### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM JCOR-C/OH

•	hics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
00065730		17			Date Received	
CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
OFFICEHOLDER NAME	Ms.	Damiane A.			04/18/2025	
	NICKNAME	LAST		SUFFIX	1	
	Dianne	Curvey			Date Hand-delivered	or Data Postmarked
ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delivered	of Date Positiarked
REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after cam				
	8th day before election	appointment (office	• • •		Date Processed	
ORIGINAL PERIOD	<u> </u>	<u> </u>		Year		
COVERED	Month Day Ye 07/01/2024	THROUGH	Month Day 12/31/2024	real	Date Imaged	
EXPLANATION OF			12/31/2024		<u> </u>	
	erly add in my expenditures	hooding my family	d Lucaro in management = -	vorthodester	f may ay been been a	fother of my abilities
AFFIDAVIT						
AFFIDAVIT			ear, or affirm, under pe correct.	enalty of perjury	/, that this correcte	ed report is true
AFFIDAVIT		and				ed report is true
AFFIDAVIT		and	correct.	and all applicals: I swear, or ith and without	ble statements:  affirm that the orion an intent to misle	ginal report
AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports  was made in good fa	and all applical  I swear, or ith and without ormation contain  wear, or affirm, the 14th busine ginally filed is in any error or on	ble statements:  affirm that the orion an intent to mislemed in the report.  that I am filing this so day after the diaccurate or incon	ginal report ad or to is corrected ate I learned nplete. I
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065730 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Damiane A. NAME Date Received **ELECTRONICALLY FILED** 04/18/2025 NICKNAME LAST **SUFFIX** Dianne Curvey CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 134 Vintage Park Blvd. MAILING Receipt # Amount **ADDRESS** Ste. A #187 Houston, TX 77070 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Shelly NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3100 Richmond Ave. #480 **ADDRESS** (Residence or Business) Houston, TX 77098 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 385-8776 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l Х 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

**GO TO PAGE 2** 

District Judge District 280 Harris

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

# FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Curvey, Damiane A.	(Ms.)	<b>14</b> Filer ID 00065730	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		.lII.ZED POLITICAL CONTRIBUTIONS(OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 55.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Ms. D	amiane A. Curvey	
		Signature of	Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	eaid	, this the	day
of	, 20, to 0	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

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				4 OT 17
18 FILER NAM	E amiane A. (Ms.)	<b>19</b> Filer ID 00065730	(Ethics Comr	mission Filers)
20 SCHEDULE NAME OF S	SUBTOTALS		SUBTO	TAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	300.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7. X	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	5,415.38
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

PLEDO	SED CONTRIBUTIONS (JUDICIA	AL)		SCHED	ULE B(J)
The	Instruction Guide explains how to comple	te this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAM Curvey, Da	E miane A. (Ms.)		3 Filer ID ( 00065730	Ethics Commission	on Filers)
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_ 7 Pledgor Address; City; State; Zip 0	Code	8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)
			Check if travel	outside of Texas.	Complete Schedule T.
10 Pledgor's pr	incipal occupation	11 Pledgor's job title			
12 Pledgor's er	nployer/law firm	13 Law firm of pledgo	r's spouse (if any)		
14 If pledgor is	a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHEDUI	E E(J)
	The Instruction	n Guide explains how to complete this 1	orm.	1		ges Schedule E( 1 Rpt: 6/17	J):
2	FILER NAME Curvey, Damian	e A. (Ms.)		1	Filer ID 000657	(Ethics Commis	ssion Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$	0.00
5	Date of loan 10/30/2024	7 Name of lender out-of-state PA Curvey, Damiane	C (ID#:		)	9 Loan Amour	s300.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate	
	No	тх				11 Maturity Dat	e
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)		
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>				
17	Description of Coll  X None	ateral	18 Check if personal funds we X	ere d	eposited	into political acc (See Instruc	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Gua	ranteed (\$)
23	X not applicable  Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code  Zip Code				
25	Guarantor's Emplo	worll ou Firm	<b>26</b> Law Firm of guarantor's sp	201100	(if any)		
			20 Law Firm of guarantor 3 3p		z (ii ariy)		
27	If guarantor is child	d, law firm of parent(s) (if any)					

