FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081777 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tristan H. NAME Date Received **ELECTRONICALLY FILED** 07/14/2020 NICKNAME LAST **SUFFIX** Longino CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 10505 Town & Country Way MAILING Amount Receipt # **ADDRESS** PO Box 19186 Change of Address Houston, TX 77224 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Elisabeth W. NAME NICKNAME LAST **SUFFIX** Netherton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 10505 Town & Country Way **ADDRESS** PO Box 19186 (Residence or Business) Houston, TX 77224 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 390-1878 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) Х PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2020 06/30/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other

11 OFFICE

OFFICE HELD (if any)

Family District Court Judge District 245 Harris

General

Special

12 OFFICE SOUGHT (if known)

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Longino, Tristan H.	14 Filer ID (00081777	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T CARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL POLITIC	,	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 7,760.58		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LASERIOD	AST DAY OF THE	\$ 10,334.92		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 3,905.20		
17 AFFADAVIT						
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		Mr. Tı	ristan H. Longino			
		Signature of	Candidate or Officehol	der		
AFFIX NOT	ΓARY STAMP / SEAL AE	OVE				
Sworn to and subsc	cribed before me, by the s	said	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		CC	3 of 15			
18 FILER N		19 Filer ID 00081777	(Ethics Commission Filers)			
Longino	_					
20 SCHEDU NAME O	SUBTOTAL AMOUNT					
1.	\$					
2.	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 CONTRIBUTION	S	\$ 2,277.69			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 5,482.89				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 1,466.71			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/15	Longino, Tristan H. (Mr.) 00081777
4	Date	5 Payee name
	06/25/2020	District Courts Benevolent Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	201 Caroline St
		17th Flr
		Houston, TX 77002
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 district courts benevolent fund
		district courts believoicht fand
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/15/2020	Longino, Tristan (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	10505 Town & Country Way
		P.O. Box 19186
		Houston, TX 77224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for staff holiday gift cards
		Trombaroomore for star horizay gire oards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2020	Longino, Tristan (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$327.69	10505 Town & Country Way
		P.O. Box 19186
		Houston, TX 77224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense reimbursement Acuity and TextExpander software
		services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
ı		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services	se Expense	Polling Experience Printing Experience			Travel in Distric		
l	Credit Card Payment			The Instruction Gu	uide explains l	now to com	plete this form.				
1	Total pages Schedule F1:	2	FILER NAM	IE .				3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/2 Rpt: 5/15		Longino, T	ristan H. (Mr.)					00081777		
┰	Date	5	Payee name								
ľ	02/04/2020	ľ		ristan (Judge)							
Ļ		L									
6	Amount (\$)	7	Payee addr			Zip Code	9				
l	\$1,250.00			vn & Country Way	y						
l			P.O. Box 1	L9186							
			Houston, 7	ΓX 77224							
8	PURPOSE	(a)	Category (See Categories listed at th	ne ton of this sche	adule) (t	Description				
l	OF	l`		ayment/Reimburs		sudic)		el outs	side of Texas. Co	mplete Schedule T.	
l	EXPENDITURE			.,			Check if Au	stin, TX	K, officeholder livir	ig expense	
l										unt where \$2500 for	
							shared JRI	R tab	le paid,		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder name	C	office sough	nt		Office h	eld	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 6/15	Longino,	Tristan H. (Mr.)			00081777
4	Date	5 Payee nar	ne			
	01/25/2020	Acuity Sc	cheduling			
6	Amount (\$)	7 Payee add	dress; City; State	; Zip C	ode	
	\$293.14	PO Box 4	1668 #64465			
	Reimbursement from political contributions intended	New York	k, NY 10163-4668			
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ov	erhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Docket schedulir	ng service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held
	Date	Payee nar	ne			
	04/24/2020	All33				
	Amount (\$)	Payee add	dress; City; State	; Zip C	ode	
	\$756.67	144 S Be	verly Drive			
	Reimbursement from					
	X political contributions intended	Beverly F	Hills, CA 90212			
	PURPOSE	Category	(See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	supplies				Check if Austin, TX, officeholder living expense
	ZAI ZAISTONZ				desk chair for rer	mote Zoom
	Complete ONLY if direct expenditure to benefit	Candidate/Offi	ceholder name		Office sought	Office held
	C/OH					
	D-4-					
	Date	Payee nar				
	03/29/2020	Amazon.	com, inc.			
	Amount (\$)	Payee add		e; Zip Co	ode	
	\$49.12	1200 12tl	h Avenue South			
	Reimbursement from political contributions	Suite 120	00			
	y political contributions intended	Seattle, V	VA 98144			
	PURPOSE	Category	(See Categories listed at the top of this sci	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Supplies				Check if Austin, TX, officeholder living expense
					Green screen fra	ame and tarp for Zoom
L					<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av	Expense Beverage Expense Bervices Services	O P e P	Office Over Polling Exp Printing Ex			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:	2 FILE	ER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 7/15 Longino, Tristan H. (Mr.)						00081777		
4	Date	5 Pay	5 Payee name					•	
	05/12/2020	Ama	azon.com, In	c.					
6	Amount (\$)	7 Pay	ee address;	City;	State; Z	Zip Co	de		
	\$119.06	120	0 12th Avenu	ie South					
