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 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Damiane A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Dianne Curvey CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Shelly NAME NICKNAME LAST **SUFFIX** Smith **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 385-8776 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 280 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

		00065730				
candidate / officeholder.	These expenditures may have been made without t	he candidate's or officel	holder's knowled	ge or		
COMMITTEE TYPE	COMMITTEE NAME					
GENERAL						
_	COMMITTEE ADDRESS					
SPECIFIC						
COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
			\$	0.00		
		5)	\$ 3	6,207.72		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						
4. TOTAL POLITICAL EXPENDITURES						
		AST DAY OF THE	\$	7,991.82		
		OF THE LAST DAY	\$	0.00		
	Ms. D	amiane A. Curvey				
	Signature of	Candidate or Officehold	ler			
ARY STAMP / SEAL ABO	OVE					
ribed before me, by the s	aid	, this the	day	у		
, 20, to ce	ertify which, witness my hand and seal of office.					
er administering oath	Printed name of officer administering oath	Title of officer	administering oa	ath		
	COMMITTEE TYPE GENERAL SPECIFIC SPECIFIC 1. TOTAL UNITEM OR GUARANTE 2. TOTAL POLIT (OTHER THAN) 3. TOTAL UNITEM 4. TOTAL POLITIC REPORTING PE 6. TOTAL PRINCIP OF THE REPOR	candidate / officeholder. These expenditures may have been made without to consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE	candidate / officeholder. These expenditures may have been made without the candidate's or officer consent. Candidates and officeholders are required to report this information only if they receive not consent. Candidates and officeholders are required to report this information only if they receive not general. COMMITTEE TYPE GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LISWear, or affirm, under penalty of perjury, that the accurate and correct and includes all information required to under Title 15, Election Code. MS. Damiane A. Curvey Signature of Candidate or Officehold ARY STAMP / SEAL ABOVE (ibed before me, by the said, to certify which, witness my hand and seal of office.	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of pegiury, that the accompanying reporture and correct and includes all information required to be reported by under Title 15, Election Code. MS. Damiane A. Curvey Signature of Candidate or Officeholder ARY STAMP / SEAL ABOVE ibed before me, by the said, this the da, 20, to certify which, witness my hand and seal of office.		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVLN .	3 of 29	
l	ER NAN	ne amiane A. (Ms.)	19 Filer ID 00065730	(Ethics C	ommission Filers)
I	HEDULI ME OF	SUE	BTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	36,207.72
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	2,840.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	23,608.89
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	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	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	Date 06/02/2025	5 Full name of contributor valdez, Stacy6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
	Managing Pa			Attorney		
10	10 Contributor's employer/law firm11 Law firm of contributor's spself			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	05/29/2025	Bayley, Andrew Contributor address; City;	<u> </u>			\$2,500.00
		Houston, TX 77008				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Bayley Law		£ A			
	if contributor is	s a child, law firm of parent(s) (i	r any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/11/2025	Braun, Anjali	_			\$250.00
		Contributor address; City; Houston, TX 77098	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	ADBraun La	w, PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	06/12/2025 Bruman, Elizabeth 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Spring, TX 77379				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmBruman Law11 Law firm of contributor's sp			oous	se (if any)	
12		s a child, law firm of parent(s) (if	f any)			
			•			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/14/2025	Butler, Andre Contributor address; City;	State; Zip Code			\$125.00
		Houston, TX 77394				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Self			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/13/2025	Clevenger, George				\$250.00
		Contributor address; City; Spring, TX 77379	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	06/10/2025 Defang, Lekeaka 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77027				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer Attorney					
10	10 Contributor's employer/law firm11 Law firm of contributor's spSelf			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Fritsch, Kelly Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Kelly Fritsch	employer/law firm		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (if	· anu)			
