CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| | • | ics Commission Filers) | 2 Total pages filed: | | | OFFIC | E USE ONLY |
|---|---------------------------------------|-----------------------------|----------------------|--|---|--|--|
| | 00041208 | | 19 | | | Date Received | |
| | CANDIDATE / | MS / MRS / MR | FIRST | | MI | ELECTRON | IICALLY FILED |
| | OFFICEHOLDER NAME | The Honorable | Julie H. | | | 10/04/2023 | |
| | TV WIL | NICKNAME | LAST | | SUFFIX | | |
| | | | Kocurek | | | | |
| 1 | ORIGINAL | January 15 | Runoff | Other (| (specify) | Date Hand-delive | red or Date Postmarked |
| | REPORT TYPE | X July 15 | Exceeded modified | ш . | | Receipt # | Amount |
| | | 30th day before election | | | | - | |
| | | | appointment (office | eholder only) | | Date Processed | <u> </u> |
| | | 8th day before election | Final Report (Attac | n C/OH-FR) | | | |
| | ORIGINAL PERIOD COVERED | Month Day Yea | | Month Day | Year | Date Imaged | |
| | | 01/01/2023 | THROUGH | 06/30/2023 | | | |
| , | EXPLANATION OF C | CORRECTION | | | | | |
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| | | | | | | | |
| • . | AFFIDAVIT | | 1 | your or offirm under | oppolity of positive | ny that this save | noted report in true |
| , | AFFIDAVIT | | | rear, or affirm, under μ | penalty of perjui | ry, that this corre | ected report is true |
| <u>, , , , , , , , , , , , , , , , , , , </u> | AFFIDAVIT | | and | correct. | | | |
| 7 , | AFFIDAVIT | | and | | | | |
| • . | AFFIDAVIT | | and Che | correct. eck the box next to an | y and all applica | able statements: | |
| | AFFIDAVIT | | and | correct. | y and all applica | able statements: | original report |
| • | AFFIDAVIT | | and Che | correct. eck the box next to an Semiannual report | y and all applica ts: I swear, o faith and withou | able statements: r affirm that the o t an intent to mis | original report slead or to |
| 7 | AFFIDAVIT | | and Che | correct. cck the box next to an Semiannual report was made in good to misrepresent the in | y and all applica ts: I swear, o faith and withou formation conta | able statements: r affirm that the o t an intent to mis ined in the repor | original report slead or to t. |
| 7 . | AFFIDAVIT | | and Che | correct. ck the box next to an Semiannual report was made in good to misrepresent the in Other reports: | y and all applicats: I swear, of faith and withou formation conta | able statements: r affirm that the of t an intent to mis ined in the repor | original report slead or to t. this corrected |
| • | AFFIDAVIT | | and Che | seck the box next to an Semiannual report was made in good to misrepresent the in Other reports: I report not later than | y and all applicats: I swear, of faith and withou formation contants wear, or affirm the 14th busin | able statements: r affirm that the of the an intent to missined in the report, that I am filing ess day after the | original report slead or to t. this corrected e date I learned |
| | AFFIDAVIT | | and Che | Semiannual report was made in good to misrepresent the in reports: I report not later than that the report as or swear, or affirm, that | y and all applicates: I swear, of faith and withou formation contains swear, or affirm the 14th busin riginally filed is inte any error or o | r affirm that the of the an intent to missined in the report, that I am filingless day after the naccurate or inc | original report slead or to t. this corrected e date I learned omplete. I |
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| | AFFIDAVIT | | and Che | Semiannual report was made in good to misrepresent the in reports: I report not later than that the report as or swear, or affirm, that | y and all applicates: I swear, of faith and withou formation contains swear, or affirm the 14th busin riginally filed is inte any error or o | r affirm that the of the an intent to missined in the report, that I am filingless day after the naccurate or inc | original report slead or to t. this corrected e date I learned omplete. I |
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| • | AFFIDAVIT | | and Che | Semiannual report was made in good finisrepresent the interpretation. Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it any error or ood faith. | r affirm that the of the an intent to missined in the report, that I am filingless day after the naccurate or inc | original report slead or to t. this corrected e date I learned omplete. I eport as originally |
| • | AFFIDAVIT | | and Che | Semiannual report was made in good f misrepresent the in report not later than that the report as of swear, or affirm, the filed was made in g | y and all applicates: I swear, of faith and without formation contates swear, or affirm the 14th busing riginally filed is at any error or of any error or of a the Junorable Junorable Junorable Junorable | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the research | original report slead or to rt. this corrected e date I learned omplete. I eport as originally |
