

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081777	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Tristan H.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/09/2018	
	NICKNAME	LAST Longino	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 701 N. Post Oak Rd. #207 Houston, TX 77024		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Elisabeth W.	MI		
	NICKNAME	LAST Netherton	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13318 Butterfly Lane Houston, TX 77079				
7 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 390-1878	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 07/01/2018		THROUGH	Month Day Year 09/27/2018	
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge Place 245th District Harris		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Longino, Tristan H. (Mr.) **14 Filer ID** (Ethics Commission Filers)
00081777

15 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,030.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	271.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,500.00

17 AFFADAVIT

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

Mr. Tristan H. Longino

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Longino, Tristan H. (Mr.)	19 Filer ID (Ethics Commission Filers) 00081777
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 4,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,255.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 3,775.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/8
2 FILER NAME Longino, Tristan H. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081777
4 Date 09/03/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elterman, Laura (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Harrison, NY 10528	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Architect		9 Contributor's Job Title Architect
10 Contributor's employer/law firm Elterman Finer Architect		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/2 Rpt: 5/8
2 FILER NAME Longino, Tristan H. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081777
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/10/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Longino, Tristan (Mr.)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77079	10 Interest Rate 0
	11 Maturity Date	
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Associate
14 Lender's Employer/Law Firm Skillern Law PLLC		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/2 Rpt: 6/8
2 FILER NAME Longino, Tristan H. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081777
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/03/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Longino, Tristan (Mr.)	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77079	10 Interest Rate 0
	11 Maturity Date	
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Associate
14 Lender's Employer/Law Firm Skillern Law PLLC		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/8	2 FILER NAME Longino, Tristan H. (Mr.)	3 Filer ID (Ethics Commission Filers) 00081777
4 Date 07/05/2018	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) coordinated campaign	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coordinated campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2018	Payee name Harris County Democratic Party	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) coordinated campaign	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coordinated campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2018	Payee name Raise the Money, Inc.	
Amount (\$) \$5.15	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 8/8	2 FILER NAME Longino, Tristan H. (Mr.)	3 Filer ID (Ethics Commission Filers) 00081777
4 Date 07/05/2018	5 Payee name American Express	
6 Amount (\$) \$12.86 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment for 6/25/18 charge for Namecheap domain renewal
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/16/2018	Payee name Citi Cards	
Amount (\$) \$12.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 9001016 Louisville, KY 40290-1016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for Tepatitlan Bakery charge on prior report
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/17/2018	Payee name Harris County Democratic Party	
Amount (\$) \$3,750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) coordinated campaign	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coordinated campaign
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	