

**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) 00081859	2 Total pages filed: 117		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Christine	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Weems	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kasi	MI			
	NICKNAME	LAST Chadwick	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 806-5460	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input 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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other		
11 OFFICE	OFFICE HELD (if any) District Judge District 281 Harris			12 OFFICE SOUGHT (if known) District Judge District 281		

**GO TO PAGE 2**

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

**FORM JC/OH  
COVER SHEET PG 2**

2 of 117

13 C / OH NAME	Weems, Christine (The Honorable)		14 Filer ID (Ethics Commission Filers) 00081859												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 104,106.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 64,286.01												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 262,551.46												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>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.</p>															
<p>The Honorable Christine Weems _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
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**

3 of 117

<b>18</b> FILER NAME Weems, Christine (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00081859
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 104,106.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 64,286.01	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/41 Rpt: 4/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Absmeier, Mike <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Gibbs & Bruns		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaro, Randolph Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Amaro Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/09/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts Amicus Fund Contributor address; City; State; Zip Code  Houston, TX 77002		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/41 Rpt: 5/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhagat, Akash <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Contributor's Principal Occupation Physician	
<b>9</b> Contributor's Job Title Physician		
<b>10</b> Contributor's employer/law firm Memorial Heights Emergency Center		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdsell, Andrew <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008		<b>7</b> Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Mediator		Contributor's Job Title Mediator
Contributor's employer/law firm Birdsell Law, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissinger, David <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019		<b>7</b> Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Partner
Contributor's employer/law firm Bissinger Oshman Williams & Strasburger, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/41 Rpt: 6/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Adam <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Blake Law, PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Williams, LLC Contributor address; City; State; Zip Code  Metairie, LA 70002		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bragg, Melanie Contributor address; City; State; Zip Code  Houston, TX 77056		
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Bragg Law PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/41 Rpt: 7/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brann, Scott	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Brann Sullivan Trial Lawyers, PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broocks, Linda	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kean Miller, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrow, Justin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77006	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Hinojosa Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/41 Rpt: 8/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calehr, Harun	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm The Calehr Law Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carness, Linda  Contributor address; City; State; Zip Code  Richmond, TX 77406		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Financial Analyst		Contributor's Job Title Financial Analyst
Contributor's employer/law firm AT&T		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Kyle  Contributor address; City; State; Zip Code  Houston, TX 77057		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Shareholder
Contributor's employer/law firm Ramey Chandler Schein, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/41 Rpt: 9/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Oliver	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Miami, FL 33130	
<b>8</b> Contributor's Principal Occupation Physician		<b>9</b> Contributor's Job Title Physician
<b>10</b> Contributor's employer/law firm Miami Aesthetic		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choules, Elizabeth  Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Mediator/Arbitrator		Contributor's Job Title Mediator/Arbitrator
Contributor's employer/law firm Elizabeth Ray, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Lantz  Contributor address; City; State; Zip Code  Houston, TX 77018		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Nguyen & Associates Injury Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/41 Rpt: 10/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conklin, Kelly <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Contributor's Principal Occupation Attorney	
<b>9</b> Contributor's Job Title Attorney		
<b>10</b> Contributor's employer/law firm Conklin Countiss Sternfels		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Hunter <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77019	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor's Principal Occupation</b> Attorney	
<b>Contributor's Job Title</b> Attorney		
<b>Contributor's employer/law firm</b> Craft Law Firm, P.C.		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao, Andrew <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77006	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor's Principal Occupation</b> Attorney	
<b>Contributor's Job Title</b> Attorney		
<b>Contributor's employer/law firm</b> Daly & Black		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/41 Rpt: 11/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Stafford <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm The Stafford Davis Firm, P.C.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dow, Sanford Contributor address; City; State; Zip Code  Houston, TX 77056		Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Dow Golub		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Michael Contributor address; City; State; Zip Code  Houston, TX 77056		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kherkher Garcia		Law firm of contributor's spouse (if any) Ross Banks May Cron & Cavin
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/41 Rpt: 12/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Michael <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Kherkher Garcia		<b>11</b> Law firm of contributor's spouse (if any) Ross Banks May Cron & Cavin
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farah, George Contributor address; City; State; Zip Code  Houston, TX 77006		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Farah Law Group, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frizzell, Jean Contributor address; City; State; Zip Code  Houston, TX 77027		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Reynolds Frizzell, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/41 Rpt: 13/117	
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859	
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Stacy	<b>7</b> Amount of Contribution (\$) \$250.00	
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Garcia Law Practice		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Daniel Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$) \$180.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Goldberg Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/07/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goss, Jason Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Trial Lawyer		Contributor's Job Title Trial Lawyer	
Contributor's employer/law firm LaHood Norton		Law firm of contributor's spouse (if any) Bexar County DA's Office	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/41 Rpt: 14/117												
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859												
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Reed & McGraw, LLP  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/21/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Griffin, Michael              Contributor address; City; State; Zip Code              Pinehurst, TX 77362         </td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            Lawyer         </td> <td>Contributor's Job Title             Lawyer         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm            Griffin &amp; Griffin         </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Michael  Contributor address; City; State; Zip Code  Pinehurst, TX 77362	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation Lawyer		Contributor's Job Title  Lawyer	Contributor's employer/law firm Griffin & Griffin		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Michael  Contributor address; City; State; Zip Code  Pinehurst, TX 77362	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation Lawyer		Contributor's Job Title  Lawyer												
Contributor's employer/law firm Griffin & Griffin		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 12/12/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Haney, Peggy              Contributor address; City; State; Zip Code              Houston, TX 77025         </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            Senior Grants Manager         </td> <td>Contributor's Job Title             Senior Grants Manager         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm            Enterprise Products Company         </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)            Weycer Kaplan Pulaski &amp; Zuber         </td> </tr> </table>			Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Peggy  Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Senior Grants Manager		Contributor's Job Title  Senior Grants Manager	Contributor's employer/law firm Enterprise Products Company		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any) Weycer Kaplan Pulaski & Zuber		
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Peggy  Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Senior Grants Manager		Contributor's Job Title  Senior Grants Manager												