	ii contributor i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/22/2025	Goldsberry, Shari				\$1,000.00
		Contributor address; City; S Texas City, TX 77590	State; Zip Code		•	
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Goldsberry L	_aw				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	Date 05/19/2025	5 Full name of contributor Gonzalez Quintero, Stefa6 Contributor address; City; S			7	Amount of Contribution (\$) \$150.00
		Hempstead, TX 77445				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney					
10	10 Contributor's employer/law firm self			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	05/19/2025	Gray, Daniel Contributor address; City; S	State; Zip Code			\$1,000.00
		Houston, TX 77098				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		77
	Self	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/22/2025	Gregory , Myrna				\$3,882.72
		Contributor address; City; S Houston, TX 77008	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Gregory Lav	I				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	06/09/2025 Hale, Cathy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77079				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney					
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Herrington L					
12	! If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	05/20/2025	Hale, Hollie Contributor address; City;	State; Zip Code			\$1,000.00
		Pasadena, TX 77505				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Τ	Amount of Contribution (\$)
	06/21/2025	Hinojosa, Monica	out of state 1710 (IBM.	/		\$1,000.00
		Contributor address; City; Houston , TX 77015	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Law	ттора Собарацоп		Attorney		
_		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
	Hinojosa Lav					(i. di.),
		s a child, law firm of parent(s) (if	any)	<u>I</u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	05/20/2025 Jonte, Christine 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77090				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmSelf11 Law firm of contributor's sp			ous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Kuehm, Robert Contributor address; City; \$	State; Zip Code			\$500.00
		Houston, TX 77017				
		Principal Occupation		Contributor's Job Title		
	Lawyer			Attorney		
	Kuehm Law	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	(any)			
	ii continuator i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/18/2025	Kuster, Katie	_			\$2,500.00
		Contributor address; City; s Houston, TX 77027	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Fullenweide	r Wilhite				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	06/10/2025 Lee, Daniel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Lee Legal G	employer/law firm roup		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/09/2025	Moseley, Adrian Contributor address; City;	<u> </u>			\$250.00
		Pflugerville, TX 78660				
		Principal Occupation		Contributor's Job Title	_	
	Engineer			Staff Systems Engineer		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (i	fany)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/12/2025	Myres, Susan	_			\$500.00
		Contributor address; City; Houston, TX 77046	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Myres & Ass	sociates				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	O6/13/2025 Okorafor, Carolyn 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmSelf11 Law firm of contributor's sp			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/02/2025	Proffitt, Stephanie Contributor address; City;	State; Zip Code			\$1,000.00
	0	Houston, TX 77002		Occasilla de de Tida		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self	1911 6 6 (4) (6)				
	if contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Rainwater, Charlotte				\$2,000.00
		Contributor address; City; S Houston, TX 77056	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Rainwater &	Associates				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			1	Filer ID (Ethics Commission Filers) 00065730
4	05/20/2025 Ramos, Mary 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
40	Ramos Law		6 A			
12	: II CONTINUTOR II	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Ricketts, Ivy Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77054				
		Principal Occupation		Contributor's Job Title		
	Lawyer			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	05/21/2025	Ruel, Diane				\$2,500.00
		Contributor address; City; Houston, TX 77024	State; Zip Code			
_	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Law Office o	f Matt Tyson				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	06/12/2025 Shapiro, Stefani 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm11 Law firm of contributor's spSchlanger Silver, LLP			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/09/2025	Stout, Angela Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77008				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/12/2025	Stradley, Brie	_ ` `	·		\$250.00
