

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00065730		2 Total pages filed: 17		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Damiane A.	MI MI	Date Received ELECTRONICALLY FILED 04/18/2025	
	NICKNAME Dianne	LAST Curvey	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024		

6 EXPLANATION OF CORRECTION

I was unable to properly add in my expenditures because my family and I were in mourning over the death of my ex-husband/father of my children. I kept good records. I just could not move myself to "properly function". I apologize for the delay.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Damiane A. Curvey

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065730	2 Total pages filed: 17								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Damiane A.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/18/2025								
	<hr/> NICKNAME LAST SUFFIX Dianne Curvey										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 134 Vintage Park Blvd. Ste. A #187 Houston, TX 77070		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Shelly										
	<hr/> NICKNAME LAST SUFFIX Smith										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3100 Richmond Ave. #480 Houston, TX 77098										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 385-8776										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024										
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any) District Judge District 280 Harris		12 OFFICE SOUGHT (if known)								

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Curvey, Damiane A. (Ms.)	14 Filer ID (Ethics Commission Filers) 00065730
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55.48
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
Ms. Damiane A. Curvey _____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Curvey, Damiane A. (Ms.)		19 Filer ID 00065730	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	300.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,415.38
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 5/17

2 FILER NAME
Curvey, Damiane A. (Ms.)

3 Filer ID (Ethics Commission Filers)
00065730

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 6/17	
2 FILER NAME Curvey, Damiane A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00065730	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan 10/30/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Curvey, Damiane		9 Loan Amount (\$) \$300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX		10 Interest Rate
			11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 09/18/2024	5 Payee name AAA	
6 Amount (\$) 141.50	7 Payee Address; City; State; Zip TX	
8 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 08/19/2024	Payee name ActBlue	
Amount (\$) 200.00	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.) JRR
Date 07/22/2024	Payee name 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 08/19/2024	Payee name Aldi	
Amount (\$) 73.71	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.) monthly snacks

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 10/31/2024	5 Payee name Amegy Bank	
6 Amount (\$) 8.00	7 Payee Address; City; State; Zip TX	
8 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 11/29/2024	Payee name 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 12/31/2024	Payee name 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 08/12/2024	Payee name 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 07/29/2024	5 Payee name Banieh, Nicholas	
6 Amount (\$) 70.00	7 Payee Address; City; State; Zip TX	
8 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.) school supply donation
Date 08/02/2024	Payee name Banieh, Nick	
Amount (\$) 50.00	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.) school supply drive
Date 07/29/2024	Payee name Bath & Body Works	
Amount (\$) 73.44	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.) bathroom supplies for the office
Date 07/25/2024	Payee name Casa de Montecristo	
Amount (\$) 75.41	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.) meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 08/13/2024	5 Payee name Cracker Barrell	
6 Amount (\$) 139.52	7 Payee Address; City; State; Zip TX	
8 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.) Lunch
Date 07/26/2024	Payee name Emit	
Amount (\$) 44.72	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) meeting	(b) Description (See instructions regarding type of information required.) Meeting
Date 09/09/2024	Payee name Flying Dutchman	
Amount (\$) 251.93	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.) meeting with DV people
Date 09/20/2024	Payee name 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	(b) Description (See instructions regarding type of information required.) Women in Government lunch

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 08/12/2024	5 Payee name HEB	
6 Amount (\$) 200.94	7 Payee Address; City; State; Zip TX	
8 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 08/19/2024	Payee name HEB	
Amount (\$) 44.00	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 09/18/2024	Payee name 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 07/17/2024	Payee name Honey Farms	
Amount (\$) 47.53	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.) CLE expense for court

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 07/26/2024	5 Payee name Honey Farms	
6 Amount (\$) 67.27	7 Payee Address; City; State; Zip TX	
8 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 birthday
Date 08/07/2024	Payee name Honey Farms	
Amount (\$) 36.74	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.) staff birthday
Date 08/19/2024	Payee name Honey Farms	
Amount (\$) 35.88	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.) staff lunch
Date 09/16/2024	Payee name Honey Farms	
Amount (\$) 44.46	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 birthday

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 07/22/2024	5 Payee name Isabella's	
6 Amount (\$) 8.98	7 Payee Address; City; State; Zip TX	
8 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 09/06/2024	Payee name JW Marriott Hill Country	
Amount (\$) 261.52	Payee Address; City; State; Zip 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 09/10/2024	Payee name 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 08/12/2024	Payee name Office Depot	
Amount (\$) 259.78	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 supplies

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/11 Rpt:	2 FILER NAME Curvey, Damiane A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00065730
4 Date 07/23/2024	5 Payee name Phil & Derek's	
6 Amount (\$) 135.12	7 Payee Address; City; State; Zip TX	
8 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 08/07/2024	Payee name 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 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.) 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 (Ethics Commission Filers) 00065730
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) Description (See instructions regarding type of information required.) Staff birthday cake