	The Instruction Guide explains how to	
Total pages Schedule I: Sch: 1/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
Date 09/18/2024	5 Payee name AAA	
Amount (\$)	7 Payee Address; City; State; Zip	
141.50	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Travel Out of District	(b) Description (See instructions regarding type of information required.) travel insurance (vehicle)
Date	Payee name	
08/19/2024	ActBlue	
Amount (\$)	Payee Address; City; State; Zip	
200.00		
	TX	(b) Coc instructions regarding the of information required
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.)  JRR
Date	Payee name	
07/22/2024	Aldi	
Amount (\$) 164.88	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) office/snack supplies
Date	Payee name	
08/19/2024	Aldi	
Amount (\$)	Payee Address; City; State; Zip	
73.71		
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) monthly snacks

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers 00065730
Date 10/31/2024	5 Payee name Amegy Bank	•
Amount (\$)	7 Payee Address; City; State; Zip	
8.00	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required: bank fees
Date	Payee name	
11/29/2024	Amegy Bank	
Amount (\$) 8.00	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. bank fees
Date	Payee name	
12/31/2024	Amegy Bank	
Amount (\$) 8.00	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required banking fees
Date	Payee name	
08/12/2024	American Inns of Court	
Amount (\$) 684.50	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.  Inns of Court

