#### 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) 00081819 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Hilary D. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Unger CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; 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** Mr. Mark V. NAME NICKNAME LAST **SUFFIX** Burlingame **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** (214) 684-6888 **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 Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 248 Harris

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Unger, Hilary D. (The	<b>14</b> Filer ID 00081819	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I 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 ADDRE	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 5,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 1,429.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	<b>\$</b> 3,937.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	<b>\$</b> 516.20
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Hilary D. Unge	er
			f Candidate or Officeho	
AFFIX NOT	ΓARY STAMP / SEAL AΒ	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the _	day
		ertify which, witness my hand and seal of office.	_	
Signature of office	er 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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					3 01 10
18 FIL	ER NAM	ME	19 Filer ID	(Ethics	Commission Filers)
Un	iger, Hi	ary D. (The Honorable)	00081819		
l		E SUBTOTALS		SU	BTOTAL AMOUNT
IN/A	ME OF	SCHEDULE			
1.	X	\$	5,600.00		
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	50.00
5.	X	\$	355.25		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	141.80
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	932.76
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		\$			
12.		\$			

	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: 1/3 Rpt: 4/18
2	FILER NAME Unger, Hilar	y D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081819
4	Date 06/22/2025	<ul><li>5 Full name of contributor Adamo, Sam</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
_	lawyer			lawyer		and the sun of
10	self	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/27/2025	Dupont, Thomas  Contributor address; City;	State; Zip Code			\$1,500.00
		Houston, TX 77008				
		Principal Occupation		Contributor's Job Title		
	lawyer			Partner		<i>(1)</i>
	Dupont & Du	employer/law firm		Law firm of contributor's sp Harris County District A		
	-	s a child, law firm of parent(s) (i	f any)	Tians county bisunet /	ittoi	ney 3 Onice
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	O6/23/2025 Johnson, Thomas  Contributor address; City; State; Zip Code					\$500.00
		Humble, TX 77346				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	lawyer					
	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	f any)	1		

	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: 2/3 Rpt: 5/18
2	FILER NAME	5 (7)			3	Filer ID (Ethics Commission Filers)
	Unger, Hilar	y D. (The Honorable)	_		┖	00081819
4	Date 06/23/2025	<ul><li>5 Full name of contributor Leventhal, Robert</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Silver Spring, MD 20910	)			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Diplomat			Foreign Affairs Officer		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	U.S. State D	epartment				
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/23/2025	Schaffer, Josh Contributor address; City;				\$250.00
		Houston, TX 77030				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	lawyer			lawyer		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)
	06/22/2025	Schaffer, Kent				\$1,000.00
Contributor address; City; State; Zip Code						
		Houston, TX 77019				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	lawyer					
		employer/law firm	oous	se (if any)		
		nnedy Johnson				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/18
2	FILER NAME Unger, Hilar	y D. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081819
4	Date 06/22/2025	<ul> <li>5 Full name of contributor</li> <li>Seltzer, Marjorie</li> <li>6 Contributor address; City; State</li> <li>Saint Petersburg, FL 3370</li> </ul>			7 Amount of Contribution (\$) \$500.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	·L
	Retired			Retired	
10	Contributor's e	employer/law firm f		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/22/2025 Thiessen, Mark  Contributor address; City; State; Zip Code  Houston, TX 77008					\$1,000.00
	Contributor's F	Principal Occupation		Contributor's Job Title	
	lawyer			Partner	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Thiessen La	w Firm		Thiessen Law Firm	
	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/17/2025	Unger, Nancy  Contributor address; City; Sta  Cary, NC 27513	ate; Zip Code		 *250.00
		Principal Occupation		Contributor's Job Title Retired	
	Retired				
		employer/law firm	pouse (if any)		
	Retired - sel		>		
	if contributor is	s a child, law firm of parent(s) (if a	19)		

