office	ougin	•		Office II	iciu
-	Data	Г	B							
	Date		Payee name	iott Downtown						
	09/09/2024			iott Downtown						
	Amount (\$)	ı	Payee addres	•	State; Zip	Code				
	\$799.06		304 E Cesa	r Chavez St						
			Austin, TX 7	78701						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b	<b>)</b> Description			
	OF EXPENDITURE		Travel In Dis	strict						nplete Schedule T.
									, officeholder livin	
							Hotel for Auv	anc	ceu Appella	te Conference in Austin.
_	Complete ONLY if direct	Щ	Candidato/Offi	ceholder name	Office s	ough	<del></del>		Office h	مام
	Complete ONLY if direct expenditure to benefit C/OH		zai iuiuale/OIII	centiuei Hallie	Office S	ougill	ι		Office fi	ICIU

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/33 Rpt: 7/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	12/20/2024	BB Butchers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$568.13	1814 Washington
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff holiday luncheon
		Stan Holiday luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/13/2024	Barnaby's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.59	414 W. Grey St.
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch with attorneys.
		Lunch with attorneys.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	09/30/2024	Payee name Bayour City Events
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.90	9401 Knight Rd.
		Houston, TX 77045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Drink at JRR dinner
		Dillik at Stat dillilei
_	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 -Candidate/Officeholder/Political Commi 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 out of the Communication of the

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 5/33 Rpt: 8/36	2 FILER NAME Garrison, Tanya N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081708
4	Date	5 Payee name
	11/18/2024	Boot Shooters BBQ
6	Amount (\$) \$36.40	7 Payee address; City; State; Zip Code 5832 Fairdale Ln.  Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Lunch at UH Trial Advocacy end of year party.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	Brennan's of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	3300 Smith St.
	DUDDOG	Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Judges' Holiday Party
		Vadges Honday Farty
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.56	10070 I-10
		Luling, TX 78648
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas and food for trip to Austin for Advanced
		Appellate conference.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officeholder/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: 6/33 Rpt: 9/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	09/09/2024	Buff Burger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.07	1014 Wirt Rd.
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff lunch.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	08/09/2024	Cafe Crepe of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.60	200 San Jacinto Blvd.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch while in Austin for Advanced Appellate
		conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	City of Houston Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.50	4406 Caroline St.
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking for CLE lunch.
		Taking for CEE functi.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>4 7</b> . 1	
1 Total pages Schedule F1:	
Sch: 7/33 Rpt: 10/36	Garrison, Tanya N. (The Honorable) 00081708
4 Date	5 Payee name
07/24/2024	Clubs in Action
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	11910 Carillon Forest Dr.
	Atascosita, TX 77346
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Sponsorship of Campaign Karaoke Kickoff.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/22/2024	Dish Society
Amount (\$)	Payee address; City; State; Zip Code
\$21.14	1050 Yale St suite 100
42111	1000 Tale Granta 100
	Houston TV 77000
	Houston, TX 77008
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	CCL Monthly Breakfast Meeting.
	, , , , , , , , , , , , , , , , , , ,
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payeo namo
09/23/2024	Payee name  Doubletree Austin
Amount (\$)	Payee address; City; State; Zip Code
\$189.00	303 W. 15th St.
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Hotel for Advanced Commercial Litigation
	conference.
Complete CALL V if direct	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense Pr Si		ense ges/Contract Labor	Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
L	Sch: 8/33 Rpt: 11/36	Garriso	n, Tanya N. (The Hone	orable)			0008170	8
4	Date	5 Payee na	ame					
	10/01/2024	Etsy						
6	Amount (\$)	7 Payee a	ddress; City;	State; Z	Zip Code	9		
	\$185.03	117 Ada	ams Street					
		Brookly	n, NY 11201					
8	PURPOSE	(a) Category	(See Categories listed at the t	ton of this schedu	<sub>ile)</sub> (I	Description		
	OF EXPENDITURE		ing Expense	top of this soricua			l outside of Texas. C	Complete Schedule T.