Sch: 3/11 Rpt:         Curvey, Damiane A. (Ms.)         00065730           Date         5 Payee name           07/29/2024         Banieh, Nicholas		T_ ====	Ja - 11 - 12 - 15 - 15 - 15 - 15 - 15 - 15
Date 07/29/2024  Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name Banieh, Nick Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee Address; City; State; Zip  TX  PURPOSE OF Contributions/Donations Made By Candidate/Officeholder/Political Committee  Banieh, Nick  Amount (\$) Payee Address; City; State; Zip  50.00  TX  PURPOSE OF EXPENDITURE  Qa Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required; School supply drive  PURPOSE OF EXPENDITURE  Date Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  T3.44  TX  PURPOSE Office Overhead/Rental Expense  Date Payee Address; City; State; Zip  T3.44  TX  PURPOSE Office Overhead/Rental Expense  Date Payee name Contributions (Power instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required; bathroom supplies for the office bathroom supplies for the office bathroom supplies for the office overhead/Rental Expense  PURPOSE Office Overhead/Rental Expense  Payee Raddress; City; State; Zip  TX  PURPOSE Office Overhead/Rental Expense  Qa Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required; bathroom supplies for the office bathroom supplies for the office overhead/Rental Expense  PURPOSE Office Overhead/Rental Expense  Qa Category (See instructions for examples of acceptable categories) (b) Description (See instructions required; for the office overhead/Rental Expense)  PURPOSE Office Overhead/Rental Expense  Qa Category (See instructions for examples of acceptable categories) (b) Description (See instructions required; for the office overhead/Rental Expense)  Qa Category (See instructions for examples of acceptable categories) (b) Description (See instructions required; for the office overhead/Rental Expense)	Total pages Schedule I:	2 FILER NAME Curvey Damiane A (Ms.)	3 Filer ID (Ethics Commission Filers)
Date   Payee Address;   City: State;   Zip	<u>-</u>		00003730
Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE COntributions/Donations Made By Candidate/Officeholder/Political Committee  Payee name Banieh, Nick  Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name Banieh, Nick  Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name Bath & Body Works  Amount (\$) 7 Payee Address; City; State; Zip  Date Of EXPENDITURE  Date Payee name Bath & Body Works  Amount (\$) 7 Payee Address; City; State; Zip  TX  PURPOSE Of Expenditure Contributions/Donations Made By Candidate/Officeholder/Political Committee  Date Of Expenditure  Date Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) 75.41  TX  PURPOSE Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) 75.41  TX  PURPOSE Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) 75.41  Date Overhead/Rental Expense  Date Casa de Montecristo  Date Casa de Montecristo  Amount (\$) 75.41  TX  PURPOSE Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) 75.41  Date Casa de Montecristo  Date Monte Casa de Monte		1	
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PURPOSE OF EXPENDITURE    A Category (See instructions for examples of acceptable categories)   (b) Description   (c) De		, , , , , , , , , , , , , , , , , , ,	
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Date Payee name Banieh, Nick  Por Contributions/Donations Made By Candidate/Officeholder/Political Committee  Office Overhead/Rental Expense  Date Office Overhead/Rental Expense  Date Office Overhead/Rental Expense			•
Date 08/02/2024  Payee name Banieh, Nick  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE EXPENDITURE  Payee name Bath & Body Works  Amount (\$) Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  Date 07/29/2024  Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Payee name  Ga Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date 07/25/2024  Date 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX   PURPOSE Office Overhead/Rental Expense  Date 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX   City; State; Zip  TX  (See instructions regarding type of information required. bathroom supplies for the office  Date 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX   PURPOSE OF  OF  OF  City; State; Zip  TX  (See instructions regarding type of information required. pose o			school supply donation
Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name 07/29/2024 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name 07/29/2024 Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name 07/29/2024 Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Office Overhead/Rental Expense  Date Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE Office Overhead/Rental Expense  Office Overhead/Rental Expense  Date Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE Office Overhead/Rental Expense			
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PURPOSE OF EXPENDITURE    (a) Category (See instructions for examples of acceptable categories)	08/02/2024	Banieh, Nick	
PURPOSE OF EXPENDITURE    Category (See instructions for examples of acceptable categories)	Amount (\$)	Payee Address; City; State; Zip	
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Office Overhead/Rental Expense  Payee name  07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date Office Overhead/Rental Expense  Payee name  07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  (a) Category (See instructions for examples of acceptable categories) bathroom supplies for the office  Payee name  Casa de Montecristo  TX  PURPOSE OF Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Casa de Montecristo  (A) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. See instructions regarding type of information required.	50.00		
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Office Overhead/Rental Expense  Payee name  07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date Office Overhead/Rental Expense  Payee name  07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  (a) Category (See instructions for examples of acceptable categories) bathroom supplies for the office  Payee name  Casa de Montecristo  TX  PURPOSE OF Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Casa de Montecristo  (A) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. See instructions regarding type of information required.		TV	
OF EXPENDITURE  Contributions/Donations Made By Candidate/Officeholder/Political Committee  School supply drive  s	DUDDOCE		(h) December (See instructions regarding two of information required
Date Payee name Bath & Body Works  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Payee name O7/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  (a) Category (See instructions for examples of acceptable categories) bathroom supplies for the office  Date Oser name O7/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE Of Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF OF OSE OSE NAME OF CASTON OF Examples of acceptable categories of City; State; Zip  PURPOSE OF OSE NAME OF CITY OF CASTON OF Examples of acceptable categories of City; State; Zip  PURPOSE OF OSE			•
Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  Purpose OF Tax  (a) Category (See instructions for examples of acceptable categories) bathroom supplies for the office  (b) Description (See instructions regarding type of information required. bathroom supplies for the office  (b) Description (See instructions regarding type of information required. bathroom supplies for the office  (c) Description (See instructions regarding type of information required. bathroom supplies for the office  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Food/Beverage Expense)  (b) Description (See instructions regarding type of information required. See instructions regarding type of information required.	EXPENDITURE		School Supply unive
Amount (\$) Payee Address; City; State; Zip  73.44  TX  PURPOSE OF EXPENDITURE  Date Payee name 07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  Purpose OF Type Address; City; State; Zip  Payee name Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Food/Beverage Expense  (a) Category (See instructions for examples of acceptable categories) bathroom supplies for the office  (b) Description (See instructions regarding type of information required. Type Address; City; State; Zip  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Type Address; City; State; Zip  Purpose OF See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Type Address; City; State; Zip  TX			
Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF EXPENDITURE  Date Payee name 07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  Purpose Office Overhead/Rental Expense  Date Payee name 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Food/Beverage Expense  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. (See instructions	Date	Payee name	
PURPOSE OF EXPENDITURE    Date	07/29/2024	Bath & Body Works	
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date 07/25/2024  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF Food/Beverage Expense  (b) Description (See instructions regarding type of information required. See instructions regarding type of information required.	Amount (\$)	Payee Address; City; State; Zip	
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF OF OF Food/Beverage Expense  (b) Description bathroom supplies for the office  (See instructions regarding type of information required.	73.44		
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Date 07/25/2024  Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.  (b) Description (See instructions regarding type of information required.		TX	
Office Overhead/Rental Expense bathroom supplies for the office  Date Payee name 07/25/2024 Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  TX  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. meeting)	PURPOSE		(b) Description (See instructions regarding type of information required.
Date 07/25/2024 Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  75.41  TX  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description meeting	_		•
O7/25/2024 Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  75.41  TX  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required. meeting	EXPENDITURE		
O7/25/2024 Casa de Montecristo  Amount (\$) Payee Address; City; State; Zip  75.41  TX  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description Meeting  (See instructions regarding type of information required.  meeting	<u> </u>		
Amount (\$) Payee Address; City; State; Zip  75.41  TX  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. meeting			
TX  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.			
PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) OF (b) Description (See instructions regarding type of information required.  meeting		Payee Address; City; State; Zip	
PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.  meeting	75.41		
OF Food/Beverage Expense meeting		TX	
OF Food/Beverage Expense meeting	PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
EAPENDITURE			
	EVENDIIOKE		