		Contributor address; City; Houston, TX 77008	State; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney	, ,		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Stradley Lav	V				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1 Sch: 11/13 Rpt: 14/29	:
2	FILER NAME Curvey, Dan	niane A. (Ms.)			1	iler ID (Ethics Commissi 00065730	on Filers)
4	Date 06/08/2025	5 Full name of contributor Sullivan, Dennis6 Contributor address; City;	out-of-state PAC (ID#:		7 A	Amount of Contribution (\$)	\$200.00
		the woodlands, TX 7738	32				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Lawyer						
10	Contributor's	employer/law firm	oouse	(if any)			
12	2 If contributor is	s a child, law firm of parent(s) (i					
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
	06/16/2025	Teamsters Local #988 Contributor address; City;	State; Zip Code				\$1,000.00
	0	Houston, TX 77032		I 0			
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
	05/29/2025	Thiessen, Taly Contributor address; City; Houston, TX 77008	State; Zip Code				\$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	Thiessen La	W					
	If contributor is	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	Date 05/28/2025	5 Full name of contributor Thornton, Rahlita6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer			Attorney		
10	Contributor's 6 Self	employer/law firm	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/29/2025	Thrash , Christine Contributor address; City;		\$500.00		
		Houston , TX 77002				
		Principal Occupation		Contributor's Job Title		
	Law			Attorney		Of and
	Self	employer/law firm		Law firm of contributor's sp	ous	e (II any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/06/2025	Torres, Enrique	_			\$2,500.00
		Contributor address; City; Spring, TX 77386	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/29
2	FILER NAME Curvey, Dan	niane A. (Ms.)			3	Filer ID (Ethics Commission Filers) 00065730
4	Date 05/19/2025	Full name of contributor Tyson, Matt Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title Attorney		
	Attorney					
10	Contributor's 6 Self	employer/law firm	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Walker, Mekisha Jane Contributor address; City;			\$250.00	
		Friendswood, TX 77546		I		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
	Walker Law	, ,		Law iiiii oi continutoi 3 3	Jou	se (ii diiy)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/07/2025	West, Rodney Contributor address; City;				\$100.00
		Friendswood , TX 77546) 	T		
	Retired	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			

	LOANS (J	IUDICIAL)				SCHEDULE E(J)	
	The Instruction	on Guide explains how to complete this	form.	1		ges Schedule E(J): 1 Rpt: 17/29	
2	FILER NAME Curvey, Damian	ne A. (Ms.)		Filer ID 000657	(Ethics Commission Filers)		
4	TOTAL OF UN	NITEMIZED LOANS		\$			
5	Date of loan 01/01/2025	7 Name of lender	AC (ID#:)	9 Loan Amount (\$) \$2,840.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate	
	No	Houston, TX 77070				11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title			•	
	Office Holder		Judge				
14	Lender's Employe	er/Law Firm	15 Law Firm of lender's spous	se (it	f any)		
	State of Texas						
16	If lender is child, la	aw firm of parent(s) (if any)					
17	Description of Col	lateral	18 Check if personal funds we	ere o	deposited	into political account	
	X None					(See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code				
23	Guarantor's Princi	ipal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ous	e (if any)		
27	' If guarantor is chil	d, law firm of parent(s) (if any)					

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		Gift/Awards/Memorials Expert Legal Services The Instruction Guide (Salaries/\	Wages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	above)
Ļ				explains now to co	,,,,	te tills form.	-		/= o ·	
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/12 Rpt: 18/29	Curvey, Da	miane A. (Ms.)					00065730		
4	Date	5 Payee name	:							
	05/23/2025	Al Torres F	hotography							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$705.00									
		TX								
Ļ	DUDDOCE				/b\					
8	PURPOSE OF		see Categories listed at the top	of this schedule)	(a)	Description	outoi	ide of Texas. Com	nloto Cobodulo T	
	EXPENDITURE	Advertising	Expense			=		, officeholder living	•	
						Photography		•		
						0.,				
9	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l Jaht			Office he	əld	
ľ	expenditure to benefit C/OI		.oono.ao. name	000 000	.g			000 1		
\vdash	Data									
	Date	Payee name								
	06/02/2025	Amazon M	агкетріасе							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$64.82									
		TX								
	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF	Supplies	ee Calegories listed at the top	of this scriedule)	l` <i>′</i>	_ ·	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Gappcc				Check if Austin	, TX,	, officeholder living	j expense	
						Supplies				
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name	!							
	05/29/2025	Amazon M	arketplace							
	Amount (\$)	Payee addre		State; Zip Co	nde					
	\$52.23	, ayee addire	, Oily,	51010, 21p 00						
	Ψ32.23									
		TX								
	PURPOSE OF	· ·	see Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Supplies							plete Schedule T.	
							, IX,	, officeholder living	j expense	
						Supplies				
_	Computate ONU V If allows	Condition 120	i a a la a la a u ua	Off:	ا داده			046	al al	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıgnt			Office he	eid	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 2/12 Rpt: 19/29	Curvey, Damiane A. (Ms.) 00065730
4	Date	5 Payee name
	04/30/2025	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service fee
		Sci vice ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	03/31/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
H	Date	Payee name
	02/28/2025	Payee name Amegy Bank
	Amount (\$) \$8.00	Payee address; City; State; Zip Code
	φο.υυ	
		TV
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 20/29	Curvey, Damiane A. (Ms.)		00065730
4	Date	5 Payee name		
	01/31/2025	Amegy Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$8.00			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fees
Ļ	Operation ONLY if dispert	Out lide to 10 ff and all languages		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	ght	Office held
_	·			
	Date	Payee name		
	06/20/2025	Armstrong, Regan		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$100.00			
		TX		
	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
				Award ceremony
				,
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	06/09/2025	Bleu Oyster Bar		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$85.45	, , , , , , , , , , , , , , , , , , ,		
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Meeting with Consultant
	0 1. 2			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held

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 Exp Legal Services The Instruction Guide	pense Printi Salar	-	se s/Contract Labor	Т	ravel in District ravel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	AME				3 F	iler ID	(Ethics Commission Filers)	
L	Sch: 4/12 Rpt: 21/29	Curvey,	Damiane A. (Ms.)				L 0	00065730		
4	Date	5 Payee na	ıme							
	06/10/2025	Curvey,	Damiane							
6	Amount (\$)	7 Payee ad	Idress; City;	State; Zip	Code					
	\$2,840.00									
		TX								
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		epayment/Reimbursem			=			olete Schedule T.	
						_		fficeholder living ersonal loa	expense an to the campaign	
						. copayment o	, u p	0.001101100	an to the earnpaign	
9	Complete ONLY if direct	Candidate/	/Officeholder name	Office	sought			Office he	ld	
Ĺ	expenditure to benefit C/OF									
	Date	Payee na		_ _		_ _	_	_ _		
	06/04/2025	Davis, S	helly							
	Amount (\$)	Payee ad	ldress; City;	State; Zip	Code			_ 		1
	\$10.00									
		TX								
	PURPOSE OF		(See Categories listed at the to		(b)	Description		-t.T C	olasa Cabadola T	
	EXPENDITURE		itions/Donations Made ite/Officeholder/Politic			_		of Texas. Comp ficeholder living	plete Schedule T. expense	
		Januar	as, omosholasi/i ontio	• • • • • • • • • • • • • • • • • •		Seminar		3		
	Complete ONLY if direct		Officeholder name	Office	sought			Office he	ıld	
	expenditure to benefit C/OF	¬ 								
	Date	Payee na	ıme							
	06/05/2025	Durio, N	icole				_			
	Amount (\$)	Payee ad	ldress; City;	State; Zip	Code					
	\$300.00									
		TX								
	PURPOSE OF	(a) Category	, -	. ,	(b)	Description				
	EXPENDITURE		itions/Donations Made ite/Officeholder/Politica			ш		of Texas. Comp ficeholder living	olete Schedule T.	
		Candida	tte/Onicendider/Politic	ai Committee		Back to Scho			сиропас	
	Complete ONLY if direct		Officeholder name	Office	sought			Office he	ld	
	expenditure to benefit C/OH	4								
	· · · · · · ·									

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTH	el Out of District ER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Files	TID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 22/29	Curvey, Damiane A. (Ms.)	65730
4	Date	5 Payee name	
	06/12/2025	Garrison, Toni	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$741.25		
		TX	
_	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Toyon Complete Schodule T
	EXPENDITURE	Printing Expense Check if travel outside of 1 Check if Austin, TX, officel	exas. Complete Schedule T.
		3D Printing	gp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/OI		onice neid
	Data	T -	
	Date	Payee name	
	06/02/2025	Garrison, Toni	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$741.25		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		exas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	holder living expense
		3D Printing-advertise	ement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	06/10/2025	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	4619 Lyons Ave	
		Houston , TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations/Donations Made By	exas. Complete Schedule T.
	LXI LINDITORL	Candidate/Officeholder/Political Committee	holder living expense
		HCDP	
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Office held
	experiorare to benefit C/OI	лп 	

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		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/12 Rpt: 23/29	Curvey, Da	amiane A. (Ms.)					00065730		
4	Date	5 Payee name	e							
	06/02/2025	Harris Cou	inty Democratic Part	y						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$155.08	4619 Lyon	s Ave							
		Houston ,								
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE		ons/Donations Made /Officeholder/Politica			=		ide of Texas. Com , officeholder living		
		Canadate	Onicentiaeth onice	ii committee		HCDP		•	,	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
⊨	Date	Dayoo name								_
	06/05/2025	Payee name	ar Association							
┝		Payee addr		State; Zip C	odo					
	Amount (\$) \$240.00	Payee auur	ess; City;	State, Zip C	oue					
	φ240.00									
		TX								
	PURPOSE	(a) Category (See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Membersh				=		ide of Texas. Com		
						HBA Member		, officeholder living	j expense	
						LIDY MCHINCI	1311	ıρ		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	l ught			Office he	eld	
	experiditure to benefit C/Oi									
	Date	Payee name	е							
	06/03/2025	Isabella's								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$9.20									
		TX								
	PURPOSE	(a) Category (See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	I	erage Expense					ide of Texas. Com		
						Check if Austin,		, officeholder living	j expense	
						Sian Dieakids	οl			
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	labt			Office he	ald	
	expenditure to benefit C/OI		nocholaci Haitie	Office 500	agrit			Omice H	JIU	
\vdash										

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

	Credit Card Payment		The Instruction Guide explains how	to com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 7/12 Rpt: 24/29		Curvey, Damiane A. (Ms.)				00065730	
4	Date	5	Payee name					
	05/27/2025		LaGriglia					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$83.62							
			TX					
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	. (1	Description			
	OF		Food/Beverage Expense	' `		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE				_		, officeholder living	g expense
					Meeting at re	esta	aurant	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sough	nt		Office he	eld
		_						
	Date		Payee name					
	05/23/2025		LaGriglia					
	Amount (\$)		Payee address; City; State; Zip	Code	е			
	\$625.00							
			TX					
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(I	Description			
	OF EXPENDITURE		Event Expense		ш		ide of Texas. Com	
					Deposit	n, TX	, officeholder living	g expense
					Deposit			
	Complete ONLY if direct		Candidate/Officeholder name Office	sough	nt .		Office he	əld
	expenditure to benefit C/O		Sandidate/Officerolder Harne Office	, sougi	ı		Office in	Ciu
	Data	_	Davis and the second					
	Date 06/05/2025		Payee name Lee, Richard					
	Amount (\$)		Payee address; City; State; Zip	o Code	9			
	\$1,039.53							
			TX					
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(I	Description			
	EXPENDITURE		Security		=		ide of Texas. Com , officeholder living	
					Security	1, 17	., omeenolder hving	у схренае
					···· ·			
-	Complete ONLY if direct		Candidate/Officeholder name Office	sough	 nt		Office he	eld
	expenditure to benefit C/O			9.				

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	nmittee Legal	wards/Memorials Expense Services Instruction Guide ex	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
_	Total pages Cab - dul - Ed					1	2	Filor ID	(Ethios Commission 51)	rc)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission File	:15)
	Sch: 8/12 Rpt: 25/29	Curvey, Damiar	ne A. (Ms.)					00065730		
4	Date	Payee name								
	06/10/2025	M3 Grahpics								
6	Amount (\$)	Payee address;	City;	State; Zip Co	de					
	\$3,160.37	11730 S Wilcres	st Dr.							