Contributor's employer/law firm Enterprise Products Company		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any) Weycer Kaplan Pulaski & Zuber														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/41 Rpt: 15/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanszen Laporte, LLP <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Rusty Contributor address; City; State; Zip Code  Houston, TX 77005		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Rusty Hardin & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Tommy Contributor address; City; State; Zip Code  Spring, TX 77380		Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hastings Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/41 Rpt: 16/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hataway-Cone', Misty	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Cone PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Slovacek  Contributor address; City; State; Zip Code  Houston, TX 77056		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Dale  Contributor address; City; State; Zip Code  Houston, TX 77002		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Martin Disiere Jefferson & Wisdom		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/41 Rpt: 17/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Kristina <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Kastl Law P.C.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kherkher Garcia, LLP Contributor address; City; State; Zip Code  Houston, TX 77098		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidd, Tammy Contributor address; City; State; Zip Code  Houston, TX 77056		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) Perdue & Kidd
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/41 Rpt: 18/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Janice <b>6</b> Contributor address; City; State; Zip Code  Martin, OH 43445	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm None		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishinevsky, Leo Contributor address; City; State; Zip Code  Houston, TX 77040		Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kishinevsky Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krumpholz, Jeff Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Krumpholz Law Firm, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/41 Rpt: 19/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapidus, Mark <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Lapidus Knudsen, PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Elevia Contributor address; City; State; Zip Code  Houston, TX 77019		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Judge		Contributor's Job Title Judge
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Kenneth Contributor address; City; State; Zip Code  Bellaire, TX 77401		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation CEO		Contributor's Job Title CEO
Contributor's employer/law firm Townsend Memorial Health System, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/41 Rpt: 20/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, F. Richard	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Leach & Minnick, PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leisten, Denise
		Contributor address; City; State; Zip Code  Bellaire, TX 77401
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Nistico Crouch & Kessler		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leske, Joshua
		Contributor address; City; State; Zip Code  Katy, TX 77494
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Husain Law + Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/41 Rpt: 21/117	
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859	
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillie, Andrew	<b>7</b> Amount of Contribution (\$) \$50.00	
	<b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051		
<b>8</b> Contributor's Principal Occupation Director and Project Leader		<b>9</b> Contributor's Job Title Director and Project Leader	
<b>10</b> Contributor's employer/law firm Mod Op, LLC		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Litney, Sudeane Contributor address; City; State; Zip Code  Crossville, TN 38558	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired	
Contributor's employer/law firm Not Employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Michael Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Lyons & Simmons, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/41 Rpt: 22/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcos, Lisa	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	
<b>8</b> Contributor's Principal Occupation Marketing Director		<b>9</b> Contributor's Job Title Marketing Director
<b>10</b> Contributor's employer/law firm Law Offices of Marcos & Associates		<b>11</b> Law firm of contributor's spouse (if any) Law Offices of Marcos & Associates
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Dwaine	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77056	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Massey Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Grand Prairie, TX 75050	
Contributor's Principal Occupation Law Student		Contributor's Job Title Law Clerk
Contributor's employer/law firm Clarke Law PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/41 Rpt: 23/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Jessalyn <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Estes Thorne Ewing & Payne		<b>11</b> Law firm of contributor's spouse (if any) Fletcher Farley
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConnico, Kate Contributor address; City; State; Zip Code  Houston, TX 77019		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The McConnico Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Patrice Contributor address; City; State; Zip Code  Houston, TX 77007		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Lanier Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/41 Rpt: 24/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Dennis <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Pagel Davis & Hill		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minx, Brook Contributor address; City; State; Zip Code  Houston, TX 77056		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Zabel Freeman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Daryl Contributor address; City; State; Zip Code  Houston, TX 77098		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm AZA Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/41 Rpt: 25/117	
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859	
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Daryl <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$) \$500.00	
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer	
<b>10</b> Contributor's employer/law firm AZA Law		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/18/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Ellis Contributor address; City; State; Zip Code  Spring, TX 77380	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Nguyen & Associates Injury Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/18/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Harrison Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Nguyen & Associates Injury Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/41 Rpt: 26/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Kenneth <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77092	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Contributor's Principal Occupation Attorney	
<b>9</b> Contributor's Job Title Attorney		
<b>10</b> Contributor's employer/law firm Nguyen & Associates Injury Law Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vu Contributor address; City; State; Zip Code  Houston, TX 77092		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Nguyen & Associates Injury Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemtschk, Austin Contributor address; City; State; Zip Code  Lewisville, TX 75067		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Law Clerk		Contributor's Job Title Law Clerk
Contributor's employer/law firm Shannon Lee Beatty, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/41 Rpt: 27/117												
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859												
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson & Olson, LLP ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$) \$250.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 12/09/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Denise ..... Contributor address; City; State; Zip Code  Houston, TX 77003</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Attorney</td> <td>Contributor's Job Title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Self</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Denise ..... Contributor address; City; State; Zip Code  Houston, TX 77003	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Denise ..... Contributor address; City; State; Zip Code  Houston, TX 77003	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/22/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mykal ..... Contributor address; City; State; Zip Code  Houston, TX 77044</td> <td>Amount of Contribution (\$) \$50.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Attorney</td> <td>Contributor's Job Title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Lewis Brisbois Bisgaard &amp; Smith</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mykal ..... Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Lewis Brisbois Bisgaard & Smith		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mykal ..... Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm Lewis Brisbois Bisgaard & Smith		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/41 Rpt: 28/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pokala, Sivarama <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10025	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Scientist		<b>9</b> Contributor's Job Title Scientist
<b>10</b> Contributor's employer/law firm New York Institute of Technology		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Aaron Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Donato Brown		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prather, Kelly Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Greenwood Prather Law Firm, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/41 Rpt: 29/117												
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859												
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp & Krock, PC ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$) \$250.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 10/28/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds Frizzell, LLP ..... Contributor address; City; State; Zip Code  Houston, TX 77002 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds Frizzell, LLP ..... Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds Frizzell, LLP ..... Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 10/13/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Chris ..... Contributor address; City; State; Zip Code  Houston, TX 77002 </td> <td> Amount of Contribution (\$) \$2,500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Reynolds Frizzell, LLP </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Chris ..... Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$) \$2,500.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Reynolds Frizzell, LLP		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Chris ..... Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$) \$2,500.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm Reynolds Frizzell, LLP		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 27/41 Rpt: 30/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 07/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$) \$11.00