| • | | AMP / SEAL ABOVE | and Che | Semiannual report was made in good f misrepresent the in report not later than that the report as of swear, or affirm, the filed was made in g | y and all applicates: I swear, of faith and without formation contates swear, or affirm the 14th busing riginally filed is at any error or of any error or of a the Junorable Junorable Junorable Junorable | r affirm that the of the an intent to missioned in the report, that I am filing ess day after the naccurate or incomission in the refile H. Kocurek | original report slead or to rt. this corrected e date I learned omplete. I eport as originally |
| • | | AMP / SEAL ABOVE | and Che | Semiannual report was made in good f misrepresent the in report not later than that the report as of swear, or affirm, the filed was made in g | y and all applicates: I swear, of faith and without formation contates swear, or affirm the 14th busing riginally filed is at any error or of any error or of a the Junorable Junorable Junorable Junorable | r affirm that the of the an intent to missioned in the report, that I am filing ess day after the naccurate or incomission in the refile H. Kocurek | original report slead or to rt. this corrected e date I learned omplete. I eport as originally |
| 7 | AFFIX NOTARY ST Sworn to and subsc | ribed before me, by the sai | and Che | Semiannual report was made in good for misrepresent the interport of later than that the report as on swear, or affirm, that filed was made in good. The | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it at any error or o ood faith. Honorable Jurure of Candidate, this | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the relationship in the | original report slead or to tt. this corrected e date I learned omplete. I eport as originally |
| 7 , | AFFIX NOTARY ST Sworn to and subsc | | and Che | Semiannual report was made in good for misrepresent the interport of later than that the report as on swear, or affirm, that filed was made in good. The | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it at any error or o ood faith. Honorable Jurure of Candidate, this | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the relationship in the | original report slead or to tt. this corrected e date I learned omplete. I eport as originally |
| • | AFFIX NOTARY ST Sworn to and subsc | ribed before me, by the sai | and Che | Semiannual report was made in good for misrepresent the interport of later than that the report as on swear, or affirm, that filed was made in good. The | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it at any error or o ood faith. Honorable Jurure of Candidate, this | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the relationship in the | original report slead or to tt. this corrected e date I learned omplete. I eport as originally |
| • . | AFFIX NOTARY ST Sworn to and subsc | ribed before me, by the sai | and Che | Semiannual report was made in good for misrepresent the interport of later than that the report as on swear, or affirm, that filed was made in good. The | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it at any error or o ood faith. Honorable Jurure of Candidate, this | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the relationship in the | original report slead or to tt. this corrected e date I learned omplete. I eport as originally |
| | AFFIX NOTARY ST Sworn to and subsc of | ribed before me, by the sai | and Che | Semiannual report was made in good for misrepresent the interport of later than that the report as on swear, or affirm, that filed was made in good. The | y and all applicates: I swear, of faith and without formation contains swear, or affirm the 14th busin riginally filed is it at any error or o ood faith. Honorable Jurure of Candidate, this | able statements: r affirm that the oft an intent to missined in the report n, that I am filing ess day after the naccurate or incomission in the relationship in the | original report slead or to tt. this corrected e date I learned omplete. I eport as originally |

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

| The JC/OH Instruction | Guide explains how to complete this f | form. 1 Filer ID (Ethics Commiss 00041208 | | 2 Total pages filed:19 |
|-------------------------|---------------------------------------|---|-------------------|---|
| 3 CANDIDATE / | MS / MRS / MR FIRST | 1 000.2200 | MI | |
| OFFICEHOLDER | The Honorable Julie H. | | | OFFICE USE ONLY |
| NAME | The Honorable Suite H. | | | Date Received |
| | | | | ELECTRONICALLY FILED |
| | NICKNAME LAST | | SUFFIX | 10/04/2023 |
| | Kocurek | k | 301117 | |
| | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / SUITE # | ; CITY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER MAILING | 509 W. 11th Street | | | |
