#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The JC/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Teana NAME Date Received JUL 15 2024 9**0**00 **NICKNAME** LAST **SUFFIX** Watson ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 10701 Corporate Drive MAILING Amount Receipt # **ADDRESS** Suite 185 Change of Address Stafford, TX 77477 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI TREASURER NAME NICKNAME LAST **SUFFIX** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) 8th day before election Exceeded modified Final Report (Attach C/OH-FR) July 15 X reporting limit Year Day PERIOD Year Month Day Month COVERED 01/01/2024 **THROUGH** 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Statutory County Judge District 268th Statutory County Judge District 268th Fort Bend CCL#S **GO TO PAGE 2**

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

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

				2 01 25
13 C / OH NAME	Watson, Teana	<b>14</b> Fil	er ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without the card officeholders are required to report this information only i	ndidate's or officehol	der's knowledge or
Additional Pages	. COMMITTEE TYPE	COMMITTEE NAME		
اسا	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO		\$ 0.00
	1	ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		<b>\$</b> 850.00
EXPENDITURE		IZED POLITICAL EXPENDITURES		<b>s</b> 0.00
TOTALS	A TOTAL BOLLT	IOAL EVOENDITUDES		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,966.98
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRIOD	AY OF THE	<b>\$</b> 27,379.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH TING PERIOD	IE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
	JACKIE L KERMO Notary ID #13150 My Commission Ex May 15, 2027	ones Olives	date or Officeholder	
AFFIX NO	OTARY STAMP / SEAL AB	OVE		
Sworn to and subs	scribed before me, by the s	aid <u>Teana V. Watson</u> , the ertify which, witness my hand and seal of office.	nis the/544	<b>1</b> day
Pachi	Kermoz	le Jackie L. Kermode	Nota	tra
Signature of offi	icer administering oath	Printed name of officer administering oath	Tite of officer add	min <del>is</del> teri ng oath

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

			3 of 25
18 FILER NAI Watson,	· ·	19 Filer ID	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 8,966.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 134.00
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains how to complete this	form.	1	ages Schedule A(J)1: 2 Rpt: 4/25	
2	FILER NAME			3 Filer ID		
	Watson, Tea	ana				
4	Date	5 Full name of contributor  ut-of-state PAC (ID#:		7 Amount	of Contribution (\$)	
	01/24/2024	Adekoya, Tony (Mr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		2606 Big Vine Court		<u> </u>		
		Missouri City , TX 77459				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
	Tax Auditor				•	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any	)	
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount	of Contribution (\$)	
	02/23/2024	Holiday , Jynell (Mrs.)				\$100.00
		Contributor address; City; State; Zip Code				
		16503 Quail Park Dr.				
		Missouri City , TX 77459				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any	)	
	Fort Bend C	ounty				
	If contributor is	s a child, law firm of parent(s) (if any)				
_	Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount	of Contribution (\$)	
	01/05/2024	Jennifer, Chiang		Amount	σι σσιπισαίστι (Φ)	\$150.00
	02.00.202	Contributor address; City; State; Zip Code				
		1418 Lake Pointe Parkway				
		Sugar Land, TX 77478				
		Principal Occupation	Contributor's Job Title			
	Attorney					
		employer/law firm	Law firm of contributor's sp	ouse (if any	)	
	self					
	If contributor is	s a child, law firm of parent(s) (if any)				
					•	

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/25
2 FILER NAME Watson, Tea			3 Filer ID
4 Date 02/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# McMeans, Jeff (Mr.)</li> <li>Contributor address; City; State; Zip Code 2202 Cherry HIII Court</li> <li>Richmond, TX 77469</li> </ul>		7 Amount of Contribution (\$) \$250.00
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	L
10 Contributor's e	employer/law firm s a child, law firm of parent(s) (if any)	11 Law firm of contributor's sp	ouse (if any)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID# Sewell, Shirley  Contributor address; City; State; Zip Code 2228 Waterford Village Blvd  Missouri City, TX 77459		Amount of Contribution (\$) \$100.00
Contributor's I	Principal Occupation	Contributor's Job Title	<u> </u>
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Ti contributor	s a child, law firm of parent(s) (if any)		