<b>8</b> Contributor's Principal Occupation Historic Preservation Specialist		<b>9</b> Contributor's Job Title Historic Preservation Specialist
<b>10</b> Contributor's employer/law firm State of Texas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/05/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  Contributor address; City; State; Zip Code  San Marcos, TX 78666		Amount of Contribution (\$) \$11.00
Contributor's Principal Occupation Historic Preservation Specialist		Contributor's Job Title Historic Preservation Specialist
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/05/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  Contributor address; City; State; Zip Code  San Marcos, TX 78666		Amount of Contribution (\$) \$11.00
Contributor's Principal Occupation Historic Preservation Specialist		Contributor's Job Title Historic Preservation Specialist
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/41 Rpt: 31/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$) \$11.00
<b>8</b> Contributor's Principal Occupation Historic Preservation Specialist		<b>9</b> Contributor's Job Title Historic Preservation Specialist
<b>10</b> Contributor's employer/law firm State of Texas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  Contributor address; City; State; Zip Code  San Marcos, TX 78666		Amount of Contribution (\$) \$11.00
Contributor's Principal Occupation Historic Preservation Specialist		Contributor's Job Title Historic Preservation Specialist
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jason  Contributor address; City; State; Zip Code  San Marcos, TX 78666		Amount of Contribution (\$) \$11.00
Contributor's Principal Occupation Historic Preservation Specialist		Contributor's Job Title Historic Preservation Specialist
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 29/41 Rpt: 32/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 07/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Adam ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Andrews Myers		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/26/2025 ..... Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Andrews Myers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025 ..... Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Andrews Myers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/41 Rpt: 33/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Adam <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Andrews Myers		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Adam Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Andrews Myers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Adam Contributor address; City; State; Zip Code  Houston, TX 77008		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Andrews Myers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 31/41 Rpt: 34/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rodriguez-Wahlquist, Jessica	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Sorrels Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ross, Brian	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77056	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Gibbs & Brun		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rubenstein, Andy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm D. Miller & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 32/41 Rpt: 35/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez-Peralta, Karina ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm AZA Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine ..... Contributor address; City; State; Zip Code  Austin, TX 78739		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm KPMG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine ..... Contributor address; City; State; Zip Code  Austin, TX 78739		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm KPMG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 33/41 Rpt: 36/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	
<b>8</b> Contributor's Principal Occupation Manager		<b>9</b> Contributor's Job Title Manager
<b>10</b> Contributor's employer/law firm KPMG		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78739	
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm KPMG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78739	
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm KPMG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 34/41 Rpt: 37/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaramuzzi, Catherine ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Manager		<b>9</b> Contributor's Job Title Manager
<b>10</b> Contributor's employer/law firm KPMG		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  Houston, TX 77027		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm The Sheriff Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025 ..... Contributor address; City; State; Zip Code  Houston, TX 77006		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Mediator		Contributor's Job Title Mediator
Contributor's employer/law firm Smoots Consulting, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 35/41 Rpt: 38/117												
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859												
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spagnoletti Law Firm .....  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$) \$5,000.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/30/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Kim .....  Contributor address; City; State; Zip Code  Humble, TX 77346</td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation Attorney         </td> <td>           Contributor's Job Title Attorney         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm Spurlock &amp; Associates         </td> <td>           Law firm of contributor's spouse (if any) Spurlock &amp; Associates         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Kim .....  Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Spurlock & Associates		Law firm of contributor's spouse (if any) Spurlock & Associates	If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Kim .....  Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm Spurlock & Associates		Law firm of contributor's spouse (if any) Spurlock & Associates												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 12/04/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, John .....  Contributor address; City; State; Zip Code  Spring, TX 77379</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation Retired         </td> <td>           Contributor's Job Title Retired         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm None         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, John .....  Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation Retired		Contributor's Job Title Retired	Contributor's employer/law firm None		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, John .....  Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation Retired		Contributor's Job Title Retired												
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 36/41 Rpt: 39/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogner, Brant	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	
<b>8</b> Contributor's Principal Occupation Trial Lawyer		<b>9</b> Contributor's Job Title Trial Lawyer
<b>10</b> Contributor's employer/law firm Abraham Watkins		<b>11</b> Law firm of contributor's spouse (if any) Abraham Watkins
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Roger	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Brann Sullivan Trial Lawyers, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, William (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New York, NY 10023	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 37/41 Rpt: 40/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swick, David <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Swick Law P.C.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Hall Law Group, PLLC Contributor address; City; State; Zip Code  Houston, TX 77006		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuegel, Michelle Contributor address; City; State; Zip Code  Dallas, TX 75218		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Simpson Tuegel Law Firm		Law firm of contributor's spouse (if any) Simpson Tuegel Law Firm
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 38/41 Rpt: 41/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Turnbull, Moak & Pendergast, P.C.	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Birmingham, AL 35223	
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Van Huff, Albert Contributor address; City; State; Zip Code  Houston, TX 77008
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Monshaugen & Van Huff, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Van Huff, Albert Contributor address; City; State; Zip Code  Houston, TX 77008
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Monshaugen & Van Huff, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 39/41 Rpt: 42/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, David	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77082	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, Jennifer	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77433	
<b>Contributor's Principal Occupation</b> Accountant		<b>Contributor's Job Title</b> Accountant
<b>Contributor's employer/law firm</b> Suntronic, Inc.		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, Patrick	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77433	
<b>Contributor's Principal Occupation</b> Dentist		<b>Contributor's Job Title</b> Dentist
<b>Contributor's employer/law firm</b> Smile Avenue Family Dentistry		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 40/41 Rpt: 43/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Teri <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Walter Law Firm, PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waltman, Dwana Contributor address; City; State; Zip Code  Tomball, TX 77377		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Lanier Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weycer Kaplan Pulaski & Zuber, P.C. Contributor address; City; State; Zip Code  Houston, TX 77046		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 41/41 Rpt: 44/117
<b>2</b> FILER NAME Weems, Christine (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081859
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Brice ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Lawyer
<b>10</b> Contributor's employer/law firm Gibbs & Bruns		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Forrest ..... Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hicks Davis Wynn, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/69 Rpt: 45/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/04/2025	5 Payee name AT&T Hotel & Conference Center	
6 Amount (\$) \$671.32	7 Payee address; City; State; Zip Code 1900 University Ave.  Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for board certification exam
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Acnar	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 146 E. Houston St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner during Civil District Court Judge retreat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Acres Home Chamber of Commerce	
Amount (\$) \$666.67	Payee address; City; State; Zip Code 6112 Wheatley St.  Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Acres Home event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/69 Rpt: 46/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/03/2025	5 Payee name Acres Home Chamber of Commerce	
6 Amount (\$) \$325.00	7 Payee address; City; State; Zip Code 6112 Wheatley St.  Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Acres of Angels Breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name ActBlue	
Amount (\$) \$609.38	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name ActBlue	
Amount (\$) \$5.25	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/69 Rpt: 47/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/01/2025	5 Payee name ActBlue	
6 Amount (\$) \$1.50	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/01/2025	Payee name ActBlue	
Amount (\$) \$99.00	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/01/2025	Payee name ActBlue	
Amount (\$) \$419.40	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/69 Rpt: 48/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/01/2025	5 Payee name ActBlue	
6 Amount (\$) \$20.25	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Anderson, Callina	
Amount (\$) \$310.00	Payee address; City; State; Zip Code 3429 Bacon Street  Houston, TX 77021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract work on mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Anderson, Callina	
Amount (\$) \$115.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Houston, TX 77021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract work on mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/69 Rpt: 49/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/08/2025	5 Payee name Asian American Bar Association of Houston	
6 Amount (\$) \$5,000.00	7 Payee address; City; 6015 Piney Knoll Ct  Katy, TX 77449	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of the 35th Anniversary Toast event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Barnaby's Cafe	
Amount (\$) \$241.89	Payee address; City; 801 Congress  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Barnaby's Cafe	
Amount (\$) \$66.29	Payee address; City; 801 Congress  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/69 Rpt: 50/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/21/2025	5 Payee name Barnaby's Cafe	
6 Amount (\$) \$253.83	7 Payee address; City; 801 Congress  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with business court judiciary and interns
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Barnaby's Cafe	Office sought Office held
Date 08/19/2025	Payee name Barnaby's Cafe	
Amount (\$) \$72.87	Payee address; City; 801 Congress  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Intern lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Barnaby's Cafe	Office sought Office held
Date 12/01/2025	Payee name Barnaby's Cafe	
Amount (\$) \$57.71	Payee address; City; 801 Congress  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Barnaby's Cafe	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/69 Rpt: 51/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/29/2025	5 Payee name Barnaby's Cafe	
6 Amount (\$) \$148.41	7 Payee address; City; 801 Congress  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Barnaby's Cafe	Office sought Office held
Date 09/29/2025	Payee name Barnaby's Cafe	
Amount (\$) \$148.41	Payee address; City; 801 Congress  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bayou Blue Democrats	Office sought Office held
Date 12/10/2025	Payee name Bayou Blue Democrats	
Amount (\$) \$250.00	Payee address; City; 2645 Westgate  Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of organization
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bayou Blue Democrats	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/69 Rpt: 52/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/28/2025	5 Payee name Bayou City Strategies	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 667204  Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant organizing the October fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Bigham's Smokehouse	
Amount (\$) \$34.75	Payee address; City; State; Zip Code 4302 19th Street  Lubbock, TX 79407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch during Tex-ABOTA Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Brennan's Houston	
Amount (\$) \$167.00	Payee address; City; State; Zip Code 3300 Smith Str.  Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Judge's holiday dinner.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/69 Rpt: 53/117	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/07/2025	5 Payee name Bucees - Bastrop	
6 Amount (\$) \$74.75	7 Payee address; City; State; Zip Code 1700 E. State Highway 71  Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas and snacks coming from Austin for board certification exam.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Cadillac Bar	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1802 Shepherd Dr.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit for October Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Cadillac Bar	
Amount (\$) \$1,162.19	Payee address; City; State; Zip Code 1802 Shepherd Dr.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue and food for the October fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/11/2025	5 Payee name Carroll Printing	
6 Amount (\$) \$1,559.88	7 Payee address; City; State; Zip Code 2907 Canal Street  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of thank you cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Carroll Printing	
Amount (\$) \$1,326.06	Payee address; City; State; Zip Code 2907 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of postcards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Chick Fil A - Sawyer	
Amount (\$) \$322.58	Payee address; City; State; Zip Code 2222 Shearn St.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for summer intern mock trial competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/01/2025	5 Payee name Chick Fil A	
6 Amount (\$) \$69.92	7 Payee address; City; 20608 Interstate 45  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name Chick Fil A	
Amount (\$) \$78.32	Payee address; City; 20608 Interstate 45  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Chick Fil A	
Amount (\$) \$98.78	Payee address; City; 20608 Interstate 45  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/30/2025	5 Payee name Chick Fil A	
6 Amount (\$) \$99.81	7 Payee address; City; 20608 Interstate 45  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Chick Fil A	
Amount (\$) \$79.02	Payee address; City; 20608 Interstate 45  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Chick Fil A	
Amount (\$) \$67.80	Payee address; City; 20608 Interstate 45  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/31/2025	5 Payee name Chick Fil A	
6 Amount (\$) \$90.23	7 Payee address; City; State; Zip Code 20608 Interstate 45  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Competitive Edge Outreach	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 7373 Ardmore #1233 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Democratic Precinct Chair Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Constant Contact	
Amount (\$) \$34.12	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/10/2025	5 Payee name Constant Contact	
6 Amount (\$) \$34.12	7 Payee address; City; 1601 Trapelo Road  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Constant Contact	
Amount (\$) \$34.12	Payee address; City; 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Constant Contact	
Amount (\$) \$34.12	Payee address; City; 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/10/2025	5 Payee name Constant Contact	
6 Amount (\$) \$34.12	7 Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Constant Contact	
Amount (\$) \$34.12	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Cooking Girl	
Amount (\$) \$176.55	Payee address; City; State; Zip Code 414 Travis St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 11/07/2025	5 Payee name Danny's Market Chevron		
6 Amount (\$) \$59.24	7 Payee address; City; 6633 Washington Ave  Houston, TX 77007	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas and snacks for travel to Austin for Premiere competition	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/21/2025	Payee name Double Tree Lubbock		
Amount (\$) \$50.00	Payee address; City; 505 Avenue Q  Lubbock, TX 79401	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch during Tex- ABOTA Voir Dire Competition	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/28/2025	Payee name Drunken Pho		
Amount (\$) \$101.53	Payee address; City; 409 Travis Street  Houston, TX 77002	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Farewell lunch for summer interns	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/02/2025	5 Payee name El Tiempo Cantina	
6 Amount (\$) \$365.87	7 Payee address; City; State; Zip Code 2814 Navigation Blvd.  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch for bailiff's birthday
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name El Tiempo Cantina	
Amount (\$) \$138.54	Payee address; City; State; Zip Code 5602 Washington Avenue  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch for team
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/06/2025	Payee name El Tiempo Cantina	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 5602 Washington Avenue  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday gift cards for court staff.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/08/2025	5 Payee name Fairmont Hotel	
6 Amount (\$) \$104.01	7 Payee address; City; State; Zip Code 401 S. Alamo Street  San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner during Civil District Court Judge retreat
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name First Quarter Bar and Grill	
Amount (\$) \$32.09	Payee address; City; State; Zip Code 8008 Herb Kelleher Way  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch on the way to the Tex-ABOTA Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Google G Suite	
Amount (\$) \$7.68	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/02/2025	5 Payee name Google G Suite	
