

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

|  |   |  |  |
|--|---|--|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00020501 | <b>2</b> Total pages filed:<br>9                    | <b>OFFICE USE ONLY</b>   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>The Honorable                      | FIRST<br>William E.  | MI<br>MI                                 |
|  | NICKNAME<br>Bill                                    | LAST<br>Moody  | SUFFIX                                   |
| <b>4</b> ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15                 | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |
|  | <input checked="" type="checkbox"/> July 15         | <input type="checkbox"/> Exceeded modified reporting limit                                 |  |
|  | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |
|  | <input type="checkbox"/> 8th day before election    | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |
|  | Date Received<br>ELECTRONICALLY FILED<br>07/13/2023 |  |  |
| Date Hand-delivered or Date Postmarked                   |   |  | Receipt #                                |
|  |   |  | Amount                                   |
|  |   |  | Date Processed                           |
| <b>5</b> ORIGINAL PERIOD COVERED                         |   |  | Date Imaged                              |
| Month Day Year   | THROUGH   | Month Day Year   |  |
| 01/01/2023   |   | 06/30/2023   |  |

**6** EXPLANATION OF CORRECTION  
Failed to include monetary political contribution received on 6/30/23.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable William E. Moody  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |  |   |  |  |                                |
|---|--|---|--|--|--------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00020501 | <b>2</b> Total pages filed:<br><br>9                             |  |                                |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>William E.   | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/13/2023 |                                |
|   | NICKNAME<br>Bill   | LAST<br>Moody   | SUFFIX   |  |                                |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>500 E. San Antonio, Ste. 905A  |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |                                |
|   | El Paso, TX 79901  |   |  | Receipt #  |                                |
|   |  |   |  | Amount   |                                |
|   |  |   |  | Date Processed   |                                |
|   |  |   |  | Date Imaged  |                                |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST<br>Maggie   | MI<br>MI   |  |                                |
|   | NICKNAME   | LAST<br>Morales Moody                                       | SUFFIX   |  |                                |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>285 Puesta Del Sol   |   | APT / SUITE #;   | CITY;  |                                |
|   | El Paso, TX 79912  |   | STATE;   | ZIP CODE   |                                |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION  |  |                                |
|   | (915)  | 581-2113  |  |  |                                |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |                                |
|   | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |  |  |                                |
| <b>9</b> PERIOD COVERED   | Month  | Day   | Year   | Month  |                                |
|   | 01   | 01  | 2023   | 06   |                                |
|   |  | THROUGH   | 06/30/2023   |  |                                |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year  |   | ELECTION TYPE  |  |                                |
|   |  |   | <input type="checkbox"/> Primary                                 | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other |
|   |  | <input type="checkbox"/> General                            | <input type="checkbox"/> Special                                 |  |                                |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 34 El Paso   |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 34 |  |                                |
|   |  |   |  |  |                                |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 9

**13** C / OH NAME Moody, William E. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00020501

**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<br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 50.00     |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 99.42     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 2,866.35  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 13,377.58 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17** AFFIDAVIT

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

The Honorable William E. Moody

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**

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Moody, William E. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00020501 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b> |  | <b>SUBTOTAL AMOUNT</b> |
|------------------------------|--|------------------------|
| <b>NAME OF SCHEDULE</b>      |  |                        |
| 1.                           | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 50.00               |
| 2.                           | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$                     |
| 3.                           | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)   | \$                     |
| 4.                           | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$                     |
| 5.                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 2,866.35            |
| 6.                           | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                     |
| 7.                           | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                     |
| 8.                           | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                     |
| 9.                           | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                     |
| 10.                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                     |
| 11.                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                     |
| 12.                          | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 806.96              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 5/9 |
| <b>2</b> FILER NAME<br>Moody, William E. (The Honorable)            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00020501  |
| <b>4</b> Date<br>06/30/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Labinoti, Daniela<br><b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00       |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |  | <b>9</b> Contributor's Job Title<br>Attorney              |
| <b>10</b> Contributor's employer/law firm<br>Labinoti Law Firm      |  | <b>11</b> Law firm of contributor's spouse (if any)       |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |

# 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.

|          |  |  |   |             |   |
|----------|--|--|---|-------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 1/3 Rpt: 6/9              | <b>2</b>   | FILER NAME<br>Moody, William E. (The Honorable)   | <b>3</b>    | Filer ID (Ethics Commission Filers)<br>00020501 |
| <b>4</b> | Date<br>04/18/2023   | <b>5</b>   | Payee name<br>Budget Rent a Car   |             |   |
| <b>6</b> | Amount (\$)<br>\$261.96                                    | <b>7</b>   | Payee address; City; State; Zip Code<br>8008 Herb Kelleher Way<br><br>Dallas, TX 75235  |             |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Car rental for travel to Irving Texas |             |   |
| <b>9</b> | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |   |
|          | Date<br>06/13/2023   |  | Payee name<br>El Paso Veterans & Riders Association   |             |   |
|          | Amount (\$)<br>\$50.00                                     |  | Payee address; City; State; Zip Code<br>11709 Bunky Henry Ln<br><br>El Paso, TX 79936   |             |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation                              |             |   |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |   |
|          | Date<br>06/14/2023   |  | Payee name<br>Epic Railyard Event Center  |             |   |
|          | Amount (\$)<br>\$1,500.00                                  |  | Payee address; City; State; Zip Code<br>2201 E Mills Ave<br><br>El Paso, TX 79901   |             |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Deposit for fundraiser event venue    |             |   |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 7/9       | <b>2</b> FILER NAME<br>Moody, William E. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00020501  |
| <b>4</b> Date<br>02/02/2023                                  | <b>5</b> Payee name<br>Pena, David  |   |
| <b>6</b> Amount (\$)<br>\$50.00                              | <b>7</b> Payee address; City; State; Zip Code<br>500 E San Antonio Ste 905<br><br>El Paso, TX 79901       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for coffee pot for office use |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/23/2023   | Payee name<br>Reliant Labels & Printing Inc   |   |
| Amount (\$)<br>\$92.01                                       | Payee address; City; State; Zip Code<br>11400 Rojas Dr<br><br>El Paso, TX 79936                           |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Invitations and envelopes                   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/30/2023   | Payee name<br>Southwest Airlines  |   |
| Amount (\$)<br>\$269.96                                      | Payee address; City; State; Zip Code<br>PO Box 66437<br><br>Dallas, TX 75235                              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Airfare                                     |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
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.

|   |   |  |   |
|---|---|--|---|
| <b>1</b>  | Total pages Schedule F1:<br>Sch: 3/3 Rpt: 8/9 | <b>2</b> FILER NAME<br>Moody, William E. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00020501  |
| <b>4</b>  | Date<br>02/13/2023                            | <b>5</b> Payee name<br>Texas Center for the Judiciary  |   |
| <b>6</b>  | Amount (\$)<br>\$75.00                        | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio<br><br>Austin, TX 78701  |   |
| <b>8</b>  | <b>PURPOSE OF EXPENDITURE</b>                 | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fee for Judicial Conference    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |   |
|   | Date<br>06/26/2023                            | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
|   | Amount (\$)<br>\$100.00                       | Payee name<br>UTEP Mock Trial Team<br><br>Payee address; City; State; Zip Code<br>500 W University<br><br>El Paso, TX 79968                              |   |
|   | <b>PURPOSE OF EXPENDITURE</b>                 | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |   |
|   | Date<br>04/16/2023                            | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
|   | Amount (\$)<br>\$368.00                       | Payee name<br>Westin Irving Convention Center<br><br>Payee address; City; State; Zip Code<br>400 W Las Colinas Blvd<br><br>Irving, TX 75039              |   |
|   | <b>PURPOSE OF EXPENDITURE</b>                 | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lodging while attending Judicial Conference |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |   |



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 9/9    |
| <b>2</b> FILER NAME<br>Moody, William E. (The Honorable)         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00020501 |
| <b>4</b> Date<br>05/02/2023                                      | <b>5</b> Name of person from whom amount is received<br>Sixth Administrative Judicial Region             | <b>8</b> Amount (\$)<br>\$140.00                         |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Kerville, TX 78028 |  |
|  | <b>7</b> Purpose for which amount is received<br>Reimbursed for expenses to attend Judicial Conference   |  |
| Date<br>05/22/2023   | Name of person from whom amount is received<br>Texas Center for the Judiciary                            | Amount (\$)<br>\$666.96                                  |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Austin, TX 78701            |  |
|  | Purpose for which amount is received<br>Reimbursed for expenses to attend Judicial Conference            |  |