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/19 Rpt: 6/25	Watson, Teana
4	Date	5 Payee name
	02/23/2024	ARC Global Enterprises LLC
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code
_		TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense entertainment Black History Program
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2024	Act Blue
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 366 Summer St
		Sommerville , MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Run Sister Run PAC contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2024	Art Reach
	Amount (\$) \$200.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsored Juvenile Detention Art Project
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to o	omple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 2/19 Rpt: 7/25	Watson, Teana			
4	Date	5 Payee name			
	02/12/2024	B's Wine Bar			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$33.98	8027 Hwy 6			
		Suite 100			
		Missouri City, TX 77459			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense attended fund raiser	
		:		allondou fond fallos.	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
	expenditure to benefit C/O				
_	Date	Payee name			_
	02/20/2024	Brandanis		•	
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$95.00	3340 FM 1092		,	
		Missouri City , TX 77459			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Check if travel outside of Texas. Complete Schedule T.	
			(b)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF		(b)	Check if travel outside of Texas. Complete Schedule T.	
	OF			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE	Food/Beverage Expense  Candidate/Officeholder name  Office so		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	town dire.
	OF EXPENDITURE  Complete ONLY if direct	Food/Beverage Expense  Candidate/Officeholder name  Office so		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Food/Beverage Expense  Candidate/Officeholder name  Office so		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Food/Beverage Expense  Candidate/Officeholder name  Office so	bught	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date 06/03/2024	Food/Beverage Expense  Candidate/Officeholder name Office so  Payee name Cantu, Natalia	bught	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFD Date 06/03/2024  Amount (\$)	Food/Beverage Expense  Candidate/Officeholder name Office so  Payee name Cantu, Natalia	bught	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFD Date 06/03/2024  Amount (\$)	Food/Beverage Expense  Candidate/Officeholder name Office so  Payee name Cantu, Natalia	bught	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  with campaign treasurer	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Old  Date 06/03/2024  Amount (\$)  \$27.00	Food/Beverage Expense  Candidate/Officeholder name  Office so  Payee name Cantu, Natalia  Payee address; City; State; Zip C	ught	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ok  Date 06/03/2024  Amount (\$)  \$27.00	Candidate/Officeholder name Office so  Payee name Cantu, Natalia Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	ught	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ost  Date 06/03/2024  Amount (\$)  \$27.00	Candidate/Officeholder name Office so Payee name Cantu, Natalia Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule)	ught	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ost  Date 06/03/2024  Amount (\$)  \$27.00	Candidate/Officeholder name Office so  Payee name Cantu, Natalia Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	ught	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ost  Date 06/03/2024  Amount (\$)  \$27.00	Candidate/Officeholder name Office so  Payee name Cantu, Natalia Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Go Fund Me - dance sponsorship trip	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ok  Date 06/03/2024  Amount (\$)  \$27.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Cantu, Natalia  Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office so	Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Go Fund Me - dance sponsorship trip	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 06/03/2024  Amount (\$) \$27.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Cantu, Natalia  Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office so	Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Go Fund Me - dance sponsorship trip	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 06/03/2024  Amount (\$) \$27.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Cantu, Natalia  Payee address; City; State; Zip C  TX  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office so	Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense With campaign treasurer  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Go Fund Me - dance sponsorship trip	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a cate

Solicitation/Fundraising Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/19 Rpt: 8/25	Watson, Teana
4	Date .	5 Payee name
	02/05/2024	Carrabas :
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	2335 Hwy 6
		Sugar Land , TX 77478
8	PURPOSE .	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food contribution for constituent funeral
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	01/16/2024	Chick Fil A
Т	Amount (\$)	Payee address; City; State; Zip Code
	\$455.00	
		Sugar Land, TX
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MLK Event at Juvenile Detention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/16/2024	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	
		Richmond, TX 77469
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MLK Program at Juvenile Detention Center
T	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	rmo provided by Tayon F	thise Commission Warrier than a thise state ty us

## 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-

	Credit Card r dyment	The Instruction Guide explains how to com	nplet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 4/19 Rpt: 9/25	Watson, Teana		,
4	Date	5 Payee name		
	01/10/2024	Constant Contacts		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$85.28	1601 Trapelo Rd.		
		Waltham , MA		
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) [	Description
	EXPENDITURE	Advertising Expense	ŀ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			6	email advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
L	expenditure to benefit C/O	H		
	Date	Payee name		
	02/12/2024	Constant Contacts		
Г	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$85.28	1601 Trapelo Rd.		
L		Waltham , MA		
	PURPOSE OF	, (222 233 233 237 237 237 237 237 237 237	(b) [	Description
	EXPENDITURE	Advertising Expense	ŀ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Ī	Email Marketing
Γ	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
L	expenditure to benefit C/OI	<b>1</b>		
Γ	Date	Payee name		
L	01/07/2024	Costco		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$35:37	17520 Southwest Frwy		
L		Sugar Land , TX 77479		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	ا (b) 1	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Ī	Check if Austin, TX, officeholder living expense
			į	gas
	•			
Γ	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
L	experiulture to beliefit C/OI			