6 Amount (\$) \$8.95	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Google G Suite	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Google G Suite	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/01/2025	5 Payee name Google G Suite	
6 Amount (\$) \$8.95	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Google G Suite	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name Greater Heights Democrats	
Amount (\$) \$270.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues and sponsorship of the organization
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/11/2025	5 Payee name HEB Spring Cypress Market	
6 Amount (\$) \$187.08	7 Payee address; City; 2119 FM 2920  Spring, TX 77388	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee and snacks for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name HEB Spring Cypress Market	
Amount (\$) \$160.58	Payee address; City; 2119 FM 2920  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee and snacks for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name HEB Spring Cypress Market	
Amount (\$) \$143.87	Payee address; City; 2119 FM 2920  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies and decorations for staff holiday party.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/01/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Harris County Democratic Party	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Harris County Democratic Party	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/01/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Harris County Democratic Party	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Harris County Democratic Party	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining Member Donation.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/14/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March into 2026 Coordinated Campaign Donation.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Harris County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 3302 Canal Street  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Application for 2026 Election
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Hill County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 1554  Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of organization for GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/25/2025	5 Payee name Hotels.com	
6 Amount (\$) \$624.79	7 Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for trial advocacy conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Hotels.com	
Amount (\$) \$567.71	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Tex-ABOTA Best in Texas Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Hotels.com	
Amount (\$) \$452.05	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Business Disputes Conference CLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/17/2025	5 Payee name Hotels.com	
6 Amount (\$) \$569.29	7 Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for San Marcos alumni event - petition signatures
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Houston Black American Democrats	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 202116  Houston, TX 77252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Holiday Soiree
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Houston Black American Democrats	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 202116  Houston, TX 77252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/13/2025	5 Payee name Hyatt House	
6 Amount (\$) \$48.71	7 Payee address; City; State; Zip Code 901 Neches Street  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight parking at hotel while at Business Disputes CLE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name IAH Parking Garage	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2800 N. Terminal Road  Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport parking while at Texas Defense Advocacy Council
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name June's	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 1722 S. Congress  Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while at Business Dispute CLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/05/2025	5 Payee name Kim Son	
6 Amount (\$) \$72.79	7 Payee address; City; State; Zip Code 2001 Jefferson Ave  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign consultant for printed materials.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/19/2025	Payee name Kirby Ice House	
Amount (\$) \$126.35	Payee address; City; State; Zip Code 3333 Eastside Street  Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of petition signing event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Kolache Factory	
Amount (\$) \$149.05	Payee address; City; State; Zip Code 5941-A FM 2920  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/28/2025	5 Payee name Kolache Factory	
6 Amount (\$) \$113.41	7 Payee address; City; 5941-A FM 2920  Spring, TX 77388	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/10/2025	Payee name Kolache Factory	
Amount (\$) \$98.41	Payee address; City; 5941-A FM 2920  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/15/2025	Payee name Kura Revolving Sushi Bar	
Amount (\$) \$78.36	Payee address; City; 3510-A Main Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with colleague about campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 10/30/2025	5 Payee name Kwik Kopy Printing - Montrose		
6 Amount (\$) \$43.30	7 Payee address; City; 1405 Waugh Dr.  Houston, TX 77019	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blow up boards for October fundraiser.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/12/2025	Payee name La Calle Tacos		
Amount (\$) \$611.70	Payee address; City; 909 Franklin Street  Houston, TX 77002	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of lunch for the summer VLG mock trial competition.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/25/2025	Payee name La Calle Tacos		
Amount (\$) \$185.14	Payee address; City; 909 Franklin Street  Houston, TX 77002	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Farewell lunch for 281st court summer clerks.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/17/2025	5 Payee name La Calle Tacos	
6 Amount (\$) \$48.69	7 Payee address; City; State; Zip Code 909 Franklin Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with court clerk.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name La Calle Tacos	
Amount (\$) \$48.69	Payee address; City; State; Zip Code 909 Franklin Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with court clerk.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name La Calle Tacos	
Amount (\$) \$39.73	Payee address; City; State; Zip Code 909 Franklin Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with judge to discuss election filing.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/30/2025	5 Payee name La Calle Tacos	
6 Amount (\$) \$37.17	7 Payee address; City; 909 Franklin Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch to discuss primary election.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/09/2025	Payee name La Panaderia	
Amount (\$) \$65.66	Payee address; City; 801 E. Houston Street  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast at Civil District Court Judge retreat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Laurenzo's	
Amount (\$) \$144.63	Payee address; City; 4412 Washington Ave  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with campaign consultants
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/30/2025	5 Payee name Laurenzo's	
6 Amount (\$) \$153.73	7 Payee address; City; State; Zip Code 4412 Washington Ave  Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with campaign consultants
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Leche de Tigre	
Amount (\$) \$136.37	Payee address; City; State; Zip Code 318 East Cevallos Street  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner during Civil District Court Judge Retreat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/09/2025	Payee name Love's #463	
Amount (\$) \$28.37	Payee address; City; State; Zip Code 3158 West IH-10  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel to and from the Civil District Court judge retreat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/18/2025	5 Payee name Lyft	
6 Amount (\$) \$7.99	7 Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride to AWA CLE Presentation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Lyft	
Amount (\$) \$10.59	Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride from AWA CLE Presentation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Lyft	
Amount (\$) \$47.38	Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride from airport to hotel for trial advocacy conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/15/2025	5 Payee name Lyft	
6 Amount (\$) \$14.20	7 Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride from hotel to trial advocacy conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/17/2025	Payee name Lyft	
Amount (\$) \$50.25	Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride from hotel to airport
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Lyft	
Amount (\$) \$12.98	Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride from conference to dinner.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/03/2025	5 Payee name Lyft	
6 Amount (\$) \$23.86	7 Payee address; City; State; Zip Code 2855 Mangum Road Suite B106 Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride to Susman Holiday Party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name McGowen Professional Suites	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1300 McGowen Street  Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for mail and conference room
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name McGowen Professional Suites	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1300 McGowen Street  Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for mail and conference room
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 37/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/03/2025	5 Payee name Metropolis Parking - Chifley Hotel	
6 Amount (\$) \$15.99	7 Payee address; City; State; Zip Code 2400 West Loop S.  Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Tejano Democrats Roast and Toast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Mexican American Bar Association - Houston	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 303  Houston, TX 77001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of MABAH Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/24/2025	Payee name Meyerland Democrats	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code P.O. Box 310061  Houston, TX 77231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of September GOTV fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 38/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/08/2025	5 Payee name Meyerland Democrats	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 310061  Houston, TX 77231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of holiday party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morimoto	Office sought Office held