| ADDRESS | 7th Floor, 390th District Court | | | Receipt # Amount |
| Change of Address | Austin, TX 78701 | | | |
| | Adstill, 1X 10101 | | | Date Processed |
| | | | | |
| | | | | Date Imaged |
| | | | | |
| 5 CAMPAIGN | MS / MRS / MR FIRST | | - | MI |
| TREASURER NAME | Mr. Boone | | | |
| INAIVIE | | | | |
| | NICKNAME LAST | | | SUFFIX |
| | Almanza | _ | | SOFFIX |
| | Aimanza | a | | |
| | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX PLE | ASE); APT | / SUITE #; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS | 2301 S. Capital of Texas Hwy | | | |
| | | | | |
| (Residence or Business) | Austin, TX 78746 | | | |
| | , tastin, in is | | | |
| | | | | |
| 7 CAMPAIGN | AREA CODE PHONE NUMBE | ER EXTENSION | | |
| TREASURER | (512) 474-9486 | | | |
| PHONE | (622) 6 .66 | | | |
| 8 REPORT | | | | |
| TYPE | January 15 30th da | ay before election | Runoff | 15th day after campaign treasurer |
| | | | | appointment (officeholder only) |
| | X July 15 8th day | | Exceeded modified | Final Report (Attach C/OH-FR) |
| | | <u> </u> | eporting limit | - |
| 9 PERIOD | Month Day Year | | Month Day | Year |
| COVERED | 01/01/2023 | THROUGH | 06/30/2023 | 3 |
| | | | | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month Day Year | X Primary | Runoff | Other |
| | 03/05/2024 | | Штапоп | |
| | 00,00,202 1 | General | Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT | (if known) |
| | District Judge District 390 Travis | | | Court Judge District 390th |
| | J | | | J |
| | | | | |
| | | | | |
| | | | | |
| | | GO TO PAGE 2 | | |
| I | | - - | | |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 19

| 13 C / OH NAME | Kocurek, Julie H. (Th | e Honorable) | 14 Filer ID (E 00041208 | Ethics Commission Filers) |
|--|----------------------------------|---|---|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | the candidate's or officel | mmittees to support the holder's knowledge or ice of such expenditures. | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | II IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | S) | \$ 12,550.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEN | IZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 4,542.13 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD | AST DAY OF THE | \$ 42,110.59 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | |
| | | The Hono | rable Julie H. Kocure | k |
| | | Signature of | Candidate or Officehold | der |
| AFFIX NOT | TARY STAMP / SEAL AB | OVE | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of office | er administering oath | Printed name of officer administering oath | Title of officer | administering oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | 4 of 19 | | | |
|---|--|---------|---------------------|--|--|--|
| | 18 FILER NAME Kocurek, Julie H. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00041208 | | | | | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL | | | | | | |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ 12,550.00 | | | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 | | | |
| 3. X | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ 0.00 | | | |
| 4. X | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ 0.00 | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 5 | \$ 3,841.84 | | | |
| 6. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 | | | |
| 7. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ 0.00 | | | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 1,150.29 | | | |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 0.00 | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | |
| 12. | \$ | | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|------------------|--|------------------------|--------------------------------|--|
| | The Instru | ction Guide explains ho | ow to complete this f | form. | Total pages Schedule A(J)1: Sch: 1/8 Rpt: 5/19 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Kocurek, Ju | lie H. (The Honorable) | | | 00041208 |
| 4 | Date 05/30/2023 | 5 Full name of contributor Baker, Caitlyn (Ms.) | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$25.00 |
| | | 6 Contributor address; City; Cedar Park , TX 78613 | State; Zip Code | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | • |
| | Paralegal | | | Paralegal | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | Herman Hov | wry & Breen LLP | | N/A | |
| 12 | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/S | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/31/2023 | Bell, Jim (Dr.) | | | \$200.00 |
| | | Contributor address; City; | State; Zip Code | | ··· <mark> </mark> |
| | | | | | |
| | | | | | |