### 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

L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/19 Rpt: 10/25	Watson, Teana
4	Date	5 Payee name
	01/22/2024	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$31.48	17520 Southwest Frwy
	Ψ01.40	Trozo Goddinest i iiiy
		Current and TV 77470
L		Sugar Land , TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas: Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas
		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	D-11-	
	Date	Payee name
L	02/08/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.97	17520 Southwest Frwy
		Sugar Land , TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
ı	Date	Payee name
	03/18/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code .
	\$36.67	17520 Southwest Frwy
		Sugar Land , TX 77479
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
		(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gas  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gas  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gas  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gas  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/19 Rpt: 11/25	Watson, Teana
4	Date	5 Payee name
	06/10/2024	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.60	17520 Southwest Frwy
		Sugar Land , TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
-	Date	Payee name
	05/06/2024	Cristobal Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.90	rayee address, City, State, Zip Code
	Ψ13.30	
		Bighmand TV
		Richmond , TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		lunch w/ campaign advisor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/05/2024	Desi Delights
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.46	1912 Westcott
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch w/ volunteers and staff
		Landi W Volunteers and stan
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 7/19 Rpt: 12/25 Watson, Teana 4 Date Payee name 01/16/2024 First Watch 6 Amount (\$) Payee address; City: State; Zip Code \$21.22 17412 W Grand Parkway Sugar Land, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense lunch w/ campaign volunteer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2024 Fort Bend Democratic Party Payee address; Amount (\$) City; State; Zip Code \$1,500.00 13515 Southwest Frwy Ste. 204 Sugar Land, TX 77478 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Filing Fees and contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2024 Fort Bend Seniors Payee address; State; Zip Code Amount (\$) City: \$127.00 Rosenberg, TX PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Cinco De Mayo Fundraiser contribution Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE F1

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

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

	orean outer aymone	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 8/19 Rpt: 13/25	Watson, Teana	
4	Date	5 Payee name	
	02/16/2024	Green Vegetarian	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.59		
		San Antonio, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		'	with constituents/Deltas
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/08/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.94	530 Highway 6	
		Sugar Land , TX 77478	
	PURPOSE OF	1	Description
	EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee [	Check if Austin, TX, officeholder living expense, Food & Flowers donated for charitable event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	05/23/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.35	530 Highway 6	
	•	3	
		Sugar Land , TX 77478	
	PURPOSE		Description
	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			get well flowers/plant for campaign worker
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experience to benefit C/Or		
	•		
			•

### 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 Giff/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.

		The mendent canal explaine not to complete	
1	Total pages Schedule F1: Sch: 9/19 Rpt: 14/25	2 FILER NAME Watson, Teana	3 Filer ID
1			
4	Date 06/17/2024	5 Payee name Hatton, Soraya	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00		
		TX	
8	PURPOSE OF	1	escription
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			raduation gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oh	Н	
	Date	Payee name	
	02/15/2024	Houston Airport Parking Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00		
		тх	
	i i		
	PURPOSE	(a) Category (see Categories listed at the ten of this select in)	escription
	OF		escription  Check if travel outside of Texas. Complete Schedule T.
		Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct	Travel Out of District  P Li  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Or	Travel Out of District  P. Li  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ordane	Travel Out of District  Candidate/Officeholder name  Payee name  Payee name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Or Date 01/26/2024	Travel Out of District  Candidate/Officeholder name  Payee name  Houston Chronicle	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/26/2024  Amount (\$)	Travel Out of District  Candidate/Officeholder name  Payee name  Payee name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Or Date 01/26/2024	Travel Out of District  Candidate/Officeholder name  Payee name  Houston Chronicle	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/26/2024  Amount (\$)	Travel Out of District  Candidate/Officeholder name  Payee name  Houston Chronicle	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/26/2024  Amount (\$)	Travel Out of District  Candidate/Officeholder name  Payee name  Houston Chronicle	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Carking for event with Deltas re: Voting Rights Act  itigation
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 01/26/2024  Amount (\$)  \$33.95	Travel Out of District  Candidate/Officeholder name  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule)  (b) D	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/26/2024  Amount (\$)  \$33.95	Travel Out of District  Candidate/Officeholder name  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 01/26/2024  Amount (\$)  \$33.95	Travel Out of District  Candidate/Officeholder name  Office sought  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act Constitution  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 01/26/2024  Amount (\$)  \$33.95	Travel Out of District  Candidate/Officeholder name  Office sought  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Or  Date 01/26/2024  Amount (\$)  \$33.95  PURPOSE OF EXPENDITURE	Travel Out of District  Candidate/Officeholder name  Office sought  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act Constitution  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date 01/26/2024  Amount (\$)  \$33.95	Travel Out of District  Candidate/Officeholder name  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ewspaper subscription
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On  Date 01/26/2024  Amount (\$)  \$33.95  PURPOSE OF EXPENDITURE	Travel Out of District  Candidate/Officeholder name  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ewspaper subscription
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On  Date 01/26/2024  Amount (\$)  \$33.95  PURPOSE OF EXPENDITURE	Travel Out of District  Candidate/Officeholder name  Payee name Houston Chronicle  Payee address; City; State; Zip Code  TX  (a) Category (See Categories listed at the top of this schedule) Polling Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for event with Deltas re: Voting Rights Act itigation  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ewspaper subscription