Date 08/16/2025	Payee name Morimoto	
Amount (\$) \$92.76	Payee address; City; State; Zip Code 723 Chestnut St.  Philadelphia, PA 19106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while at trial advocacy conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mortons	Office sought Office held
Date 09/08/2025	Payee name Mortons	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1001 McKinney St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with campaign team.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morimoto	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 39/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/19/2025	5 Payee name Office Depot	
6 Amount (\$) \$38.42	7 Payee address; City; State; Zip Code 10217 Katy Freeway  Houston, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies and printing for petition signing event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Osso & Kristalla	
Amount (\$) \$89.79	Payee address; City; State; Zip Code 1515 Texas Ave.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with court interns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Osso & Kristalla	
Amount (\$) \$37.40	Payee address; City; State; Zip Code 1515 Texas Ave.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 40/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/17/2025	5 Payee name Pappas BBQ	
6 Amount (\$) \$90.82	7 Payee address; City; 703 FM 1960 W  Houston, TX 77090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with campaign team for strategy meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/17/2025	Payee name Parking Spot	Office held
Amount (\$) \$54.01	Payee address; City; 8707 Airport Blvd  Houston, TX 77061	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport parking while at trial advocacy conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/21/2025	Payee name Parking Spot	Office held
Amount (\$) \$45.54	Payee address; City; 8707 Airport Blvd  Houston, TX 77061	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport parking while in Lubbock for Tex-ABOTA Best in Texas Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 41/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/11/2025	5 Payee name Pluckers Wing Bar	
6 Amount (\$) \$51.24	7 Payee address; City; State; Zip Code 2222 Rio Grande St. Suite D116 Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while at Business Disputes CLE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Pluckers Wing Bar	
Amount (\$) \$60.51	Payee address; City; State; Zip Code 2222 Rio Grande St. Suite D116 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while in Austin for board certification exam
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/14/2025	Payee name Rainbow Lodge	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2011 Ella Blvd.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WABOTA Holiday lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 42/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 07/08/2025	5 Payee name Raise the Money, Inc.		
6 Amount (\$) \$0.79	7 Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/06/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$0.79	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/05/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$0.79	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 43/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 10/07/2025	5 Payee name Raise the Money, Inc.		
6 Amount (\$) \$0.79	7 Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/21/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$1,031.25	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/26/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$490.25	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 44/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 11/03/2025	5 Payee name Raise the Money, Inc.		
6 Amount (\$) \$24.75	7 Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/06/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$123.54	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/08/2025	Payee name Raise the Money, Inc.		
Amount (\$) \$0.79	Payee address; City; P.O. Box 26466  Little Rock, AR 72221	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees for donations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 45/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 12/06/2025	5 Payee name River Oaks Area Democratic Women	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 22678  Houston, TX 77227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of ROAD Women Holiday Party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name Roma's Pizza	
Amount (\$) \$327.04	Payee address; City; State; Zip Code 233 Main Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of UHLC Mock Trial Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name Roma's Pizza	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 233 Main Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 46/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/31/2025	5 Payee name Roma's Pizza	
6 Amount (\$) \$28.87	7 Payee address; City; State; Zip Code 233 Main Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with interns
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/09/2025	Payee name Ruth's Chris Steak House	
Amount (\$) \$1,771.12	Payee address; City; State; Zip Code 107 W. 6th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Premiere Competitors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Shipley's Donuts	
Amount (\$) \$72.56	Payee address; City; State; Zip Code 1800 Louetta  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 47/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/25/2025	5 Payee name Shipley's Donuts	
6 Amount (\$) \$47.82	7 Payee address; City; 1800 Louetta  Spring, TX 77388	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held
Date 08/29/2025	Payee name Shipley's Donuts	
Amount (\$) \$45.89	Payee address; City; 1800 Louetta  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held
Date 09/17/2025	Payee name Shipley's Donuts	
Amount (\$) \$88.49	Payee address; City; 1800 Louetta  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 48/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/10/2025	5 Payee name Shipley's Donuts	
6 Amount (\$) \$91.67	7 Payee address; City; 1800 Louetta  Spring, TX 77388	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held
Date 10/30/2025	Payee name Shipley's Donuts	
Amount (\$) \$47.82	Payee address; City; 1800 Louetta  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held
Date 12/11/2025	Payee name Shipley's Donuts	
Amount (\$) \$103.42	Payee address; City; 1800 Louetta  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shipley's Donuts	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 49/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/03/2025	5 Payee name Social Smiles	
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 15819 Sylvan Lake Dr.  Houston, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photobooth at October Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name South Texas College of Law	
Amount (\$) \$1,666.67	Payee address; City; State; Zip Code 1303 San Jacinto St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of the alumni gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Southwest Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 6400 Bissonnet St.  Houston, TX 77074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of organization for GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 50/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/28/2025	5 Payee name Square Space	
6 Amount (\$) \$9.09	7 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Square Space	
Amount (\$) \$9.09	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2025	Payee name Square Space	
Amount (\$) \$9.09	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 51/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/28/2025	5 Payee name Square Space	
6 Amount (\$) \$9.09	7 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Square Space	
Amount (\$) \$9.09	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/28/2025	Payee name Square Space	
Amount (\$) \$9.09	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website forwarded to campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 52/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/04/2025	5 Payee name Square Space	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York City, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternate website registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Star Pizza	
Amount (\$) \$57.98	Payee address; City; State; Zip Code 2111 Norfolk  Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner meeting with colleagues regarding primary campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/12/2025	Payee name Taco Cabana	
Amount (\$) \$141.50	Payee address; City; State; Zip Code 105 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for UHLC Mock Trial Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 53/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/22/2025	5 Payee name Taco Cabana	
6 Amount (\$) \$85.57	7 Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Taco Cabana	
Amount (\$) \$145.59	Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for District Court's mock trial competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Taco Cabana	
Amount (\$) \$69.86	Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 54/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/27/2025	5 Payee name Taco Cabana	
6 Amount (\$) \$75.53	7 Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Taco Cabana	
Amount (\$) \$75.53	Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Taco Cabana	
Amount (\$) \$72.24	Payee address; City; 105 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 55/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 10/09/2025	5 Payee name Taco Cabana	
6 Amount (\$) \$75.53	7 Payee address; City; State; Zip Code 105 Louetta Crossing  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Target	
Amount (\$) \$69.16	Payee address; City; State; Zip Code 2580 Shearn Street  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies and awards for the summer law clerk mock trial competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Tejas Brewery	
Amount (\$) \$1,644.59	Payee address; City; State; Zip Code 2101 Summer Street  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of advocacy alumni event.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 56/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/29/2025	5 Payee name Tex-ABOTA	
6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 2001 Bryan Street Suite 3000 Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense No host dinner during the Tex-ABOTA Best in Texas Voir Dire Competition
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Texas Association of Civil and Trial Appellate Specialists	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 609 Main Street 40th Floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025-26 Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Texas Association of Civil and Trial Appellate Specialists	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 609 Main Street 40th Floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of a table at the Lifetime Achievement Award