	Reimbursement from	Suit	te 1200						
	X political contributions intended	Sea	attle, WA 981	44					
8	PURPOSE	(a) Cate	egory (See Cate	gories listed at the top o	f this schedu	ıle)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF	Gift	/Awards/Men	norials Expense				Cr	neck if Austin, TX, officeholder living expense
	EXPENDITURE			·			staff gift		
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder	name			Office sought		Office held
	Date	Pavi	ee name						
	05/12/2020	1	azon.com, In	C.					
_	Amount (\$)		ee address;	City;	State; Z	Zin Co	de		
	\$128.82	1	ee address, 0 12th Avent	-	State, 2	zip Co	ue		
			te 1200	ic South					
	Reimbursement from political contributions intended			4.4					
			attle, WA 981				- · · · F	7	
	PURPOSE OF			gories listed at the top o	f this schedu	ıle)	Description [=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE	Gill	/Awarus/ivien	norials Expense			staff gift		3 · p · · ·
							stan girt		
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Candida	te/Officeholder	name		l	Office sought		Office held
	2.	<u> </u>							
	Date	1 1	ee name	+					
L	05/11/2020		R Inn of Cour						
	Amount (\$)	Pay	ee address;	City;	State; Z	Zip Co	de		
	\$689.21								
	Reimbursement from political contributions								
	intended	TX					_		
	PURPOSE OF		•	gories listed at the top o	f this schedu	ıle)	Description	_	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE	l mer	mbership				Lana of Count		leck if Austin, 17, officeholder living expense
							Inns of Court		
	Complete ONE V if dies -	Condid -	to/Office balde	nama			Office savekt		Office hald
	Complete ONLY if direct expenditure to benefit C/OH	Canulda	te/Officeholder	паше			Office sought		Office held
L	J, J11								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Dist Travel Out of		
			The Instruction Guide explains I	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/7 Rpt: 8/15	Longino, Tr	istan H. (Mr.)				0008177	7
4	Date	5 Payee name				•		
	06/03/2020	Foxit Softw						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$135.64	41841 Albr						
	Reimbursement from political contributions intended	Fremont, C	A 94538					
8	PURPOSE			adula)	(b) Description	☐ Ch	eck if travel o	utside of Texas. Complete Schedule T.
ľ	OF	software	ee Categories listed at the top of this sch	edule)	(b) Description [=		TX, officeholder living expense
	EXPENDITURE	Sollware			PDF software		,	,
					FDF Sollware			
Ļ								
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	D :							
	Date	Payee name						
	05/17/2020	From You F	Flowers LLC					
Amount (\$) Payee address; City; State; Zip Code								
	\$140.69	483 West 37th Street						
	Reimbursement from							
	x political contributions intended	New York,	NY 10018					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel o	utside of Texas. Complete Schedule T.
	OF	1	s/Memorials Expense	,		_		TX, officeholder living expense
	EXPENDITURE	0.107.1176.1.016			memorial flowers	– s sta	iff membe	er
_	Complete ONLY if direct	<u>I</u> Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				- mar and give			
	C/OH							
	Date	Payee name						
	01/29/2020	1 .	nty Democratic Party					
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde			
	\$2,500.00	4619 Lyons	, ,,	p =				
		l loro Lyone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Reimbursement from political contributions intended	Houston, T	X 77020					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel o	utside of Texas. Complete Schedule T.
	OF	Event Expe		,	l É	Ch	eck if Austin,	TX, officeholder living expense
	EXPENDITURE				JRR - reimburse	_ d \$1	250 by J	udge Berg campaign
							-	0 reimbursed campaign
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit	2			2 2 0 0 0 g. it			
L	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing	Expense Expense s/Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G: Sch: 4/7 Rpt: 9/15	FILER NAME Longino, Tristan H. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081777				
4	Date	Payee name						
	06/28/2020	Harris County Democratic Party						
6	Amount (\$)	Payee address; City; State; Zip C	Code					
	\$150.00	4619 Lyons Avenue						
	Reimbursement from political contributions intended	Houston, TX 77020						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	2020 HCDP Pride	Check if Austin, TX, officeholder living expense Party Fundraiser				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	06/29/2020	Kingsoft Office Software Corporation Ltd						
	Amount (\$)	Payee address; City; State; Zip C	Code					
	\$29.99	9 530 Lytton Ave. 2nd Floor						
	X Reimbursement from political contributions intended	Palo Alto, CA 94301						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	software	L	Check if Austin, TX, officeholder living expense				
			Word processing					
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	02/05/2020	Krisp Technologies, Inc						
	Amount (\$)	Payee address; City; State; Zip C	Code					
	\$120.00	2150 Shattuck Ave, Suite 1300						
	Reimbursement from political contributions intended	Berkeley, CA 94704						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	software		Check if Austin, TX, officeholder living expense				
			noise canceling/fil	Itering software (for Zoom)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 5/7 Rpt: 10/15 Longino, Tristan H. (Mr.) 00081777 Date Payee name 06/24/2020 Namecheap.com Payee address; Amount (\$) City; State; Zip Code \$12.86 4600 East Washington Street Suite 305 Reimbursement from political contributions Х intended Phoenix, AZ 85034 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense web **EXPENDITURE** campaign web domain registration renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2020 SmileOnMyMac, LLC dba Smile Amount (\$) Payee address; City; State; Zip Code \$34.55 350 Bay Street Suite 100, PMB 278 Reimbursement from political contributions Χ San Francisco, CA 94133 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** text expansion software Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2020 Texas Board of Legal Specialization Payee address; City; State; Zip Code Amount (\$)