	LOANS (J	UDICIAL)			SCHEDULE <b>E(J)</b>		
	The Instructio	on Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 7/18			
2	FILER NAME Unger, Hilary D.	(The Honorable)		3 Filer ID 000818	(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			\$		
5	Date of loan 05/05/2025	7 Name of lender out-of-state PA Unger, Hilary	C (ID#:	)	9 Loan Amount (\$) \$50.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Houston, TX 77079			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
	Judge		Judge				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	aw firm of parent(s) (if any)	I				
17	Description of Coll  X None	ateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 1/2 Rpt: 8/18	Unger, Hilary D. (The Honorable)  00081819
4	Date	5 Payee name
	06/30/2025	Frost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	628th E. 11th St.
		Houston, TX 77008
٦	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service Charge/Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/17/2025	Raise the Money Inc.
┝		-
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 26466
	\$12.50	P.O. Box 20400
L		Little Rock, AR 72221
	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  Transaction Fees
		Transaction Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
⊨		
	Date	Payee name
L	06/22/2025	Raise the Money Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.00	P.O. Box 26466
		Little Rock, AR 72221
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fees
dash	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee I	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)					
		_		The instruction Gt	ilue explains now to	Comp	nete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/2 Rpt: 9/18		Unger, Hilar	y D. (The Hono	rable)				00081819		
4	Date	5	Payee name								
	06/23/2025		Raise the Mo	oney Inc.							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	!				
	\$111.00		P.O. Box 26	466							
			Little Rock, A	AR 72221							
8	PURPOSE	(a)			ne top of this schedule)	(b	) Description				
	OF	<b> </b> `´	Accounting/E		ic top of this schedule)	`		outsi	de of Texas. Com	pplete Schedule T.	
	EXPENDITURE		g.	g			Check if Austin	ı, TX,	officeholder living	g expense	
							Transaction F	=ee	S		
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/Ol	<del>-</del>									
	Date		Payee name								
	06/27/2025		Raise the Mo	oney Inc.							
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	!				
	\$73.75		P.O. Box 26	466							
			Little Rock, A	AR 72221							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b	<b>)</b> Description				
	OF EXPENDITURE		Accounting/Banking				Check if travel outside of Texas. Complete Schedule T.				
							Check if Austin, TX, officeholder living expense				
							Transaction F	-ee	S.		
		L									
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	eholder name	Office	sough	t		Office h	eld	

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

Travel Out of District
OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete this form.	(		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 1/3 Rpt: 10/18	Unger, Hilary D. (Th	he Honorable)		00081819		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$29.00	05/28/2025				
7 PAYEE	(a) Payee name  Daley Professional	Web Solutions	(b) Payee address; 211 Cardinal Dr.	City,	State,	Zip Code
			Montgomery, NY 12549			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense	or and compagney	Website Hosting			
X Political						
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.	<b>_</b>	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH		L (1) = 1 ( 1)	T() = . () = . !! = . !!			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Palu		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Non-Political	(a) Charletterred avaids	of Towns Committee Colombia				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Office held		
expenditure to benefit C/OH		Tianio Onio	o oougin	Omoo noid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
I 🗏						
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.	o oought	Office hald		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held			

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 2/3 Rpt: 11/18	Unger, Hilary D. (Th	he Honorable)		00081819						
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED							
ISSUER	Bank of Amer	ica Mastercard	EXPENDITURES CHARGED TO A CREDIT CARD	<b> \$</b>						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid						
	\$29.00	02/26/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Daley Professional	Web Solutions	211 Cardinal Dr.							
	Montgomery, NY 125									
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	RE (See Categories listed at the top of this schedule) Advertising Expense Website Hosting									
X Political	Advertising Expense									
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T				se					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	(See Categories listed at the top	of this schedule)								
Political										
Non-Political	<u> </u>	of Texas. Complete Schedule T.								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Cradit Card Inquar	Doid						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Palu						
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code				
DUDDOCE OF	(a) Cotogony		(h) Description							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

## **EXPENDITURES MADE BY CREDIT CARD**

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica				ravel Out of District THER (enter a category not listed al	oove)			
	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)			
Sch: 3/3 Rpt: 12/18	Unger, Hilary D. (Th	ne Honorable)		00081819				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER	Cred	it One	EXPENDITURES CHARGED TO A CREDIT	-  \$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$6.16	04/21/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Office Depot		10217 Katy Fwy					
	·		Houston TV 77024					
8 PURPOSE OF	(a) Category		Houston, TX 77024 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Petition copies					
X Political	Petition copies		'					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$77.64	03/13/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Harris County Dom	coratio Darty	3302 Canal St.					
	Harris County Dem	ocialic Faily						
	(2) 0242 227		Houston, TX 77003					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Name Badges					
X Political	Advertising Expense		Name bauges					
Non-Political	() 🗖		<u> </u>					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  Ce sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolaer	name Ome	c sought	Office field				
experientare to belieff great								
I								