| | | Austin, TX 78703 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Physician | | | Physician | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Capitol Anes | sthesiology Association | | N/A | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/30/2023 | Blackwell, Betty | _ | | \$100.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | Austin, TX 78701 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Attorney | | | Attorney | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Law Office o | of Betty Blackwell | | N/A | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | <u> </u> | |
| | N/A | | | N/A | |
| Н | | | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|----------|--------------------|-------------------------------------|-----------------------------|--------------------------------|---|
| | The Instru | ction Guide explains ho | w to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 6/19 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Kocurek, Ju | lie H. (The Honorable) | | | 00041208 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| | 06/01/2023 | Burrus, Gene (Mr.) | | | \$500.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | Austin, TX 78716 | | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | • |
| | Investor | | | Investor | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | Self | | | N/A | |
| 12 | ! If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/30/2023 | Clemons, Anne (Ms.) | _ | | \$250.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | · | | |
| | | | | | |
| | | Austin, TX 78703 | | | |
| | Contributor's | Terincipal Occupation | | Contributor's Job Title | |
| | Accountant | | | Accountant CPA | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | N/A | | | N/A | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/31/2023 | Collins, Kent | Gar or otation 7 to (12 m) | | \$500.00 |
| | | Contributor address; City; | State [.] Zin Code | | |
| | | | otato, E.p oodo | | |
| | | | | | |
| | | Austin, TX 78731 | | | |
| - | Contributor's | I Principal Occupation | | Contributor's Job Title | |
| | Retired | | | Retired | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | N/A | | | N/A | (,) |
| | If contributor i | s a child, law firm of parent(s) (i | f anv) | | |
| | N/A | | 3 , | N/A | |
| \vdash | | | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTIO | DNS | | SCHEDULE A(J)1 |
|----|----------------------------|--|-------------------------|--|------|---|
| | The Instru | ction Guide explains ho | w to complete this t | form. | 1 | Total pages Schedule A(J)1: Sch: 3/8 Rpt: 7/19 |
| 2 | FILER NAME Kocurek, Jul | ie H. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00041208 |
| 4 | Date 06/01/2023 | Full name of contributor Douglas, David Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) \$100.00 |
| | | Austin, TX 78749 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| _ | Retired | | | Retired | | |
| 10 | N/A | employer/law firm | | 11 Law firm of contributor's sp N/A | oous | se (if any) |
| 12 | | s a child, law firm of parent(s) (if | anv) | 14/7 (| | |
| | N/A | o a orma, law mm or paronito) (ii | u.,,, | N/A | | |
| = | Date | Full name of contributor | out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) |
| | 06/01/2023 | Fellbaum, Kelly (Ms.) Contributor address; City; \$ | <u> </u> | | | \$250.00 |
| | | San Antonio , TX 78209 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | • | |
| | Homemaker | | | Homemaker | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp N/A | oous | se (if any) |
| | If contributor i | s a child, law firm of parent(s) (if | any) | | | |
| | N/A | | | N/A | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 05/30/2023 | Kocurek, Julie (Ms.) | | | | \$25.00 |
| | | Contributor address; City; S Austin, TX 78701 | State; Zip Code | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | • | |
| | Judge | | | Judge | | |
| | | employer/law firm | | Law firm of contributor's sp | | |
| | Self | | | Dubois Bryant & Campl | bell | LLP |
| | | s a child, law firm of parent(s) (if | any) | | | |
| | N/A | | | N/A | | |
| | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE A | A(J)1 |
|----|----------------------------|---|-------------------------|---|---------------|---------------------------------------|------------|
| | The Instru | ction Guide explains hov | v to complete this f | form. | | pages Schedule A(J)1 4/8 Rpt: 8/19 | : |
| 2 | FILER NAME Kocurek, Jul | ie H. (The Honorable) | | | | ID (Ethics Commission 11208 | on Filers) |
| 4 | Date 05/30/2023 | 5 Full name of contributor Mawer, Andrew (Mr.)6 Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 Amoi | unt of Contribution (\$) | \$250.00 |
| Ļ | 0 | Austin, TX 78703 | | O Carabilla de de Jala Tida | | | |
| 8 | Engineer | Principal Occupation | | 9 Contributor's Job Title Engineer | | | |
| 10 | | employer/law firm | | 11 Law firm of contributor's sp | nouso (if a | nu) | |
| 10 | N/A | employer/iaw iiim | | N/A | Jouse (II a | iriy) | |
| 12 | | s a child, law firm of parent(s) (if a | anv) | 1 | | | |
