#### 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) 00070694 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Bradley G. NAME Date Received **ELECTRONICALLY FILED** 01/13/2024 NICKNAME LAST **SUFFIX** Brad Urrutia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Betty NAME NICKNAME LAST **SUFFIX** Blackwell **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 479-0149 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 450 Travis

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Urrutia, Bradley G. (T	he Honorable)	14 Filer ID 00070694	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the eholder's knowledge or otice of such expenditures.			
Additional Pages				
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	TOOMINITY TEE A DE RESS		
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	<b>\$</b> 2,175.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES	C. 23/110)	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 6,864.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 70,530.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			der penalty of perjury, that the ac includes all information required on Code.	
		Т	he Honorable Bradley G. Urru	utia
		S	ignature of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	er administering oath	Printed name of officer administering	ng oath Title of office	r administering oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 16										
18 FILER Urruti		<b>19</b> Filer ID 00070694	(Ethics Commission	ı Filers)						
20 SCHE NAME		SUBTOTAL A	MOUNT							
1. [	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,175.00					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	6,864.04					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$						

MONET	ARY POLITICAL CO	ONTRIBUTIONS		SCHEDULE A(J)1
The Instru	ction Guide explains how to	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/16		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Urrutia, Brad	lley G. (The Honorable)	00070694		
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/02/2023	Blackburn Betts PLLC			\$500.00
	6 Contributor address; City; State  Austin, TX 78701	; Zip Code		
8 Contributor's	Principal Occupation	<b>Q</b> Contri	butor's Job Title	
• Continuators	-ппстрат Оссираноп	<b>3</b> Contin	butor \$ 300 Title	
10 Contributor's	employer/law firm	11 Law fi	rm of contributor's spo	ouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)	<b>L</b>		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Fox, Mykal	\$250.00		
	Contributor address; City; State	; Zip Code		
	Austin TV 70704			
	Austin, TX 78701			
Attorney	Principal Occupation	Owne	butor's Job Title	
	employer/law firm		rm of contributor's spo	ouso (if any)
Self Employ		Law III	ini di contributor s spe	ouse (ii aliy)
	s a child, law firm of parent(s) (if any)	1		
	o a oma, ian iiii o parom(o) (ii arij)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/30/2023	Katims, Jason	out of state 1710 (1511.		\$250.00
	Contributor address; City; State	; Zip Code		
	Austin, TX 78701			
Contributor's	Principal Occupation	Contri	butor's Job Title	
Attorney				
	employer/law firm	ouse (if any)		
Self Employ	ed			
If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDU	LE <b>A(J)1</b>
	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/16			
2	FILER NAME	dley G. (The Honorable)			<b>3</b> Filer ID (Ethics Com 00070694	mission Filers)
4	Date 07/05/2023	5 Full name of contributor Kercher, Margaret 6 Contributor address; City;	out-of-state PAC (ID#:		7 Amount of Contributio	n (\$) \$50.00
		Austin, TX 78739				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
	Travis Coun			Texas Attorney Genera		
12		s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contributio	n (\$)
	08/03/2023	Martin, Harley	_			\$25.00
		Contributor address; City;  Austin, TX 78744	State; Zip Code			
	Contributor's	Principal Occupation		Contributor's Job Title		
	Attorney	Filincipal Occupation		Attorney		
_		employer/law firm		Law firm of contributor's s	enouse (if any)	
	Self Employ	, ,		Law iiiii or contributor 3 3	pouse (ii arry)	
_		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a crillu, law lilili or pareril(s) (i	i aliy)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contributio	n (\$)
	08/30/2023	Martinez, Gilbert	_			\$100.00
		Contributor address; City;	State; Zip Code			
		Austin, TX 78704				
		Principal Occupation				
	Attorney Attorney					
		employer/law firm		Law firm of contributor's s	pouse (if any)	
	Self Employ	ed				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	Total pages Schedule A(J)1:     Sch: 3/3 Rpt: 6/16	
2 FILER NAME	dley G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00070694
4 Date 08/14/2023	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of Contribution (\$) \$1,000.00
	Austin, TX 78731		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	pouse (if any)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 1/10 Rpt: 7/16	Urrutia, Bradley G. (The Honorable)  00070694
4	Date	5 Payee name
	09/28/2023	Austin Tejano Democrats
6	Amount (\$) \$526.63	7 Payee address; City; State; Zip Code 1805 Miles Ave.
	DUDDOCE	Austin, TX 78745
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	DonateWay
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.10	P.O. Box 301267
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit Card Processing Fees
		Great Cara i Tocessing i ees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	Dove Springs Advisory Board
	Amount (\$)	
	( )	
	\$526.63	5801 Ainez Dr.
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Backpack Drive
_	Operation ONE VIII II	Open districts (Office health a group of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica			Legal Services		alaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains hov	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/10 Rpt: 8/16		Urrutia, Brad	dley G. (The Ho	norable)					00070694		
4	Date	5	Payee name						_			
	11/07/2023		Dove Spring	ıs Advisory Boa	rd							
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Coo	de					
	\$250.00		5801 Ainez	Dr.								
			Austin, TX 7	8744								
8	PURPOSE	(a)	Category (sc	e Categories listed at t	no top of this schodu	ulo)	(b)	Description				
	OF EXPENDITURE	<u> </u> `		s/Donations Ma		iie)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Poli		ee		_		officeholder livin		
								Thanksgiving	) Di	nner Donati	on	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce souç	ght			Office h	eld	
		_										
	Date		Payee name									
	12/15/2023		Dove Spring	ıs Advisory Boa	rd							
	Amount (\$)		Payee addres	•	State; 2	Zip Cod	de					
	\$250.00		5801 Ainez	Dr.								
			Austin, TX 7	8744								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
			Candidate/C	Officeholder/Poli	ucai Commille	ee		Donation to A				
											,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	12/26/2023		Dreamhost									
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$165.00		417 Associa	-	,							
			PMB #257									
			Brea, CA 92	821								
	PURPOSE	(a)					(h)	Description				
	OF	(")		e Categories listed at the		ile)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritai E/	301100			Check if Austin,	, TX,	officeholder livin	g expense	
								Campaign W	ebs	site Hosting		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce souç	ght			Office h	eld	
	experientare to beliefft G/OI											