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME	Ē					3	Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 13/18		Unger, Hila	ry D. (Th	e Honora	ble)				00081819
4	Date	5	Payee name							
	04/21/2025		Act Blue							
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip Co	ode		
	\$21.00		366 Summe	er St						
	Reimbursement from political contributions intended		Somerville,	MA 021	44					
8	PURPOSE	(a)	Category (s	ee Categorie	s listed at the	top of this sch	edule)	(b) Description		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contribution						C	Check if Austin, TX, officeholder living expense
			Candidate/	Officehol	der/Politic	cal Comm	ittee	Meyerland Dem	ocra	ats
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder na	me			Office sought		Office held
	Date		Payee name							
	06/12/2025		Act Blue							
	Amount (\$)	H	Payee addre	ss; C	ity;	State;	Zip Co	ode		
	\$30.00		366 Summe				·			
	Reimbursement from									
	x political contributions intended		Somerville,	MA 021	44					
	PURPOSE		Category (S	ee Categorie	s listed at the	top of this sch	edule)	Description		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contribution					[	_	Check if Austin, TX, officeholder living expense
	-		Candidate/	Officehol	der/Politic	cal Comm	ittee	Tejano Democra	ats	
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Office	holder na	me			Office sought		Office held
	C/OH									
	Data		D							
	Date 06/07/2025		Payee name Bank of Am	orica						
		L								
	Amount (\$)		Payee addre		ity;	State;	Zip Co	ode		
	\$29.00		P.O. Box 85	21001						
	X Reimbursement from political contributions intended		Dallas, TX	75285-10	001					
	PURPOSE	_	Category (s	ee Categorie	s listed at the	top of this sch	edule)	Description	_	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card	Paymer	nt			l L	_	Check if Austin, TX, officeholder living expense
								Online Candidat	te W	Vebsite Hosting
	Complete ONLY if direct	Car	ndidate/Office	holder na	me			Office sought		Office held
	expenditure to benefit C/OH	Jai	. s. dato, Omoo					2oo oougiit		2.100 Hold
Г										
l										

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gui	Expense		xpense Vages/Contract Labor		Travel III District Travel Out of District OTHER (enter a category r	not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Co	ommission Filers)
	Sch: 2/5 Rpt: 14/18		Unger, Hila	ry D. (The Honor	able)				00081819	
4	Date	5	Payee name							
	06/09/2025		Burner Sub	scriptions						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$29.98		2658 Griffith	n Park Blvd.						
	Reimbursement from		#134							
	X political contributions intended		Los Angele	s, CA 90039						
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	dule)	(b) Description	=	eck if travel outside of Texa	·
	OF EXPENDITURE		Office Over	head/Rental Exp	ense			Che	eck if Austin, TX, officehold	er living expense
							Phone line			
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought		Office he	ld
	C/OH									
	Date		Payee name							
	06/07/2025		Credit One	Bank Payment						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$83.80		6801 S. Cin	narron Rd						
	Reimbursement from									
	X political contributions intended		Las Vegas,	NV 89113						
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	dule)	Description	=	eck if travel outside of Texa	
	OF EXPENDITURE		Credit Card	Payment				_	eck if Austin, TX, officehold	er living expense
							HCDP & Office [	Depo	ot	
	Operation ONLY if allower		li -l - t - (Offi l				Office constant		O#: I	1.1
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	noider name			Office sought		Office he	ıa
	C/OH									
	Date		Payee name							
	06/07/2025		Discover							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$29.00		P.O. Box 62	103						
	Reimbursement from political contributions									
	X   political contributions intended		Carol Strea	m, IL 60197-610	3					
	PURPOSE OF		Category (S	ee Categories listed at the	e top of this sche	dule)	Description	=	eck if travel outside of Texa	
	EXPENDITURE		Credit Card	Payment			L	_	eck if Austin, TX, officehold	er living expense
							Online Candidate	e We	edsite Hosting	
	Complete ONLY if direct	Car	ndidate/Officel	nolder name			Office sought		Office he	ld
	expenditure to benefit C/OH						3 -			
L										