| | N/A | , | , | N/A | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amo | unt of Contribution (\$) | |
| | 06/01/2023 | McCarron, David (Dr.) Contributor address; City; S | <u> </u> | | | | \$500.00 |
| | | Austin, TX 78731 | | 1 | | | |
| | | Principal Occupation | | Contributor's Job Title | | | |
| | Retired | and a conflored finance | | Retired | (:f - | | |
| | N/A | employer/law firm | | Law firm of contributor's sp | oouse (ii a | ny) | |
| | | s a child, law firm of parent(s) (if a | anv) | 14/7 (| | | |
| | N/A | o a orma, law mm or parent(o) (ii t | arry) | N/A | | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#: | | Δμοι | unt of Contribution (\$) | |
| | 06/01/2023 | McGinnis, Patrick (Mr.) Contributor address; City; S The Woodlands, TX 7738 | tate; Zip Code | | | | \$250.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney | | | Attorney | | | |
| | | employer/law firm | | Law firm of contributor's sp | oouse (if a | ny) | |
| | | son Law Firm | | N/A | | | |
| | | s a child, law firm of parent(s) (if a | any) | NI/A | | | |
| | N/A | | | N/A | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|----------------------------|--|---------------------------------------|--|----------|---|
| | The Instru | ction Guide explains how to | complete this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/19 |
| 2 | FILER NAME Kocurek, Jul | ie H. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00041208 |
| 4 | Date 05/31/2023 | Full name of contributor McLean, Carlotta (Ms.) Contributor address; City; State | out-of-state PAC (ID#:_ ; Zip Code | | 7 | Amount of Contribution (\$) \$2,000.00 |
| Ļ | 0 | Austin, TX 78703 | | O Contributanta 1-1- Title | | |
| 8 | Real Estate | Principal Occupation | | 9 Contributor's Job Title Real Estate Broker | | |
| 10 | | | | | | and (if any) |
| 10 | N/A | employer/law firm | | 11 Law firm of contributor's sp McLean & Howard Law | ous | se (II any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | N/A | | | N/A | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) |
| | 06/01/2023 | Meissner J.D., Wayne Contributor address; City; State | ; Zip Code | | • | \$250.00 |
| | | Austin, TX 78759 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | | Meissner, PC | | N/A | | |
| | If contributor is N/A | s a child, law firm of parent(s) (if any) | | N/A | | |
| H | Date | Full name of contributor | out-of-state PAC (ID#:_ | | Γ | Amount of Contribution (\$) |
| | 06/26/2023 | Michael & Associates, Attorn | | | | \$2,500.00 |
| | | Contributor address; City; State Austin, TX 78701 | | | • | |
| | Contributor's F | I Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | | | | | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | L | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|----|-----------------------|--------------------------------------|------------------------|--------------------------------|--|
| | The Instru | ction Guide explains ho | w to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 10/19 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Kocurek, Ju | lie H. (The Honorable) | | | 00041208 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 06/01/2023 | Pfeiffer, Peter | | | \$250.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | Austin, TX 78703 | | T | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | |
| | Architect | | | Architect | |
| 10 | | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | | er Architecture | | N/A | |
| 12 | If contributor in N/A | s a child, law firm of parent(s) (i | fany) | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| | 05/31/2023 | Powell, Becky | | | \$500.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | | | | |
| | | Austin, TX 78703 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Insurance A | gent | | Insurance Agent | |
| | | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | N/A | | | N/A | |
| | | s a child, law firm of parent(s) (if | any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/27/2023 | Sjoberg, Matt | | | \$1,000.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | | | | |
| | | Austin, TX 78701 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Attorney | | | Partner | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Jackson, Sjo | oberg & Townsend LLP | | N/A | |
| | | s a child, law firm of parent(s) (if | any) | | |
| | N/A | | | N/A | |
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| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A(J)1 |
|----|----------------------------|--|---------------------------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/19 |
| 2 | FILER NAME Kocurek, Jul | lie H. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00041208 |