\$125.00

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

PURPOSE

OF

EXPENDITURE

Χ

C/OH

505 E. Huntland Drive Suite 400, LB 28

Category (See Categories listed at the top of this schedule)

Austin, TX 78752

Candidate/Officeholder name

Fees

Description

Office sought

TBLS fee

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/7 Rpt: 11/15 Longino, Tristan H. (Mr.) 00081777 Date Payee name 05/28/2020 Tiff's Treats Payee address; Amount (\$) City; State; Zip Code \$63.22 8310-1 N. Capital of Texas Highway, Suite 110 Reimbursement from political contributions Х intended Austin, TX 78731 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** staff birthday Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2020 Zoom Video Communications Inc Amount (\$) Payee address; City; State; Zip Code \$15.98 55 Almaden Blvd 6th Flr Reimbursement from political contributions Χ San Jose, CA 95113 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Zoom **EXPENDITURE** Zoom Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/27/2020 Zoom Video Communications Inc Payee address; City; State; Zip Code Amount (\$) \$12.38 55 Almaden Blvd 6th Flr Reimbursement from Χ political contributions intended San Jose, CA 95113 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Zoom **EXPENDITURE** Zoom Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 12/15 Longino, Tristan H. (Mr.) 00081777 Date Payee name 04/03/2020 Zoom Video Communications Inc Amount (\$) Payee address; City; State; Zip Code \$42.64 55 Almaden Blvd 6th Flr Reimbursement from political contributions Х intended San Jose, CA 95113 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Zoom **EXPENDITURE** Zoom Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2020 Zoom Video Communications Inc Amount (\$) Payee address; City; State; Zip Code \$31.96 55 Almaden Blvd 6th Flr Reimbursement from political contributions Χ San Jose, CA 95113 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Zoom **EXPENDITURE** Zoom Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/20/2020 Zoom Video Communications Inc Payee address; City; State; Zip Code Amount (\$) \$31.96 55 Almaden Blvd 6th Flr Reimbursement from Χ political contributions intended San Jose, CA 95113 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Zoom **EXPENDITURE** Zoom Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/15 2 FILER NAME Filer ID (Ethics Commission Filers) Longino, Tristan H. (Mr.) 00081777 Date 8 Amount (\$) 5 Name of person from whom amount is received 02/04/2020 Janice Berg Campaign Fund \$1,250.00 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77006-3314 Purpose for which amount is received Check if political contribution returned to filer JRR event fee split Name of person from whom amount is received Amount (\$) Date 01/15/2020 Longino, Tristan (Judge) \$216.71 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77224 Purpose for which amount is received Check if political contribution returned to filer refund to campaign for mistaken reimbursement of intern lunch and retirement lunch expenditures

TEXT ANNOTATION	
	Sch: 1/2 Rpt: 14/15
FILER NAME	Filer ID (Ethics Commission Filers)
Longino, Tristan H. (Mr.)	00081777
Schedule	
G	
Information entered by filer as a memo:	
Berg donation was for shared table at JRR, which was paid from personal account and rei only \$1250 of \$2500 payment to Harris County Democratic Party is reimbursable from car occurred already for \$1250 for half paid by Berg Campaign.	mbursement was deposited into same, so npaign since personal reimbursement

TEXT ANNOTATION	
	Sch: 2/2 Rpt: 15/15
FILER NAME Longino, Tristan H. (Mr.)	Filer ID (Ethics Commission Filers) 00081777
Schedule K	
Information entered by filer as a memo:	