## 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

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

Solicitation/Fundraising Expense

,		The Instruction Gu	ide explains how to co	mplete this form.		
1 Total pages Sche Sch: 10/19 Rpt:		2 FILER NAME Watson, Teana			3 Filer ID	
4 Date 02/23/2024	!	5 Payee name Houston Chronicle				
6 Amount (\$)	\$33.95	7 Payee address; City;	State; Zip Co	de		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the Polling Expense	ne top of this schedule)	_	outside of Texas. Complete Schedul n, TX, officeholder living expense aper	€ Т.
Complete ONLY is expenditure to be		Candidate/Officeholder name	Office sou	ght	Office held	
Date 04/29/2024		Payee name Houston Chronicle				
Amount (\$)	\$33.95	Payee address; City;	State; Zip Co	de		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the Polling Expense	ne top of this schedule)	_	outside of Texas. Complete Scheduli n, TX, officeholder living expense aper	е Т.
Complete ONLY in expenditure to be	f direct nefit C/OH	Candidate/Officeholder name	Office sou	ght	Office held	
Date 05/17/2024		Payee name Houston Chronicle				
Amount (\$)	\$27.00	Payee address; City;	State; Zip Co	de		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the Polling Expense	he top of this schedule)		outside of Texas. Complete Schedul n, TX, officeholder living expense	е Т.
Complete ONLY i expenditure to be		Candidate/Officeholder name	Office sou	ght	Office held	
					·	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 11/19 Rpt: 16/25	Watson, Teana	
4	Date	5 Payee name	
	06/14/2024	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.95		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Polling Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			local paper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
٩	Complete ONLY if direct expenditure to benefit C/OR		Office field
F			
	Date	Payee name	
L	02/15/2024	Hyatt Place San Antonio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.39		
L		TX	
	PURPOSE OF	, (555 551 551 551 551 551 551 551 551 55	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			overnight stay for Federal Voting Rights Case w/
			Deltas
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
-	Date	Payee name	
	01/29/2024	Jimmison, Earl	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00		
l			•
		TX	·
-	PURPOSE		Description
-	PURPOSE OF		Description  Check if travel outside of Texas. Complete Schedule T.
-		(a) Category (See Categories listed at the top of this schedule) (b)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule) (b)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Consultant - sign distribution for primary
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant - sign distribution for primary election
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant - sign distribution for primary election
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant - sign distribution for primary election
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant - sign distribution for primary election
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant - sign distribution for primary election

## 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 Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Filling Expense
Gift/Awards/Memorials Expense
Legal Services Salaries/Wages/Contract Labor Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

		The instruction Guide explains now to co	ompie	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 12/19 Rpt: 17/25	Watson, Teana		
4	Date	5 Payee name		
	01/26/2024	Markeon , Ashley		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$152.00			
		TX	,	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Chask if travel autists of Taylor Campleto Schodule T
	EXPENDITURE	Gift/Awards/Memorials Expense	1	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Go Fund Me - Memorial
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OF	1		
	Date	Payee name		
	02/15/2024	Mi Tierra Cafe		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$116.00			
		San Antionio , TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meals for Event with Deltas re: Voting Rights
	1			Litigation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	H		•
	Date	Payee name		
	03/04/2024	Missouri City NAACP		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$200.00	401 Present St.		
		Missouri City, TX 77489		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	1	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				contribution for Gordon E. White scholarship
				,
-	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O			
-				