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 57/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859	
4 Date 12/11/2025	5 Payee name Texas Bar College		
6 Amount (\$) \$350.00	7 Payee address; City; P.O. Box 12487  Austin, TX 78711	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of dues and contribution.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/11/2025	Payee name Texas Bar Foundation		
Amount (\$) \$272.50	Payee address; City; 515 Congress Avenue Suite 1755 Austin, TX 78701	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fellows donation to the Texas Bar Foundation.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/19/2025	Payee name Texas Board of Legal Specialization		
Amount (\$) \$355.00	Payee address; City; 505 East Huntland Drive Suite 400, LB 28 Austin, TX 78752	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee for board certification exam	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 58/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/16/2025	5 Payee name Thai Cafe	
6 Amount (\$) \$83.76	7 Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with summer interns
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Thai Cafe	
Amount (\$) \$42.20	Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with summer interns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Thai Cafe	
Amount (\$) \$44.12	Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 59/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/06/2025	5 Payee name Thai Cafe	
6 Amount (\$) \$41.55	7 Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with intern
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/18/2025	Payee name Thai Cafe	
Amount (\$) \$42.83	Payee address; City; State; Zip Code 917 Franklin Street #101 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with potential spring intern
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/12/2025	Payee name The Baked Bear	
Amount (\$) \$50.16	Payee address; City; State; Zip Code 211 Walter Seaholm Dr. Suite LR150 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dessert while at Business Disputes CLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 60/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/18/2025	5 Payee name The Funky Door	
6 Amount (\$) \$145.24	7 Payee address; City; State; Zip Code 6801 Milwaukee Ave.  Lubbock, TX 79424	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while in Lubbock for Tex- ABOTA Best in Texas Voir Dire Competition
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name The Moonshiners Southern Table	
Amount (\$) \$72.76	Payee address; City; State; Zip Code 1000 Prairie Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with interns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/13/2025	Payee name Thien An	
Amount (\$) \$363.19	Payee address; City; State; Zip Code 2611 San Jacinto Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of UHLC mock trial competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 61/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/29/2025	5 Payee name Thien An	
6 Amount (\$) \$43.57	7 Payee address; City; State; Zip Code 2611 San Jacinto Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Treebeards	
Amount (\$) \$201.61	Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Welcome lunch for summer clerks and staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Treebeards	
Amount (\$) \$104.80	Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch with clerks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 62/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/10/2025	5 Payee name Treebeards	
6 Amount (\$) \$42.39	7 Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with new intern
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Treebeards	
Amount (\$) \$35.89	Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Treebeards	
Amount (\$) \$89.79	Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with fall interns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 63/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/05/2025	5 Payee name Treebeards	
6 Amount (\$) \$41.68	7 Payee address; City; State; Zip Code 1117 Texas Street  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with fall interns
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/27/2025	Payee name Tumble 22	
Amount (\$) \$160.42	Payee address; City; State; Zip Code 1017 Houston Ave.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for campaign strategy meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name UPS	
Amount (\$) \$83.70	Payee address; City; State; Zip Code 2129 FM 2920, #190  Spring, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping of BIT supplies to Lubbock for Tex-ABOTA Best in Texas Voir Dire Competition.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 64/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/08/2025	5 Payee name UT Parking & Transportation Services	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1815 Trinity Street  Austin, TX 78712	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Premiere competition
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/26/2025	Payee name United Airlines	
Amount (\$) \$483.09	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to trial advocacy conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/16/2025	Payee name United Airlines	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checked bag fee for flight from advocacy conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 65/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/07/2025	5 Payee name United Airlines	
6 Amount (\$) \$586.21	7 Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight for Tex-ABOTA Best in Texas Voir Dire Competition
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/21/2025	Payee name United Airlines	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checked bag going to ABOTA Best in Texas Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/21/2025	Payee name United Airlines	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checked bag going from ABOTA Best in Texas Voir Dire Competition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 66/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 09/22/2025	5 Payee name United Airlines	
6 Amount (\$) \$932.09	7 Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Arkansas for the Texas Defense Advocacy Council CLE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name United States Postal Service	
Amount (\$) \$73.00	Payee address; City; State; Zip Code 1500 Hadley St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank yous.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name United States Postal Service	
Amount (\$) \$78.00	Payee address; City; State; Zip Code 1500 Hadley St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank yous.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 67/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 08/11/2025	5 Payee name United States Postal Service	
6 Amount (\$) \$234.00	7 Payee address; City; State; Zip Code 1500 Hadley St.  Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank yous.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name United States Postal Service	
Amount (\$) \$78.00	Payee address; City; State; Zip Code 1500 Hadley St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank yous.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name United States Postal Service	
Amount (\$) \$234.00	Payee address; City; State; Zip Code 1500 Hadley St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank yous.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 68/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 11/12/2025	5 Payee name University of Houston Parking	
6 Amount (\$) \$22.00	7 Payee address; City; 4224 Elgin Street  Houston, TX 77204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for workshop teaching at University of Houston Law Center
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Vic & Anthony's	
Amount (\$) \$3,094.03	Payee address; City; 1510 Texas Avenue  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff and intern holiday party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/09/2025	Payee name Westin Riverwalk	
Amount (\$) \$834.39	Payee address; City; 420 W. Market Str.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for the Civil District Court Judge retreat.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 69/69 Rpt:	2 FILER NAME Weems, Christine (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081859
4 Date 07/29/2025	5 Payee name Whataburger	
6 Amount (\$) \$102.26	7 Payee address; City; State; Zip Code 2115 FM 2920 Road  Spring, TX 77388	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jury
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Wix.com	
Amount (\$) \$220.83	Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewed Campaign website registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name Wix.com	
Amount (\$) \$506.61	Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alternative websites registrations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule T: Sch: 1/4 Rpt: 114/117</p>												
<p><b>2</b> FILER NAME Weems, Christine (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00081859</p>												
<p><b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Hotels.com</p>														
<p><b>5</b> Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p><b>6</b> Dates of Travel 08/14/2025 08/17/2025</p>	<p><b>7</b> Name of person(s) traveling Weems, Christine</p>													
	<p><b>8</b> Departure city or name of departure location Houston, TX</p>													
	<p><b>9</b> Destination city or name of destination location Philadelphia, PA</p>													
<b>10</b> Means of transportation Commercial Airplane	<p><b>11</b> Purpose of travel (including name of conference, seminar, or other event) Trial advocacy conference</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee IAH Parking Garage</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel 09/24/2025 09/25/2025</p>	<p>Name of person(s) traveling Weems, Christine</p>													
	<p>Departure city or name of departure location Houston, TX</p>													
	<p>Destination city or name of destination location Fayetteville, AK</p>													
Means of transportation Commercial Airplane	<p>Purpose of travel (including name of conference, seminar, or other event) Speaking at the Texas Defense Advocacy Council Conference</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel 08/14/2025 08/17/2025</p>	<p>Name of person(s) traveling Weems, Christine</p>													
	<p>Departure city or name of departure location Houston, TX</p>													
	<p>Destination city or name of destination location Philadelphia, PA</p>													
Means of transportation Commercial Airplane	<p>Purpose of travel (including name of conference, seminar, or other event) Trial advocacy conference</p>													

