

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) 00069488	2 Total pages filed: 26								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Lori Chambers		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/11/2026								
	NICKNAME LAST SUFFIX Gray										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Lathan E.										
	NICKNAME LAST SUFFIX Johnson										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 730-3863										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any) District Judge District 262 Harris		12 OFFICE SOUGHT (if known) District Judge District 262								

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Gray, Lori Chambers (The Honorable)	14 Filer ID (Ethics Commission Filers) 00069488
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,061.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,107.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Lori Chambers Gray

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Gray, Lori Chambers (The Honorable)		19 Filer ID 00069488	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	22,225.00
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	\$	20,861.42
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1,200.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 07/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguayo, Carlos (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Carlos Aguayo Attorney at Law		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Chabil (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of C. S. Alexander		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asha, Reddi (Ms.) <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Reddi Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atoya , Collins (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Atoya Collins		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Wilvin <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Law Offices of Wilvin Carter		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Samaria (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Energy		Contributor's Job Title accounting
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Bryant (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation business		9 Contributor's Job Title Self employed
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a		

Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cedric (Mr.) <hr/> Contributor address; City; State; Zip Code Indianola, MS 38751	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation n/a		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Law		Contributor's Job Title Timothy Donahue Attorney at Law PLLC
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Johnny (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation home builder		9 Contributor's Job Title contractor
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77291	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Legal		Contributor's Job Title judge
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, S. <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Law		Contributor's Job Title attorney
Contributor's employer/law firm H Wood Attorney at Law		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Chadrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Chad Henderson Law		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Keito (Mr.) <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Hurd Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvin, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Irvin Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Sachet (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Salon		9 Contributor's Job Title Stylist
10 Contributor's employer/law firm n/a/		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklear, Troy (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Troy Locklear Attorney at Law		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Chelsi (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77088	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Chelsi Martin PLLC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVea, Courtney (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77014	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Educator		9 Contributor's Job Title Admin.
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medlock, Tracey (Ms.) <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77021	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Tech		Contributor's Job Title Tech/IT
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Feroz (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Merchant Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okorafor, Carolyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Law Office		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Co & Co Attorneys at Law		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomares, Ken (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation n/a		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Norwood (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Norwood Richardson Attorney at Law		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/26
2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Cavita (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Attorney At Law		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		

Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slider, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation law		Contributor's Job Title Attorney
Contributor's employer/law firm Michael Slider Attorney at Law		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 13/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 09/27/2025	5 Payee name Buchann, James (Mr.)	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77087	
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 DJ for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name CRP	
Amount (\$) \$608.00	Payee address; City; State; Zip Code 10915 Carlton Dr. Houston, TX 77047	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name Fiesta	
Amount (\$) \$54.90	Payee address; City; State; Zip Code 4711 Airline St Houston, TX 77022	
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 Food for youth
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 14/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 07/18/2025	5 Payee name Gray, Johnny (Mr.)	
6 Amount (\$) \$66.80	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77002	
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 Hot Dogs purchased at Walmart for youth.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Harris County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3302 Canal St. Houston, TX 77003	
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 coordinated campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name Harris County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3302 Canal St. Houston, TX 77003	
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 coordinated campaign
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 15/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 11/09/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3302 Canal St. Houston, TX 77003	
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 filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2025	Payee name Malonson, Lashawndra (Ms.)	
Amount (\$) \$50.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
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 marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name Malonson, Lashawndra (Ms.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
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 marketing
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 16/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/30/2025	5 Payee name McDaniel, Olivia (Mrs.)	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name McDaniel, Olivia (Mrs.)	
Amount (\$) \$210.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2025	Payee name McDaniel, Olivia (Mrs.)	
Amount (\$) \$105.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 17/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 09/24/2025	5 Payee name McDaniel, Olivia (Mrs.)	
6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name McDaniel, Olivia (Mrs.)	
Amount (\$) \$175.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name McDaniel, Olivia (Mrs.)	
Amount (\$) \$245.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 18/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 11/08/2025	5 Payee name McDaniel, Olivia (Mrs.)	
6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) clerical	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Moore, Loren (Ms.)	
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data entry	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense clerical
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Newsome, Zoe (Ms.)	
Amount (\$) \$50.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77054	
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 social media video
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 19/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 09/01/2025	5 Payee name Quotes	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 8002 Willowbrook Mall Houston, TX 77070	
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 food for meet & greet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Raise the Money	
Amount (\$) \$9.46	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(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 fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Raise the Money	
Amount (\$) \$7.99	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense report fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 20/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/01/2025	5 Payee name Raise the Money	
6 Amount (\$) \$49.25	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name	Office sought
Payee name Raise the Money	Office held	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name	Office sought
Payee name Raise the Money	Office held	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name	Office sought
Payee name Raise the Money	Office held	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 21/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/01/2025	5 Payee name Raise the Money	
6 Amount (\$) \$49.25	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/04/2025	Candidate/Officeholder name Payee name Office sought Raise the Money Office held	
Amount (\$) \$12,050.00	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name Payee name Office sought Raise the Money Office held	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 22/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/07/2025	5 Payee name Raise the Money	
6 Amount (\$) \$377.34	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name Payee name Raise the Money	Office sought Office held
Amount (\$) \$10.30	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/09/2025	Candidate/Officeholder name Payee name Raise the Money	Office sought Office held
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 23/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/11/2025	5 Payee name Raise the Money	
6 Amount (\$) \$5.15	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Sam's Club	
Amount (\$) \$176.50	Payee address; City; State; Zip Code 7950 FM 1960 Houston, TX 77070	
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 food for youth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name Scott Gertner's Rhythm Room	
Amount (\$) \$128.48	Payee address; City; State; Zip Code 5535 Memorial Dr. G 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 food for fundraiser
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 24/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 10/16/2025	5 Payee name St. Mary's Catholic Church	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 3006 Rosedale St. Houston, TX 77004	
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 booth rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name Walmart	
Amount (\$) \$113.65	Payee address; City; State; Zip Code 22605 State Highway 249 Tomball, TX 77357	
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 Food for Students
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2025	Payee name Walmart	
Amount (\$) \$27.35	Payee address; City; State; Zip Code 22605 State Highway 249 Tomball, TX 77357	
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 Water for event
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 25/26	2 FILER NAME Gray, Lori Chambers (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069488
4 Date 08/07/2025	5 Payee name Williams, James (Mr.)	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77092	
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 Security
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 26/26		2 FILER NAME Gray, Lori Chambers (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069488	
4 Date 12/05/2025		5 Payee name Mayes, John (Mr.)			
6 Amount (\$) \$800.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Houston, TX 77088			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/05/2025		Payee name Medlock, Jason (Mr.)			
Amount (\$) \$400.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Richmond, TX 77407			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	