| 4 | Date 05/30/2023 | 5 Full name of contributor out-of-state PAC (ID#:_Smith, Rachelle (Ms.) 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418 |) | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 | Contributor's F | I Principal Occupation | 9 Contributor's Job Title | |
| _ | Business Ov | | Victim Safety First | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | ouse (if any) |
| | N/A | | N/A | () |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| _ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 05/30/2023 | Stegmann, Louisa (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | | \$250.00 |
| | Contributor's F | l Principal Occupation | Contributor's Job Title | |
| | Retired | | Retired | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | Retired | | N/A | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | Date | Full name of contributor ut-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| | 06/01/2023 | Thompson, Wendy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78735 | | \$100.00 |
| | | Principal Occupation | Contributor's Job Title | |
| | Homemaker | • | Homemaker | |
| | | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | | & Company Engineers, Inc. | N/A | |
| | | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A(J)1 |
|----|---|--|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/19 |
| 2 | FILER NAME Kocurek, Julie H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041208 |
| 4 | Date 05/30/2023 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of Contribution (\$) \$250.00 |
| | Austin, TX 78703 | |
| 8 | Contributor's Principal Occupation Consultant 9 Contributor's Job Consultant | Title |
| 10 | Contributor's employer/law firm N/A 11 Law firm of contr N/A | ibutor's spouse (if any) |
| 12 | If contributor is a child, law firm of parent(s) (if any) N/A N/A | |
| | | |
| | | |

| PLED | GED CONTRIBUTIONS (JUDIC | IAL) | | SCHEDU | JLE B(J) | |
|---|---|------------------------|---|--|----------------------|--|
| The Instruction Guide explains how to complete this form. 2 FILER NAME Kocurek, Julie H. (The Honorable) | | | 1 Total pages Schedule B(J): Sch: 1/1 Rpt: 13/19 3 Filer ID (Ethics Commission Filers) 00041208 | | | |
| | | | | | | |
| 5 Date 6 Full name of pledgor out-of-state PAC (ID#: | | | 8 Amount of pledge (\$) | 9 In-kind description (If applicable) | | |
| | 5 . 1.03go. 7 . 1.03000, | , 6040 | | | | |
| 10 Pledgor's p | rincipal occupation | 11 Pledgor's job title | Check if travel of | outside of Texas. C | Complete Schedule T. | |
| , | | | | | | |
| 12 Pledgor's 6 | mployer/law firm | 13 Law firm of pledgor | r's spouse (if any) | | | |
| 14 If pledgor is | s a child, law firm of parent(s) (if any) | | | | | |
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| | LOANS (J | UDICIAL) | | | | SCHE | DULE E | (J) |
|-----------------------------------|--|---|---|---|------------------|------------------|------------|------|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 14/19 | | | | |
| 2 | 2 FILER NAME Kocurek, Julie H. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00041208 | | | | |
| 4 TOTAL OF UNITEMIZED LOANS | | | | <u>. </u> | | \$ | | 0.00 |
| 5 | Date of loan | 7 Name of lender out-of-state PAC (ID#: | | |) | 9 Loan Ar | mount (\$) | |
| 6 | Is lender a financial institution? | nancial | | | | 10 Interest Rate | | |
| | | | | | 11 Maturity Date | | | |
| 12 Lender's Principal Occupation | | | 13 Lender's Job Title | | | | | |
| 14 Lender's Employer/Law Firm | | | 15 Law Firm of lender's spous | se (if | any) | | | |
| 16 | If lender is child, la | aw firm of parent(s) (if any) | 1 | | | | | |
| 17 Description of Collateral None | | | 18 Check if personal funds were deposited into political account (See Instructions) | | | | | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | | 22 Amount Guaranteed (| | | d (\$) | |
| 23 | not applicable 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) | | | | | |
| | | | 20 Law Film of gaarantor o op | | | | | |
| 27 | If guarantor is child | d, law firm of parent(s) (if any) | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) | | |
|-------------|--|--|--|--|--|
| ┝ | T-+-1 O-11-1- E1. | | 2 Files ID (Ethica Commission Files) | | |
| 1 | Total pages Schedule F1: Sch: 1/2 Rpt: 15/19 | Kocurek, Julie H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041208 | | |
| 4 | Date | E Davida nama | | | |
| * | | 5 Payee name | | | |
| l | 03/19/2023 | Allsafe Alarm Services | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| l | \$489.39 | 9401 Burnet Road | | | |
| l | , | | | | |
| | | | | | |
| l | | Austin, TX 78758 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | | if travel outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | TX, officeholder living expense | | |
| | | Annual Monito | | | |
| l | | 7 | 5g | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/O | H | | | |
| F | Date | Payee name | | | |
| l | 04/14/2023 | | | | |