		Houston , TX 77	7099							
8	PURPOSE				(h)	Description				
ľ	OF	Advertising Exp	egories listed at the top of	this schedule)	(5)		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Advertising Exp	ense					officeholder living		
						Merchandise		· ·		
9	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O				-					
H	Date	Payee name								
	05/27/2025	M3 Grahpics								
<u> </u>		•	City	State: 7in Ca	do					
	Amount (\$)	Payee address;	City;	State; Zip Co	ue					
	\$1,648.10	11730 S Wilcres	St Dr.							
L		Houston, TX 77	7099							
	PURPOSE	Category (See Cat	egories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Exp				=		de of Texas. Com		
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ш	TX,	officeholder living	expense	
						Merchandise				
_	0 1. 0				<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeho	laer name	Office sou	ght			Office he	eia	
	Date	Payee name								
L	06/23/2025	Marriott								
	Amount (\$)	Payee address;	City;	State; Zip Co	de					
	\$232.13									
		TX								
	PURPOSE	Category (See Cat	egories listed at the top of	this schedule)	(b)	Description				
	OF	Travel Out of Di					outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					—	TX,	officeholder living	expense	
						consultation				
	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	ght			Office he	eld	
L	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

	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: 9/12 Rpt: 26/29	Curvey, Damiane A. (Ms.) 00065730					
4	Date	5 Payee name					
	06/25/2025	Nickson, Deborah					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$60.00						
		TX					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
ľ	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		petitions					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experialiture to benefit C/OI	<u> </u>					
	Date	Payee name					
	06/23/2025	Nickson, Deborah					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$80.00						
		TX					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Petitions					
		Petitions					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					
H	Data						
	Date 05/29/2025	Payee name					
		Nickson, Deborah					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$69.00						
		TV					
		TX					
	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					
		Petitions					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
l							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 10/12 Rpt: 27/29	Curvey, Damiane A. (Ms.) 00065730							
4	Date	5 Payee name							
	06/09/2025	Robinett, James							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,000.00								
	• •								
		TX							
Ļ	DUDDOCE	<u> </u>							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Photographer/videographer							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/09/2025	Run Sister Run							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$400.00	P.O. Box 66470							
	* *******								
		Houston , TX 77266							
	DUDD005								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry							
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							
		Contribution							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/30/2025	St. Regis Hotel							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$225.00	- agos anantes, - can,							
	¥==0.00								
		TX							
	DUDDOOF								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Parking							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 11/12 Rpt: 28/29	Curvey, Damiane A. (Ms.) 00065730					
4	Date	5 Payee name	_				
l	06/04/2025	Texas Center for the Judiciary					
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code TX					
8	PURPOSE		_				
°	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Judicial Conference (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Judicial Conference					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
Γ	Date	Payee name					
	06/25/2025	Tobey Johnston, et al					
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code					
		TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Attorney fees					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Г	Date	Payee name					
	06/02/2025	Tru Insight Media					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code					
		TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant					
	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 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	u Con	The Instruction Guide explains how to co		ete this form.		OTHER (enter a c	category not listed above)
1	1 Total pages Schedule F1: 2 FILER NAME				[:	3	Filer ID	(Ethics Commission Filers)
	Sch: 12/12 Rpt: 29/29	ı	Curvey, Damiane A. (Ms.)				00065730	
4	Date	5	Payee name					
	05/23/2025		USPS					
6	Amount (\$) \$146.00		Payee address; City; State; Zip Co	de				
		┡	TX					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Postage		므		e of Texas. Comp officeholder living (
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ght			Office hel	d
	Date		Payee name					
	06/09/2025		WalMart					
	Amount (\$) \$54.09		Payee address; City; State; Zip Co	de				
			TX					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		\Box		e of Texas. Comp officeholder living (
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght			Office hel	d