	EXPENDITORE						n, TX, officeholder liv	
						Goit shirts to	or golf tournan	nent
Ļ			1000					
9	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Offic	ce sough	nt	Office	held
	Date	Payee na	ame					
	07/30/2024	Fajita P	ete's					
	Amount (\$)	Payee a	ddress; City;	State; Z	Zip Code	е		
	\$308.79	8800 Ka	aty Freeway, Suite 103	1				
		Houstor	n, TX 77024					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	<sub>ile)</sub> (i	Description		
	OF EXPENDITURE		everage Expense			Check if travel	l outside of Texas. C	Complete Schedule T.
	EXPENDITORE					ш	n, TX, officeholder li	
						Starr Birtinday	y Party lunch	
_	Complete ONII V if allows:	Condition	/Officeholder norm	0	00.00:::'	<u> </u>	Off:	hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/Officeholder name	Offic	ce sough	IL	Office	пеш
_	•							
	Date	Payee na						
	10/21/2024		asons Hotel Houston					
	Amount (\$)	Payee a		State; Z	Zip Code	9		
	\$27.06	1300 La	mar St.					
		Houstor	n, TX 77010					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ıle) (I	Description		
	OF EXPENDITURE	Event E	xpense					Complete Schedule T.
						Check if Austir Parking for T	n, TX, officeholder li	ving expense
						raining iol 1	INCINO	
	Complete ONLY if direct	Candidata	/Officeholder name	Offic	ce sough	nt	Office	held
	expenditure to benefit C/O		Chicenoluci Haille	Oilli	oc sougi		Office	Holu

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/33 Rpt: 12/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	07/15/2024	Freedom Floral
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.44	8209 Long Point Rd
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Flowers for Judge while in hospital.
		Tiowers for stude write in nospital.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	07/11/2024	GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 66664
	Ψ40.00	1 O BOX 00004
		Houston, TX 77266
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Yearly dues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date 08/26/2024	Payee name GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 66664
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		, under doos.
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 10/33 Rpt: 13/36	2 FILER NAME Garrison, Tanya N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081708
4	Date	5 Payee name
	09/11/2024	Gofundme.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.00	855 Jefferson Ave.
		Redwood City, CA 94063
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
		Donation to the Lucy Forbes Memorial fund.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	
	Date	Payee name
	11/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.52	9710 Katy Freeway
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for Bench Bar committee meeting.
		Euron for Benefit But committee meeting.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/29/2024	Harris County Democratic Party
	Amount (\$)	
	\$30.00	4619 Lyons Ave.
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly dues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	1
1	Total pages Schedule F1:	
L	Sch: 11/33 Rpt: 14/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	08/28/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$30.00	4619 Lyons Ave.
	Ψ30.00	4013 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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Monthly dues.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	08/06/2024	Harris County Democratic Party
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4619 Lyons Ave.
		Houston, TX 77020
	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 Check if Austin, TX, officeholder living expense
		Sponsorship of JRR Dinner.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Data	Paras mana
	Date	Payee name
	12/30/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	4619 Lyons Ave.
		Houston, TX 77020
H	PURPOSE	I
	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
		Monthly dues.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		rices Printing Salaries		se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment	The Inst	ruction Guide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 12/33 Rpt: 15/36	Garrison, Tanya N.	(The Honorable)				00081708		
4	Date	Payee name							
	12/17/2024	Harris County Dem	ocratic Party						
6	Amount (\$)		City; State; Zip C	ode					
Ĭ	\$500.00	4619 Lyons Ave.	51ty, State, 21p 6	ouc					
	+555.55	.o_o _youo / .vo.							
		Houston TV 77020	<b>.</b>						
		Houston, TX 77020							
8	PURPOSE OF		es listed at the top of this schedule)	(b)	Description		d4.T O	olete Celesdole T	
	EXPENDITURE	Contributions/Dona	itions Made By older/Political Committee				de of Texas. Com officeholder living		
		Candidate/Officerio	nder/i ontical committee		Sponsorship				
9	Complete ONLY if direct	andidate/Officeholder	name Office so	ught			Office he	eld	
	expenditure to benefit C/OI			Ū					
	Date	Payee name							
	11/29/2024	Harris County Dem	ocratic Partv						
	Amount (\$)		City; State; Zip C	ode					
	\$30.00	4619 Lyons Ave.	5.ty, 5.tato, <u>1.</u> p 6	-040					
	400.00	.020 2,011071101							
		Houston, TX 77020	)						
	PURPOSE			(h)	D				
	OF	Category <sub>(See Categori</sub> Contributions/Dona	es listed at the top of this schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		older/Political Committee		<b>=</b>		officeholder living		
					Monthly dues	<b>S</b> .			