| | 04/14/2023 | Allsafe Alarm Services | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| l | \$1,948.00 | 9401 Burnet Road | | | |
| | | | | | |
| l | | A .: TV 70770 | | | |
| | | Austin, TX 78758 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| l | OF | Security Check if travel outside of Texas. Complete Schedule | | | |
| EXPENDITURE | | Check if Austin, | TX, officeholder living expense | | |
| l | | Replacement | Equipment for security system | | |
| | | | | | |
| ┢ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/O | | S.IIIS NSIA | | |
| L | | | | | |
| | Date | Payee name | | | |
| | 02/27/2023 | Austin Black Lawyers' Association | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | |
| l | \$500.00 | PO 13321 | | | |
| | φ500.00 | FO 13321 | | | |
| | | | | | |
| | | AUSTIN, TX 78711 | | | |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | , | outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | Event Expense | TX, officeholder living expense | | |
| | | Judicial Spon | | | |
| l | | J Sadiciai Spori. | | | |
| \vdash | | | | | |
| l | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| l | expenditure to benefit C/O | П | | | |
| Г | | | | | |
| l | | | | | |
| | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The strength of the strength o

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

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

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
TTALE (Control of State Control of C

| | 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: 2/2 Rpt: 16/19 | Kocurek, Julie H. (The Honorable) 00041208 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 06/30/2023 | Donateway | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$501.02 | PO 300781 | | | | |
| | | | | | | |
| | | Austin, TX 78703 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Online Fees | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - | | | |
| | expenditure to benefit C/OI | | | | | |
| | Date | Payee name | = | | | |
| | 06/21/2023 | GNI Strategies | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ | | | |
| | \$354.44 | PO Box 685008 | | | | |
| | | | | | | |
| | | Austin, TX 78768 | | | | |
| 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 Maintenance | | | | |
| | | Website Maintenance | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - | | | |
| | expenditure to benefit C/OI | | | | | |
| | Date | Payee name | = | | | |
| - Lyss Hams | | Ready Refresh | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | - | | | |
| | \$48.99 | 6661 Dixie Highway, STE. 4 | | | | |
| | | | | | | |
| | | Louisville, KY 40258 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | Water for Office | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | |
| | expenditure to benefit C/OI | | | | | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense 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 Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 17/19 Kocurek, Julie H. (The Honorable) 00041208 \$ 0.00 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/05/2023 **Domain Networks** Amount (\$) Payee address; City; State; Zip Code \$289.00 PO BOX 1280 Hendersonville, NC 28583 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Bill 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/14/2023 Gus Fried Chicken/ Delivery Tip Amount (\$) Payee address; City; State; Zip Code \$211.29 117 San Jacinto Austin, TX 78701 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Celebration lunch for staff and court workers. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District 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 Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 18/19 Kocurek, Julie H. (The Honorable) 00041208 \$ 0.00 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/06/2023 Marlow Hotel Amount (\$) Payee address; City; State; Zip Code \$450.00 25 Edwin H Land Blvd Cambridge, MA 02141 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Judicial Speaking Engagement 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/10/2023 Travis County Women's Law Foundation Association Amount (\$) Payee address; City; State; Zip Code \$200.00 P.O. Box 1386 Austin, TX 78767 TYPE OF Non-Political Χ Political **EXPENDITURE 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 Judicial Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kocurek, Julie H. (The Honorable) 00041208 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Marlow Hotel 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule F4 Schedule F2 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel 7 Name of person(s) traveling Kocurek J.D., Julie (Judge) 8 Departure city or name of departure location 06/06/2023 Austin 9 Destination city or name of destination location 06/06/2023 **Boston** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Judicial Speaking Engagement