#### SCHEDULE G

#### **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 Salaries/Wagner/Control Lib

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to d	complete this form.	OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 3/5 Rpt: 15/18	Unger, Hilary D. (The Honorable)		00081819			
4	Date	5 Payee name					
	06/06/2025	GLBT Caucus					
6	Amount (\$)	7 Payee address; City; State; Zip C	Code				
	\$10.00	01 Branard St					
	Reimbursement from	2nd Fl					
	X political contributions intended	Houston, TX 77006					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee	membership				
Ļ	Operation ONLY if direct	Constitute (Office helder a cons	Office a constant	Office health			
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Date	Payee name					
	05/13/2025	Go Daddy					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$97.36	14455 N. Hayden Rd.					
	Reimbursement from	Ste - 226					
	X political contributions intended	Scottsdale, AZ 85260-6993					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense			
			Domain services				
L	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0			000			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	С/ОН						
	Date	Payee name					
	06/21/2025	Go Daddy					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$80.50	100 S. Mill Ave.					
	Reimbursement from political contributions intended	Ste. 1600					
		Tempe, AZ 85281					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Advertising Expense	Check if Austin, TX, officeholder living expense				
			Domain services				
	Operation ON V. V. V.	Constitute (Office helder a cons	055	061			
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						

# SCHEDULE G

### **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 Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 4/5 Rpt: 16/18	2 FILER N. Unger, I	AME Hilary D. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081819
4	Date	<b>5</b> Payee na	ame			<u> </u>	
	02/16/2025		Black American Democrats				
6	Amount (\$)	7 Payee ac	ddress; City; State	e; Zip Co	ode		
	\$150.00	5300 Gr	iggs Rd				
	Reimbursement from political contributions intended	Houstor	n, TX 77021				
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event E	xpense			Che	eck if Austin, TX, officeholder living expense
	LAFLINDITORL				Ticket - Brunch		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held
	Date	Payee na	ame				
	03/27/2025	Medina,	Pam				
	Amount (\$)	Payee a	ddress; City; State	e; Zip Co	ode		
	\$220.00	2368 - A	A Rice Blvd.				
	Reimbursement from	#421					
	x political contributions intended	Houstor	n, TX 77005				
	PURPOSE	Category	(See Categories listed at the top of this so	hedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event E	xpense			_	eck if Austin, TX, officeholder living expense
					Payment for Hou 	ıstor	Lawyers Assoc. Gala ticket.
	Complete ONLY if direct	Candidata/Of	ficeholder name		Office sought		Office held
	expenditure to benefit	Carididate/Of	ilicentituei name		Office Sought		Office Held
	C/OH						
	Date	Payee na	ame				
	04/14/2025	Office D	epot				
	Amount (\$)	Payee ad	ddress; City; State	e; Zip Co	ode		
	\$3.14	10217 k	Caty Fwy				
	Reimbursement from political contributions intended	Houstor	ı, TX 77024				
	PURPOSE	Category	' (See Categories listed at the top of this sc	hedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Copies	- petions			Che	eck if Austin, TX, officeholder living expense
	-				Copies - petitions	S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 17/18 Unger, Hilary D. (The Honorable) 00081819 Date Payee name 06/04/2025 Reach Amount (\$) Payee address; City; State; Zip Code 228 Park Ave. S. \$13.98 PMB 62932 Reimbursement from political contributions intended Х New York, NY 10003 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Reach app. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2025 Run Sister Run Amount (\$) Payee address; City; State; Zip Code \$135.00 P.O. Box 66470 Reimbursement from political contributions Χ Houston, TX 77266 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Ticket - Brunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

OUTSTA	ANDING LOANS	SCHEDULE L				
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 18/18				
FILER NAME Unger, Hilary	D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081819				
LENDER INFORMATION	4 Name of lender Unger, Hilary	1				
	5 Lender address; City; State; Zip Code					
	Houston, TX 77079					
GUARANTOR INFORMATION	Name of guarantor					
X not applicab	7 Guarantor address; City; State; Zip Code					