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

Lyft

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

Weems, Christine

08/14/2025

**8 Departure city or name of departure location**

Houston, TX

08/17/2025

**9 Destination city or name of destination location**

Philadelphia, PA

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

**Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

Lyft

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

Weems, Christine

08/15/2025

**Departure city or name of departure location**

Houston, TX

08/17/2025

**Destination city or name of destination location**

Philadelphia, PA

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

**Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

Morimoto

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

Weems, Christine

08/14/2025

**Departure city or name of departure location**

Houston, TX

08/17/2025

**Destination city or name of destination location**

Philadelphia, PA

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

Parking Spot

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

Weems, Christine

08/14/2025

**8 Departure city or name of departure location**

Houston, TX

08/17/2025

**9 Destination city or name of destination location**

Philadelphia, PA

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

Weems, Christine

08/14/2025

**Departure city or name of departure location**

Houston, TX

08/17/2025

**Destination city or name of destination location**

Philadelphia, PA

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

Weems, Christine

08/14/2025

**Departure city or name of departure location**

Houston, TX

08/17/2025

**Destination city or name of destination location**

Philadelphia, PA

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

Trial advocacy conference

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T****4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

United Airlines

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel****7 Name of person(s) traveling**

Weems, Christine

09/24/2025

**8 Departure city or name of departure location**

Houston, TX

09/25/2025

**9 Destination city or name of destination location**

Fayetteville, AK

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

Speaking at the Trucking Defense Advocacy Council Conference