	Complete ONLY if direct	andidate/Officeholder	name Office so	ught			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	09/30/2024	Harris County Dem	ocratic Party						
	Amount (\$)	Payee address; C	City; State; Zip C	ode					
	\$30.00	4619 Lyons Ave.							
		Houston, TX 77020	)						
	PURPOSE	Category (See Categori	es listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Dona	itions Made By				de of Texas. Com		
	LAFENDITORE	Candidate/Officeho	older/Political Committee		_		officeholder living	expense	
					Monthly dues	5			
	Complete ONII V if allow	enalidata (Office le el l	045				O#: !	الما	
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder	name Office so	ugnt			Office he	eiu	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services		Printing Expe Salaries/Wag	ense ges/Contract Labor	Travel Out OTHER (e	of District enter a category not listed	above)
	orean oura r ayment		The Instruction Guide	explains ho	w to com	olete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	(Ethics Comm	ission Filers)
	Sch: 13/33 Rpt: 16/36		Tanya N. (The Hono	rable)			000817	'08	
4	Date	5 Payee name	е						
	10/28/2024	Harris Cou	inty Democratic Part	у					
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Code	9			
	\$30.00	4619 Lyon	s Ave.						
		Houston, 7	X 77020						
8	PURPOSE	(a) Category (	See Categories listed at the to	o of this schedu	ule) (k	Description			
	OF EXPENDITURE		ons/Donations Made			Check if trave	el outside of Texas	. Complete Schedule T.	
	EXPENDITORE	Candidate	Officeholder/Politica	l Committ	ee	ш	in, TX, officeholde	r living expense	
						Monthly due	es.		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offi	ice sough	nt	Offi	ce held	
	Date	Payee nam	<del></del>						
	11/26/2024	Harry's							
-	Amount (\$)	Payee addr	ess; City;	State:	Zip Code				
	\$253.45	318 Tuam	•	otato, .	p				
	Ψ200.40	o io raam	O.						
		Houston, 7	X 77006						
	PURPOSE	(a) Category	See Categories listed at the to	o of this schedu	ule) (k	) Description			
	OF EXPENDITURE		erage Expense			_	el outside of Texas	. Complete Schedule T.	
	EXPENDITORE						in, TX, officeholde		
						Lawyer Birth	nday Breakfa	ast	
	Complete ONLY if direct		ficeholder name	Off	ice sough	nt	Offi	ce held	
	expenditure to benefit C/O	П							
	Date	Payee nam				<del></del>			
	07/29/2024	Home Dep	ot						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Code	<del></del>			
	\$10.80	8400 Katy			•				
		<b>_</b>	,						
		Houston, 7	X 77024						
	PURPOSE	(a) Category	See Categories listed at the to	p of this schedu	ule) (k	) Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		<u></u>		. Complete Schedule T.	
	LXI LINDITORL						in, TX, officeholde	r living expense	
						Air filter			
	Complete ONLY if direct		ficeholder name	Off	ice sough	nt	Offi	ce held	
	expenditure to benefit C/O	П							

#### 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 compl	lete this form	n.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/33 Rpt: 17/36	Garrison, Tanya N. (The Honorable)			00081708	
4	Date	5 Payee name				
	12/11/2024	Home Depot				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$15.00	8400 Katy Freeway				
		Houston, TX 77024				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descriptio	n		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if	travel outsi	de of Texas. Com	
	LAFLINDITORL		_		officeholder living	
			HOOKS TO	r nolida	y decoration	ns for courtroom.
_	Complete ONL V if direct	Candidate/Officeholder name Office sought			Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/OI				Office he	eid
	Date	Payee name				
	09/09/2024	Houston Bar Association				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$335.00	1111 Bagby. FLB 200				
		Houston, TX 77002				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descriptio			
	OF EXPENDITURE	Advertising Expense	_		de of Texas. Com officeholder living	plete Schedule T.
			_		onsorship	Схрепас
				, ,	•	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	·		Office he	eld
	expenditure to benefit C/OI	<del>-</del> 1				
	Date	Payee name				
	10/09/2024	Houston Bar Association				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$260.00	1111 Bagby. FLB 200				
		Houston, TX 77002				
	PURPOSE		Descriptio	nn		
	OF	Advertising Expense			de of Texas. Com	plete Schedule T.
	EXPENDITURE	J			officeholder living	
			Sponsors	ship of L	GBT Comn	nittee Halloween Party
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
		•				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/33 Rpt: 18/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	07/08/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Freeway
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office subscription.
		Office subscription.
_	Compulate ONII V if dive at	Condidate/Office helder name Office accords
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	09/03/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Freeway
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office subscription
		C.mos cascon pason
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	08/05/2024	Houston Chronicle
$\vdash$		Payee address; City; State; Zip Code
	Amount (\$) \$19.96	4747 Southwest Freeway
	<b>ФТЭ</b> .90	4141 Southwest Fieeway
		Haveter TV 77007
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office subscription.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

	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: 16/33 Rpt: 19/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	12/23/2024	Houston Chronicle
6	Amount (\$) \$27.72	7 Payee address; City; State; Zip Code 4747 Southwest Freeway  Houston, TX 77027
Ļ	DUDDOCE	
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 Office subscription.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Houston Chronicle
	Amount (\$) \$19.96	Payee address; City; State; Zip Code 4747 Southwest Freeway  Houston, TX 77027
	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 Office subscription.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Houston Chronicle
	Amount (\$) \$19.96	Payee address; City; State; Zip Code 4747 Southwest Freeway
		Houston, TX 77027
	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 Office subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	strict a category not listed above)	
				The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/33 Rpt: 20/36		Garrison, Ta	anya N. (The H	onorable)					00081708		
4	Date	5	Payee name									
	11/25/2024		Houston Ch	ronicle								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$27.72		4747 South	west Freeway								
			Houston, TX	77027								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				7
	OF EXPENDITURE			nead/Rental Ex		,		_			nplete Schedule T.	
	EXI ENDITORE							_		officeholder living	g expense	
								Office subscr	ipu	On		
_	0 1: 0:11:4"	Ļ								0111		_
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	office sou	gnt			Office h	ela	
_		_										_
	Date		Payee name									
	11/08/2024		Houston Yo	ung Lawyers A	ssociation							
	Amount (\$)		Payee addres		•	Zip Co	de					
	\$85.00		Houston Yo	ung Lawyers A	ssociation							
			PO Box 612	80								
			Houston, TX	77208								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				<b>=</b>			nplete Schedule T.	
								Ticket to Holi		officeholder living	y expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	_
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									=
	08/30/2024		•	ung Lawyers F	oundation							
	Amount (\$)		Payee addres			Zip Co	de					_
	\$2,500.00		PO Box 612	•	Otato,	Z.p 00	uo					
	<del>+</del> =,000.00		. 0 20% 022									
			Houston, TX	77208								
	PURPOSE	-				1	(h)	Description				4
	OF	<sup>(a)</sup>	Event Exper	e Categories listed at	the top of this sche	edule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Lvent Lxpei	130				ш		officeholder living		
								Sponsorship	of (	golf tournam	nent.	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
L	expenditure to benefit C/OI	н										
			<u> </u>									

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to comp	-	, , , ,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/33 Rpt: 21/36	Garrison, Tanya N. (The Honorable)		00081708
4	Date	5 Payee name		,
	11/25/2024	Houstonian Conference Center		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$21.00	111 N. Post Oak Ln.		
		Houston, TX 77024		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>)</b>	Description
	OF EXPENDITURE	Event Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			ı	Check if Austin, TX, officeholder living expense Parking for TACTAS
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	09/05/2024	Hruskas		
┝	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$5.52	109 W. State Hwy. 71		
		,		
		Ellinger, TX 78938		
⊢	PURPOSE	-	o)	Description
	OF EXPENDITURE	Food/Beverage Expense	١	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		[	Check if Austin, TX, officeholder living expense
				Drinks on the way to Austin for Advanced Appellate conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt.	Office held
	expenditure to benefit C/OI	9	π	Office field
⊨	Data	D		
	Date 09/09/2024	Payee name JW Marriott Austin		
┝				
	Amount (\$) \$374.40	Payee address; City; State; Zip Code 110 East 2nd St.	3	
	ψ574.40	110 Last 211a St.		
		Austin, TX 78701		
┡	DUDDOCE		- \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	) [	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	İ	Check if Austin, TX, officeholder living expense
				Hotel for Texas Supreme Court Historical Society
L				Dinner.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	CAPERICITURE TO DEFIER COM	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/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: 19/33 Rpt: 22/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	11/29/2024	Krazy Dollar Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.00	8103 Long Point Rd.
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Gifts for retiring judges.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Data	
	Date 09/19/2024	Payee name Kroger Fuel
		Kroger Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.59	1505 Wirt
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for trip to Austin for CLE conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/23/2024	Kroger Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.37	1505 Wirt
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas to Austin for Advanced Commercial Litigation conference.
	2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### 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
Lenal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/33 Rpt: 23/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	07/31/2024	Kroger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.53	1505 Wirt
		Houston, TX 77055
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ingredients for birthday cakes for staff party.
		ingredients for situated states for stair party.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	11/19/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.20	1505 Wirt
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Jury water
		outy water
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	11/29/2024	La Grigila
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.67	2002 West Gray
	Φ211.07	2002 West Glay
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Complete Schedule T.  Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		New Judges Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/33 Rpt: 24/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	11/20/2024	La Palapa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.95	1110 Preston
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff lunch.
		Stan functi.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	
	08/23/2024	Payee name
L		Leny's Sub Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.85	1001 Fannin St.
L		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch for Bench Bar Committee meeting.
		Earlor for Benefit Bar Committee meeting.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Power name
	07/22/2024	Payee name  Lorenzo's
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	4412 Washington
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Judges dinner.
1		Caago aon
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/33 Rpt: 25/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	07/05/2024	Marshall's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.52	9429 Katy Fwy
		Houston, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff birthday gifts.
		Stan birthday girls.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
-	Date	Payee name
	09/23/2024	Maxine's Cafe
_	Amount (\$)	Payee address; City; State; Zip Code
	\$54.28	905 Main St.
	401.20	ood Main St.
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Dinner while traveling to Advanced Commercial
		Litigation conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 10/11/2024	Payee name  Mayican American Par Association of Houston
		Mexican American Bar Association of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 303
L		Houston, TX 77001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gala sponsorship
		Θαία 3μοτισοιστιίμ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 23/33 Rpt: 26/36	Garrison, Tanya N. (The Honorable) 00081708	
4	Date	5 Payee name	
	08/05/2024	National Association of Women Judges	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$255.00	PO Box 3363	
		Warrenton, VA 20188	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Annual dues.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	н	
	Date	Payee name	=
	09/20/2024	Nixta Hospitality	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$52.51	2512 E. 12th ST.	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Dinner while in Austin for CLE conference.	
		Billier Wille III / Idsul 101 GEE conference.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	09/23/2024	PMC Parking	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$61.24	900 Leeland St.	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Parking for gala.	
		raiking tot gala.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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: 24/33 Rpt: 27/36	Garrison, Tanya N. (The Honorable) 00081708					
4	Date	5 Payee name					
	07/05/2024	Pavon Coffee Den					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$6.31	1216 W. Clay St. Ste. 300					
		Houston, TX 77019					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Coffee with lawyers to set up HYLA CLE.					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	09/12/2024	Qin Dynasty					
	Amount (\$) \$51.79	Payee address; City; State; Zip Code 5115 Buffalo Speedway #900					
	ΦΌΣ. ( Θ	5115 Bullalo Speeuway #900					
		Houston, TX 77005					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Food/Beverage Expense					
		Check if Austin, TX, officeholder living expense					
		Judge's dinner.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	11/04/2024	Rainbow Lodge					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$200.00	2011 Ella Blvd.					
		Houston, TX 77008					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense WABOTA Christmas Party deposit.					
		W/NBOT/ Chilistinas Farty deposit.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/33 Rpt: 28/36	Garrison, Tanya N. (The Honorable) 00081708				
4	Date	5 Payee name				
L	11/14/2024	Shipley's Do-Nuts				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$13.99	8135 Katy Fwy				
		Houston, TX 77024				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Donuts for jury.				
		Donats for jury.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
⊨	Date	Payee name				
	09/12/2024	South Texas College of Law				
L						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,666.66	1303 San Jacinto St.				
L		Houston, TX 77002				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Sponsorship of Alumni Gala.				
		Sportsorship of Auditini Sala.				
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
H	Date	Payee name				
	07/22/2024	Southwest Democrats				
L	Amount (\$)					
	\$10.00	Payee address; City; State; Zip Code PO Box 2053				
	\$10.00	PO BOX 2003				
		Dallaina TV 77400				
		Bellaire, TX 77402				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Monthly dues.				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
$\vdash$						
L						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
_		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/33 Rpt: 29/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	08/20/2024	Southwest Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
	<del>+</del> 20.00	. 6 23/. 2000
		B. II. iv. TV 77400
		Bellaire, TX 77402
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
		Worlding dues.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	
	Date	Payee name
	09/20/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
		· .
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly dues.
		monany added
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/20/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
	PURPOSE	
	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
		Monthly dues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	1
1 Total pages Schedule F1: Sch: 27/33 Rpt: 30/36	2 FILER NAME Garrison, Tanya N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081708
4 Date	5 Payee name
10/21/2024	Southwest Democrats
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code PO Box 2053  Bellaire, TX 77402
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly dues.
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	Southwest Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO Box 2053
DUDDOG	Bellaire, TX 77402
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  Monthly dues
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/29/2024	Spec's Wine and Spirits
Amount (\$) \$53.94	Payee address; City; State; Zip Code 2410 Smith St.
	Houston, TX 77006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Birthday gift for court reporter.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 28/33 Rpt: 31/36	Garrison, Tanya N. (The Honorable) 00081708			
4	Date	5 Payee name			
	08/12/2024	Spring Valley Dry Cleaning			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.81	7951 Katy Fwy #J			
		Houston, TX 77024			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Robe cleaning.			
		Robe cleaning.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
$\vdash$	Data	David and the second se			
	Date	Payee name			
	07/31/2024	Star Pizza			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$509.24	77 Harvard			
		Houston, TX 77007			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Sponsorship of Courthouse Intern lunch.					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name Torret			
	07/29/2024	Target			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$84.39	2580 Shearn St.			
		Houston, TX 77007			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Bathroom supplies for jury room.			
		Baumoom supplies for jury foom.			
_	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 Candidate/Officeholder/Political Committee
Credit Card Baymont

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/33 Rpt: 32/36	Garrison, Tanya N. (The Honorable) 00081708
4	Date	5 Payee name
	12/10/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.17	2580 Shearn St.
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Lunch/snacks and drinks for jury.
		Euronianacka and uninka for jury.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	12/09/2024	Target
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$449.85	2580 Shearn St.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Holiday gift cards for staff.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name Torget
	10/07/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	2580 Shearn St.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Jury snacks and drinks
	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 Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)				
Sch: 30/33 Rpt: 33/36	Garrison, Tanya N. (The Honorable)		00081708					
4 Date	5 Payee name		•					
09/19/2024	Texas Association of Civil Trial and Appellate	Specialists						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode						
\$400.00	609 Main St., 40th Floor							
	Houston, TX 77002							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Fees	Check if trave	el outside of Texas. Com					
LXI LINDITORE			in, TX, officeholder living	g expense				
		Annual dues	o.					
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt	Office h	ald				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ignt	Office h	eid				
Date	Payee name							
09/30/2024	Texas Association of District Court Judges							
Amount (\$)	Payee address; City; State; Zip Co	ode						
\$2,500.00	505 Regency Dr.							
	El Campo, TX 77437							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE	Contributions/Donations Made By	. —	el outside of Texas. Com					
	Candidate/Officeholder/Political Committee Contribution to TADJ.							
		Contribution to TADS.						
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office h	eld				
expenditure to benefit C/O	Н							
Date	Payee name							
10/28/2024	The Grove							
Amount (\$)	Payee address; City; State; Zip Co	nde						
\$22.05	1611 Lamar St.							
·								
	Houston, TX 77010							
PURPOSE		(b) December						
OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Check if trave	el outside of Texas. Com	plete Schedule T.				