Total pages Cabadula II	2 FILED NAME		3 Filer ID (Ethics Commission Filers
Total pages Schedule I: Sch: 4/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)		3 Filer ID (Ethics Commission Filers 00065730
Date 08/13/2024	5 Payee name Cracker Barrell		
Amount (\$)	7 Payee Address; City; State; Zip		
139.52	TX		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Travel Out of District	(b) Description (b) Lunch	(See instructions regarding type of information required.
Date	Payee name		
07/26/2024	Emit		
Amount (\$)	Payee Address; City; State; Zip		
44.72			
BUBBOSE	TX  (a) Cotogon / (See instructions for examples of ecceptable enterprise)	(b) December (	(Coo instructions regarding type of information required
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) meeting	<b>(b)</b> Description (b) Meeting	(See instructions regarding type of information required.
Date 09/09/2024	Payee name Flying Dutchman		
Amount (\$)	Payee Address; City; State; Zip		
251.93			
	TX		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (b) meeting with I	(See instructions regarding type of information required.  DV people
Date	Payee name		
09/20/2024	Glorias		
Amount (\$) 45.72	Payee Address; City; State; Zip		
	TX		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense		(See instructions regarding type of information required.  IVERNMENT LUNCH

	The Instruction Guide explains how to	
Total pages Schedule I: Sch: 5/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
Date 08/12/2024	5 Payee name HEB	
Amount (\$)	7 Payee Address; City; State; Zip	
200.94	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.)  Monthly coffee/snack supplies
Date	Payee name	
08/19/2024	HEB	
Amount (\$)	Payee Address; City; State; Zip	
44.00		
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required: coffee
Date	Payee name	
09/18/2024	HEB	
Amount (\$) 34.32	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.)  coffee
Date	Payee name	
07/17/2024	Honey Farms	
Amount (\$)	Payee Address; City; State; Zip	
47.53		
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required:  CLE expense for court

		1
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt:	Curvey, Damiane A. (Ms.)	00065730
Date	5 Payee name	
07/26/2024	Honey Farms	
Amount (\$)	7 Payee Address; City; State; Zip	
67.27		
	TV	
	TX	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.
EXPENDITURE	Podu/beverage Expense	staff birthday
Date	Payee name	
08/07/2024	Honey Farms	
Amount (\$)	Payee Address; City; State; Zip	
36.74		
30.74		
	TX	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Food/Beverage Expense	staff birthday
_,,,_,,,,,		
Date	Payee name	
08/19/2024	Honey Farms	
Amount (\$)	Payee Address; City; State; Zip	
	Tayee Address, State, Zip	
35.88		
	TX	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Food/Beverage Expense	staff lunch
EXPENDITORE		
Data	Payes name	
Date 09/16/2024	Payee name Honey Farms	
	<u> </u>	
Amount (\$)	Payee Address; City; State; Zip	
44.46		
	TX	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF	Food/Beverage Expense	office birthday
EXPENDITURE		,
	1	

	The Instruction Guide explains how to	
Total pages Schedule I: Sch: 7/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
Date 07/22/2024	5 Payee name Isabella's	
Amount (\$)	7 Payee Address; City; State; Zip	
8.98	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) staff breakfast
Date	Payee name	
09/06/2024	JW Marriott Hill Country	
Amount (\$)	Payee Address; City; State; Zip	
261.52		
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Travel In District	(b) Description (See instructions regarding type of information required.)  CJE training hotel
Date	Payee name	
09/10/2024	Norton	
Amount (\$) 54.11	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) computer virus protector
Date	Payee name	
08/12/2024	Office Depot	
Amount (\$)	Payee Address; City; State; Zip	
259.78		
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  CLE supplies

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 8/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
Date 07/23/2024	5 Payee name Phil & Derek's	<u>,                                      </u>
Amount (\$) 135.12	7 Payee Address; City; State; Zip  TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense	(b) Description (See instructions regarding type of information required.) Speaking Engagement/dinner
Date	Payee name	
08/07/2024	Post Net	
Amount (\$) 312.37	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) PO Box
Date 07/29/2024	Payee name Ross	
Amount (\$) 165.94	Payee Address; City; State; Zip	
PURPOSE OF EXPENDITURE	TX  (a) Category (See instructions for examples of acceptable categories)  Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.  Court decorations
Date 09/16/2024	Payee name Staples	
Amount (\$) 36.29	Payee Address; City; State; Zip	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  CLE expense

Total pages Cabadula II	2 FILED NAME		3 Filer ID (Ethics Commission Filers			
Total pages Schedule I: Sch: 9/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)		3 Filer ID (Ethics Commission Filers 00065730			
Date 08/12/2024	5 Payee name TMSL					
Amount (\$)	7 Payee Address; City; State; Zip					
400.00	TX					
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Ball				
Date	Payee name					
07/01/2024						
Amount (\$)	Payee Address; City; State; Zip					
350.00						
	Austin, TX					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Event Expense	(b) Description  CJE event	(See instructions regarding type of information required.			
EXPENDITURE	Zvoin Zipones	COL EVENT				
Date	Payee name					
07/26/2024						
Amount (\$) Payee Address; City; State; Zip						
70.00						
	TX					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description CJE cost	(See instructions regarding type of information required.			
Date	Payee name					
08/26/2024	Texas Center for the Judiciary					
Amount (\$)	Payee Address; City; State; Zip					
35.00						
	TX					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description CJE	(See instructions regarding type of information required.			

Total pages Schedule I: Sch: 10/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)		3 Filer ID (Ethics Commission Filers 00065730			
Date 09/06/2024	5 Payee name Thai Cafe					
Amount (\$)	7 Payee Address; City; State; Zip					
200.09	TX					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description birthday lunc	(See instructions regarding type of information required.			
Date	Payee name					
08/15/2024	The Cook Hotel					
Amount (\$)						
378.77						
	TX	<b>(1)</b>				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Travel Out of District	(b) Description Hotel stay	(See instructions regarding type of information required.			
Date	Payee name					
07/22/2024						
Amount (\$) Payee Address; City; State; Zip						
72.84						
	TX					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description event	(See instructions regarding type of information required.			
Date	Payee name					
08/09/2024	Tiempo Cantina					
Amount (\$)	Payee Address; City; State; Zip					
82.36						
	TX					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description staff outing	(See instructions regarding type of information required.			

The Instruction Guide explains how to complete this form.								
1	Total pages Schedule I: Sch: 11/11 Rpt:	2	FILER NAME Curvey, Damiane A. (Ms.)		3	Filer ID 00065730	(Ethics Commission Filers)	
4	Date 09/05/2024	5	Payee name Whole Foods					
6	Amount (\$) 41.74	7	Payee Address; City; State; Zip  TX					
8	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (see Staff birthday (		-	ing type of information required.)	