#### 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) 00082049 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Frances Y. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX Bourliot** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 14053 Memorial Drive Box 329 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77079 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Carrie NAME NICKNAME LAST **SUFFIX Picott** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 14515 Carolcrest Dr. **ADDRESS** (Residence or Business) Houston, TX 77079 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 855-0034 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** 10/27/2024 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 Court Of Appeals, Justice Place 5 District 14

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Bourliot, Frances Y.	(The Honorable)		<b>14</b> Filer ID 00082049	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without equired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
Ш -	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	MPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		S, <b>\$</b>	0.00
		ICAL CONTRIBU	<b>TIONS</b> , OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	XPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	11,521.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	950.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the Il information require	accompanying ed to be reporte	report is d by me
			The Honora	able Frances Y. B	ourliot	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of offi	icer administer	ing oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

	3 of 11						
	18 FILER NAME Bourliot, Frances Y. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00082049						
l	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	11,521.07			
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 I TO FILER	RETURNED	\$				

#### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/BR
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/8 Rpt: 4/11	Bourliot, Frances Y. (The Honorable) 00082049
4	Date	5 Payee name
	12/18/2024	Bogany, Esthefania
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	301 Fannin
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Holiday gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/18/2024	Carter, Steve
		· · ·
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 301 Fannin
	\$500.00	301 Fallilli
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Holiday gift
		Themself gint
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davida nama
	12/18/2024	Payee name Clark, Stormy
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	301 Fannin
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Holiday gift
		and the second s
	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 -Candidate/Officeholder/Political Committee Credit Card Payment

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

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

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

	Credit Cara r ayment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 2/8 Rpt: 5/11	Bourliot, Frances Y. (The Honorable)		00082049	
4	Date	5 Payee name			
	11/25/2024	GoDaddy Operating Company LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$294.09	14455 N. Hayden Rd			
		Suite 219			
		Scottsdale, AZ 85260			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	_	outside of Texas. Cor	
			Website fees	n, TX, officeholder livin	g expense
			Website ices	•	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>	Office h	eld
	expenditure to benefit C/O		•	<b>55</b>	0.0
-	Date	Payee name			
	12/18/2024	Grodon, Bryanna			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,760.00	3120 Smith St			
	Ψ1,700.00	orzo omiar ot			
		Houston, TX 77006			
_	PURPOSE		No comination		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  Check if travel	outside of Texas. Cor	nplete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	<b>=</b>	n, TX, officeholder livin	
			Poll work		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	İ	Office h	eld
	experientare to benefit eroi	1			
	Date	Payee name			
	10/30/2024	Johnston Campaigns			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$827.54	1140 fm 2094 #116			
		Kemah, TX 77565			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>Description</b>		
	OF EXPENDITURE	Advertising Expense	ш	outside of Texas. Cor	•
			Print expense	n, TX, officeholder livin	g expense
			Time expense	C	
-	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office h	eld
	expenditure to benefit C/O	•	•	J.1100 11	
-					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al 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: 3/8 Rpt: 6/11	Bourliot, Frances Y. (The Honorable) 00082049
4 Date	5 Payee name
11/04/2024	Johnston Campaigns
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	1140 fm 2094 #116
	Kemah, TX 77565
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Text program
	Text program
O Commission ONLY if direct	Candidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/08/2024	Macy's
Amount (\$)	Payee address; City; State; Zip Code
\$37.87	5135A w alabama st
	Houston, TX 77056
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Staff gift
	Stan girt
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
D-1-	T _
Date	Payee name
12/08/2024	Macy's
Amount (\$)	Payee address; City; State; Zip Code
\$194.46	5135A w alabama st
	Houston, TX 77056
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Staff gift
Ormania: ONUME !!	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 4/8 Rpt: 7/11	2 FILER NAME Bourliot, Frances Y. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00082049
4	Date	5 Payee name
	12/18/2024	Nguyen, Susana
6	Amount (\$) \$580.00	7 Payee address; City; State; Zip Code 13319 Albelia Meadows Drive  Spring, TX 77083
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Poll work
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2024	Singletary, Mycah
	Amount (\$)	Payee address; City; State; Zip Code
	\$940.00	18313 FM 1093
		Apt 2212
		Richmond, TX 77407
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Poll work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.70	1455 Market St #400
		San Francisco, CA 94103
	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  Car service to event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense /Wages/Contract	t Labor	Travel Out of District OTHER (enter a category not listed above)
_	Tatalanana C.I. III Ti	· · · · · · · · · · · · · · · · · · ·	-cinpicte tins		Files ID (Fabine Constitution Files)
1	Total pages Schedule F1: Sch: 5/8 Rpt: 8/11	Bourliot, Frances Y. (The Honorable)			Filer ID (Ethics Commission Filers) 00082049
4	Date	Payee name			
	11/20/2024	Uber			
6	Amount (\$) \$14.70	Payee address; City; State; Zip 0 1455 Market St #400  San Francisco, CA 94103	Code		
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Descri	iption	
	OF EXPENDITURE	Travel In District	Che		e of Texas. Complete Schedule T. officeholder living expense event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ought		Office held
	Date	Payee name			
	12/05/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip 0	Code		
	\$28.85	1455 Market St #400			
	D. 199	San Francisco, CA 94103	Ta v		
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b) Descri		e of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Che		officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	l ought		Office held
	Date	Payee name			
	12/05/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip 0	Code		
	\$54.96	1455 Market St #400			
		San Francisco, CA 94103			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b) Descri		a of Taylor Committee Colon 1 1 T
	EXPENDITURE	Travel In District	1 🖳		e of Texas. Complete Schedule T. officeholder living expense
				ervice to eve	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought		Office held
_					

#### 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)

	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: 6/8 Rpt: 9/11	Bourliot, Frances Y. (The Honorable)	00082049
4	Date	5 Payee name	
	12/04/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$67.62	1455 Market St #400	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.
		Car service	in, TX, officeholder living expense
		Cai service	nom event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cindo neid
_	Date	Payee name	
	12/12/2024	Uber	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.92	1455 Market St #400	
	Ψ11.52	1435 Market St #400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	in, TX, officeholder living expense
		Car service	to event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/12/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.35	1455 Market St #400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.
	LAI LINDITORE		in, TX, officeholder living expense
		Car service	irom event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	•	Office field

#### 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 in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 10/11	Bourliot, Frances Y. (The Honorable) 00082049
4	Date	5 Payee name
	12/14/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.09	1455 Market St #400
		San Francisco, CA 94103
8	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
		Car service to event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/13/2024	Uber
	Amount (\$)	
	\$58.82	1455 Market St #400
		San Francisco, CA 94103
	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
		Car service from event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/18/2024	Walgreens
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.90	9329 Katy Freeway
		Houston, TX 77024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gift cards for court staff
	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 11/11	Bourliot, Frances Y. (The Honorable)		00082049
4	Date	5 Payee name		-
	12/18/2024	Walgreens		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$788.20	9329 Katy Freeway		
		Houston, TX 77024		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Ĭ E	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Ĺ	Check if Austin, TX, officeholder living expense
			G	Gift cards for court staff
_	Complete ONLY if direct	Condidate/Officeholder serve	, aula t	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnt	Office held
_				
	Date	Payee name		
	12/18/2024	Wilson, Reinette		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$250.00	301 Fannin		
		Houston, TX 77002		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	<u> </u>	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			H	Holiday gift
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
1				