#### SCHEDULE F1

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

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

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

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

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

	Credit Card Payment		The Instruction Guide explains how	w to co	npl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 9/16		Urrutia, Bradley G. (The Honorable)			00070694
4	Date	5	Payee name			·
	12/20/2023		El Mercado			
6	Amount (\$)	7	Payee address; City; State; Z	Zip Co	de	
	\$216.68		1302 S. 1st St.			
			Austin, TX 78704			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ıle)	(b)	Description
	OF EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense  Staff Appreciation Event
						Otali / ippresidation Event
9	Complete ONLY if direct		Candidate/Officeholder name Offic	ce sou	aht	Office held
	expenditure to benefit C/O			00 000,	9	0.1100 1.010
-	Date	Π	Payee name			
	09/05/2023		Fiesta Patrias			
H	Amount (\$)	⊢	Payee address; City; State; Z	Zin Co	de	
	\$526.63		1020 Grove Blvd.	zip Co	uc	
	4020.00		1020 0.000 0.00			
			Austin, TX 78741			
_	PURPOSE	(2)		1	(h)	Description
	OF	(4)	Category (See Categories listed at the top of this schedu Contributions/Donations Made By	ile)	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee	ee		Check if Austin, TX, officeholder living expense
						Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office	ce sou	ght	Office held
		_				
	Date		Payee name			
	07/24/2023		GNI Consulting			
	Amount (\$)		Payee address; City; State; Z	Zip Co	de	
	\$423.67		P.O. Box 685008			
			Austin, TX 78768			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ıle)	(b)	Description
	EXPENDITURE		Consulting Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Consulting Fee
						- -
Н	Complete ONLY if direct		Candidate/Officeholder name Office	ce sou	ght	Office held
	expenditure to benefit C/O	Н				

#### SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 10/16	Urrutia, Bradley G. (The Honorable) 00070694
4	Date	5 Payee name
	09/01/2023	GNI Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 685008
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/03/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide explai		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 5/10 Rpt: 11/16	Urrutia, Bra	adley G. (The Honorable)	1				00070694		
4	Date	5 Payee name	9							
	09/05/2023	Google LL	С							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$6.40	1600 Ampl	hitheatre Parkway							
		Mountain \	/iew, CA 94043							
8	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			<u> </u>		de of Texas. Com , officeholder living	plete Schedule T.	
						Campaign En				
						1 3		•		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	<del></del>							
	10/02/2023	Google LL								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$6.40	1600 Ampl	hitheatre Parkway							
			-							
		Mountain \	/iew, CA 94043							
	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>-</b>		de of Texas. Com officeholder living	plete Schedule T.	
						Campaign En				
						1 3		•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office h	eld	
	D-t-									
	Date	Payee name								
	11/02/2023	Google LL								
١ ٠	Amount (\$)	Payee addre	•	ate; Zip Co	de					
	\$6.40	1600 Ampi	hitheatre Parkway							
		Mountain \	/iew, CA 94043							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			ш			plete Schedule T.	
								officeholder living		
						Campaign En	ııal	เ อนมอบาทุแป	л I	
<u> </u>	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	əld	
	expenditure to benefit C/OI		nocholaci name	Omoe sou	giit			Onice III	Jiu	
									.,	41.0.65

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking 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 Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 6/10 Rpt: 12/16	Urrutia, Bradley G. (The Honorable) 00070694
4	Date	5 Payee name
Ļ	12/15/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Email Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	08/31/2023	Habla Con Orgullo
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.47	P.O. Box 19712
		Austin TV 78760
	PURPOSE	Austin, TX 78760
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	Date	Payee name
	12/13/2023	Hispanic Bar Association of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 12692
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

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

**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

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/10 Rpt: 13/16 Urrutia, Bradley G. (The Honorable) 00070694 4 Date Payee name 07/31/2023 MailChimp 6 Amount (\$) Payee address; City; State; Zip Code \$28.25 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2023 MailChimp Amount (\$) Payee address; City; State; Zip Code \$28.25 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2023 MailChimp Amount (\$) Payee address: City: State; Zip Code \$28.25 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Credit Cara r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 14/16	Urrutia, Bradley G. (The Honorable)	00070694
4	Date	5 Payee name	
	10/30/2023	MailChimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.25	675 Ponce De Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense nail Vendor Subscription
		Campaign En	idii veridoi Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Paraga marra	
	11/30/2023	Payee name MailChimp	
		·	
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE	
	Φ20.25		
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T.  TX, officeholder living expense
			nail Vendor Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/22/2023	The Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.78	4024 S. Lamar Blvd	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Lvent Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Staff Apprecia	auon Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5.1100 1101u

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 9/10 Rpt: 15/16	Urrutia, Bradley G. (The Honorable) 00070694							
4	Date	5 Payee name							
	09/18/2023	Travis County Democratic Party							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,000.00	1311 E. 6th St. B							
		Austin, TX 78702							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Candidate/Officeholder/Political Committee							
		62. ( Sponsoidp							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
F	Date	Payee name							
	11/21/2023	Travis County Democratic Party							
Amount (\$) Payee address; City; State; Zip Code									
	\$1,500.00 1311 E. 6th St. B								
		Austin, TX 78702							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Filing Fee							
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH								
F	Date	Payee name							
	11/06/2023	USPS							
Н	Amount (\$) Payee address; City; State; Zip Code								
	\$138.00 780 W Farm to Market 1626								
Manchaca, TX 78652									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense P.O. Box Renewal							
		P.O. DOX Reflewal							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
1	expenditure to benefit C/OI								
$\vdash$									

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/10 Rpt: 16/16	Urrutia, Bradley G. (The Honorable)					00070694	, ,		
4	Date	5 Payee name								
	12/04/2023	USPS								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$19.80	780 W Farr	780 W Farm to Market 1626							
		Manchaca, TX 78652								
8	PURPOSE		ee Categories listed at the top of thi	is schedule)	ule) (b) Description					
	OF EXPENDITURE	Onice Overrieda/Nerital Expense				<u> </u>	travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense					expense	
						Postage				
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name								
	11/06/2023	University Democrats								
	Amount (\$)	Payee addre	ss; City; S	tate; Zip Co	de					
	\$250.00 911 W 21st St.									
		#2407								
		Austin, TX	79705							
				1						
PURPOSE OF EXPENDITURE			ee Categories listed at the top of thi	is schedule)	(b)	Description	outoi	do of Toyon Com	plata Cahadula T	
		Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Committee  Check if Austin, TX, officeholder li								
		Carididate	Event Spo							
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI				5					
_										