EXPENDITURE	Event Expense		in, TX, officeholder living					
		Parking for j	udicial receptior	1.				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld				
expenditure to benefit C/O	experiuriure to betterit C/On							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
_		· · · · · · · · · · · · · · · · · · ·	_				
1	Total pages Schedule F1: Sch: 31/33 Rpt: 34/36	2 FILER NAME  Garrison, Tanya N. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00081708					
_	<u> </u>	/ /	_				
4	Date	5 Payee name					
	12/05/2024	Tiffany & Co.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$244.90	5015 Westheimer Rd.					
	,						
		Houston, TX 77056					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Gift/Awards/Memorials Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Gifts for retiring judges.					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
L			_				
	Date	Payee name					
	08/14/2024	Treebeards					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.98	1111 Texas Ave.					
		Houston TV 77010					
		Houston, TX 77010					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
Check if Austin, TX, officenoider living expense							
	Judges' lunch.						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	H					
-	Date	Payee name	=				
	10/21/2024	Treebeards					
			_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$29.23	1111 Texas Ave.					
		Houston, TX 77010					
	PURPOSE		_				
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Judge's lunch					
		Judge 3 lanon					
<u> </u>	Complete ONLY !! -!!!	Condidate/Officeholder name	_				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
1							

#### 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
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 32/33 Rpt: 35/36	Garrison, Tanya N. (The Honorable) 00081708								
4	Date	5 Payee name								
	11/18/2024	Treebeards								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$12.99	1111 Texas Ave.								
		Houston, TX 77010								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Judges lunch								
		Suages functi								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
F	Date	Payee name								
	08/12/2024	Vic & Anthony's								
H	Amount (\$)	Payee address; City; State; Zip Code								
	\$215.37	1510 Texas Ave.								
		Houston, TX 77002								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Intern going away lunch.								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O									
F	Date	Payee name								
	08/14/2024	Wal Mart								
Г	Amount (\$)	Payee address; City; State; Zip Code								
	\$95.19	1118 Silber								
		Houston, TX 77055								
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Gift/Awards/Memorials Expense								
		Check if Austin, TX, officeholder living expense Prizes for Screaming Chicken Mock Trial								
		competition.								
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
1	expenditure to benefit C/Ol									
$\vdash$										
ı										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor OTHER (enter  The Instruction Guide explains how to complete this form.					strict a category not listed abov	e)	
					ide explains how to	compl	lete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 33/33 Rpt: 36/36		Garrison, Ta	anya N. (The Ho	norable)				00081708		
4	Date	5	Payee name								
	11/12/2024		Wal Mart								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (	Code					
	\$82.42		1118 Silber								
			Houston, TX	/ 77055							
Ļ		_				14.					
8	PURPOSE OF	(a)		e Categories listed at th		(b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense		=		de of Texas. Con , officeholder livin	nplete Schedule T.	
							Gifts for judge			g expense	
							onto loi jalagi	00	P 40. 1.) .		
9	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name	Office s	aught			Office h	old	
9	expenditure to benefit C/OI		Januluale/Onic	centituel frame	Office S	Jugni			Office II	eiu	
_		_									
	Date		Payee name								
	11/27/2024		Walgreens								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$41.99		1413 Wirt R	d.							
			Houston, TX	( 77055							
	PURPOSE	(a)				(h)	Description				
	OF	(۳)		e Categories listed at the Memorials Exp		(5)	_ :	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Gill/Awaius/	iviemonais Exp	5115 <del>C</del>		<u> </u>	Check if Austin, TX, officeholder living expense			
			Photog			Photographs	otographs for gifts for retiring judges.				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	11/25/2024		Whataburge	er							
_	Amount (\$)		Payee addres		State; Zip (	- Odo					
	\$41.24		1110 Silber		State, Zip	Joue					
	Ψ41.24		TITO SIIDEI	rtu.							
			Houston, TX	( 77055							
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense			ш			nplete Schedule T.	
							Staff breakfas		, officeholder living	g expense	
							Juli Dicakid	υι.			
	Complete ONU V if allow	Ц	Condidate /C''	- al- al-d-u	O#: -				Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januidate/Offic	ceholder name	Office s	bugnt			Office h	eid	