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 13/19 Rpt: 18/25 Watson, Teana 4 Date 5 Payee name 01/02/2024 Mo Better Brews 6 Amount (\$) Payee address; City; State; Zip Code \$77.94 1201 Southmore Blvd Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense lunch meeting with consultants Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2024 Party City Amount (\$) Payee address; City; State; Zip Code \$73.18 Sugar Land, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Decorations - Democratic Chair - Farewell Reception Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/29/2024 Pythagoras Restaurant Amount (\$) Payee address; City; State; Zip Code \$54.00 Sugar Land, TX PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense lunch wi/ campaign advisor Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/19 Rpt: 19/25	Watson, Teana
4	Date	5 Payee name
	06/17/2024	Rawlins, Robert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		TX .
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF ·	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		high school graduation gift
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/08/2024	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.59	Sugar Land
		TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense cell phone
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	02/08/2024	T-Mobile ·
-	Amount (\$)	Payee address; City; State; Zip Code
	\$89.59	Sugar Land
		TX 77479
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		cellphone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 0/01	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		
1	Total pages Schedule F1: Sch: 15/19 Rpt: 20/25	2 FILER NAME Watson, Teana 3 Filer ID	
4	Date 03/08/2024	5 Payee name	
6	Amount (\$) \$89.59	7 Payee address; City; State; Zip Code Sugar Land TX 77479	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cell phone	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 04/08/2024	Payee name T-Mobile	
	Amount (\$) \$138.79	Payee address; City; State; Zip Code Sugar Land TX 77479	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cellpone	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 05/08/2024	Payee name T-Mobile	
	Amount (\$) \$63.51	Payee address; City; State; Zip Code Sugar Land TX 77479	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cell phone	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	

# SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 16/19 Rpt: 21/25	Watson, Teana
4	Date	5 Payee name
	06/10/2024	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.63	Sugar Land
		TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAFERDITORE	Expense Check if Austin, TX, officeholder living expense
		cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	d
	Date	Dougo nome
	06/17/2024	Payee name Walmart
	Amount (\$) \$43.95	Payee address; City; State; Zip Code  345 Highway 6
	Ψ40.90	545 Highway 0
		Sugar Land TV 77479
		Sugar Land , TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Event Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		candy for Juneteenth Parade
		·
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/08/2024	Waters Edge Winery
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.90	•
		Richmond, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EM EMBITORE	Check if Austin, TX, officeholder living expense  Fundraiser
		Fundaser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

Cardidate/Officeriolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 17/19 Rpt: 22/25	Watson, Teana
4 Date	5 Payee name
06/28/2024	costco
6 Amount (\$) \$35.06	7 Payee address; City; State; Zip Code `TX
8 PURPOSE	the state of the s
OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	southwest airlines
Amount (\$) \$405.96	Payee address; City; State; Zip Code
	тх
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense attend federal voting rights trial closing statements with sorority
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2024	southwest airlines
Amount (\$) \$372.96	Payee address; City; State; Zip Code
	тх
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TASC Conference in Dallas-specialty court training
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Vorsion VA 1 0 d 279 abo

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 18/19 Rpt: 23/25	Watson, Teana
4	Date	5 Payee name
	01/10/2024	wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.89	500 Terry A. Francois
		Boulevard Sixth Fl.
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		website
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.89	500 Terry A. Francois
		Boulevard Sixth Fl.
		San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/11/2024	wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.89	500 Terry A. Francois
		Boulevard Sixth Fl.
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 19/19 Rpt: 24/25	2 FILER NAME Watson, Teana 3 Filer ID	
4	Date 04/10/2024	5 Payee name wix.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard Sixth Fl. San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense website	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date 05/10/2024	Payee name wix.com	
	Amount (\$) \$24.89	Payee address; City; State; Zip Code 500 Terry A: Francois Boulevard Sixth Fl. San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date 06/10/2024	Payee name wix.com	
	Amount (\$) \$33.60	Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard Sixth Fl. San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense website	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH;	Candidate/Officeholder name Office sought Office held	

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 25/25 Watson, Teana CREDIT CARD Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES** \$ **ISSUER** Wells Fargo CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$50.00 02/05/2024 PAYEE State, (a) Payee name (b) Payee address; City, Zip Code Tiffany Treats TX (a) Category (b) Description **PURPOSE OF EXPENDITURE** (See Categories listed at the top of this schedule) gift for constituent Food/Beverage Expense Political X Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH (b) Date of Charge PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid \$84.00 01/08/2024 (b) Payee address; PAYEE (a) Payee name City, State. Zip Code Carter's Kids (b) Description PURPOSE OF (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Baby Shower gift - campaign worker Gift/Awards/Memorials Expense Political X Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH