JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commis 00065750	,	2 Total pages	s filed: 34
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Julia A.			Date Received	E USE ONLY
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		LAST Maldonado		SUFFIX	5_,20,2024	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #: CIT	TY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER MAILING					Receipt #	Amount
ADDRESS	REDACTED PER 25	4.0313, GOV'T (CODE			
Change of Address					Date Processed	1
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Gerald				
	NICKNAME	LAST Womack			SUFFIX	
		VVUIIIdUK				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	Γ / SUITE #; CITY;	; 5	STATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)	REDACTED PER 25	4.0313, <u>GOV'T (</u>	CODE			
UTESIDENCE OF BUSINESS)						
7 CAMPAIGN		ONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 523-7402					
	+					
8 REPORT TYPE	January 15	30th day before	e election	Runoff		campaign treasurer
						officeholder only)
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (/	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	03/05/2024				<u> </u>	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	Г (if known)	
	District Judge District 50	7 Harris		District Judge D		
		GO 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Ve	ersion V3.5.1.9000c47

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 34

I

13 C / OH NAME	Maldonado, Julia A.	(The Honorable)	14 Filer ID 00065750	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, , ,	\$	0.00
		ICAL CONTRIBUTIONS		\$	19,818.92
EXPENDITURE	· · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)	¢	0.00
TOTALS			\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	86,422.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	85,568.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honor	able Julia A. Maldon	ado	
		Signature of	f Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the		_ day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	er administeri	ng oath
Forms provided by Te	xas Ethics Commissior	n www.ethics.state.tx.us		Version V3	3.5.1.9000c47

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 34

18 FILER NAME		19 Filer ID	(Ethics Commission Filers)
	Julia A. (The Honorable)	00065750	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SC	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 16,502.69
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,316.23
3. 🗌 SC	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. 🗌 SC	CHEDULE E(J): LOANS (JUDICIAL)		\$
5. 🗙 SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 86,422.95
6. 🗌 so	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. 🔲 so	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
8. 🗌 SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. 🗌 so	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. 🔲 SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (DF C/OH	\$
11. 🔲 SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	ONS	\$
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F D FILER	RETURNED	\$

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/34
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
02/24/2024 Booker, William (Mr.)	Booker, William (Mr.)	
Houston, TX 77008		
8 Contributor's Principal Occupation Retired	9 Contributor's Job Title Retired	
10 Contributor's employer/law firm N/A	11 Law firm of contributor's sp N/A	oouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 02/15/2024 Brown, Jimmie (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$257.94
Houston, TX 77068	Contributor's Job Title	
Contributor's Principal Occupation Attorney	Attorney At Law	
Contributor's employer/law firm Law Office of Jimmie Brown	Law firm of contributor's sp N/A	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 02/15/2024 Cortes, Eddie Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
Houston, TX 77009		
Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney At Law	I
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Law Office Of Eddie Cortes	N/A	
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.9000c47

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/34		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Maldonado,	Julia A. (The Honorable)		00065750	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
02/15/2024	Harrison, Ronnie (Ms.)		\$515.38	
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77002			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney At Law		
10 Contributor's e		11 Law firm of contributor's sp		
Harrison Lav		Harrison Law Office P.C	C.	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/15/2024	Kassab, Amira Manai (Ms.)		\$100.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77063			
Contributor's F	Principal Occupation	Contributor's Job Title		
owner		CEO		
	employer/law firm	Law firm of contributor's sp	bouse (if any)	
The Princess	-	N/A		
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/15/2024	Kassab, George (Mr.)		\$100.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77063			
Contributor's F	Principal Occupation	Contributor's Job Title		
CEO		Owner		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)		
Executive Transporters N/A				
If contributor is	If contributor is a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.9000c471	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/34	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Maldonado, .	Julia A. (The Honorable)		00065750
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/24/2024	Kennard, Alfonso (Mr.)		\$2,574.90
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77007		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney At Law	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Kennard Law		N/A	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024	Law Offices of Joel A. Nass, PC		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77046		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/15/2024	Martinez, Ivonne (Ms.)		\$257.94
	Contributor address; City; State; Zip Code		
	Houston, TX 77009	1	
	Principal Occupation	Contributor's Job Title	
IT Consultan		IT Consultant	
Contributor's employer/law firm Law firm of contributor's sp Kinder Morgan Inc			
Kinder Morgan Inc. Law Office of Juan Agu		lire	
If contributor is	s a child, law firm of parent(s) (if any)		
Eorms provided	hy Texas Ethics Commission www.ethic	s state ty us	Version V/3 5 1 9000c47

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/34	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Maldonado, Ju	ılia A. (The Honorable)		00065750
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/15/2024	Namique, Shaymad (Ms.)		\$100.00
6	Contributor address; City; State; Zip Code		1
	Houston, TX 77006		
8 Contributor's Pri	ncipal Occupation	9 Contributor's Job Title	
Entrepreneur		Owner	
10 Contributor's em		11 Law firm of contributor's sp	bouse (if any)
-	eyond Skin Care	N/A	
12 If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	O'Neil Wysocki PC		\$1,500.00
···	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Contributor's Pri	ncipal Occupation	Contributor's Job Title	
Contributor's em	ployer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024	Pesota, William (Mr.)		\$26.25
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
Contributor's Priv		Contributor's Job Title	
attorney			
Contributor's em	plover/law firm	Law firm of contributor's sp	pouse (if any)
Retired			
If contributor is a	a child, law firm of parent(s) (if any)		
	v Texas Ethics Commission www.ethic	es state tx us	Version V3 5 1 9000c471

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/34	
2 FILER NAME Maldonado, Ju	lia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
02/14/2024			7 Amount of Contribution (\$) \$2,000.00
	Houston, TX 77079		
8 Contributor's Prir CEO	ncipal Occupation	9 Contributor's Job Title CEO	
10 Contributor's em Revcord		11 Law firm of contributor's sp N/A	pouse (if any)
12 If contributor is a	child, law firm of parent(s) (if any)		
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:) Slate, Emily (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	Houston, TX 77006		
Managment	ncipal Occupation	Contributor's Job Title Office Manager	
Contributor's em Slate and Asso		Law firm of contributor's sp Slate and Associates	pouse (if any)
Date 02/15/2024	Full name of contributor out-of-star The Carlin Law Firm Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Contributor's Prir	Houston, TX 77002-2040	Contributor's Job Title	
Contributor's em	ployer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Forms provided by	Texas Ethics Commission	www.ethics.state.tx.us	Version V3.5.1.9000c471

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/34	
2 FILER NAME Maldonado, Julia A. (The I	Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 5 Full name 0 02/19/2024 Torres, Jo	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$500.00
Houston,	TX 77002		
8 Contributor's Principal Occup Attorney	ation	9 Contributor's Job Title Attorney At Law	
10 Contributor's employer/law fir TorVal Law Group	m	11 Law firm of contributor's sp N/A	oouse (if any)
12 If contributor is a child, law firm	m of parent(s) (if any)		
02/24/2024 Van Ness	Full name of contributor out-of-state PAC (ID#:) Van Ness, John (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,574.90
Houston,			
Contributor's Principal Occup Attorney	ation	Contributor's Job Title Attorney At Law	
Contributor's employer/law fir Lilly & Van Ness, LLP	m	Law firm of contributor's sp N/A	oouse (if any)
If contributor is a child, law fin	m of parent(s) (if any)		
02/04/2024 Vargas, C	of contributor out-of-state PAC (ID#:_ omar address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
Houston,	TX 77082		
Contributor's Principal Occup Attorney	ation	Contributor's Job Title Attorney At Law	
Contributor's employer/law firm Law firm of contributor's st		oouse (if any)	
Law Office Of Omar Vargas N/A			
If contributor is a child, law fin	m of parent(s) (if any)		
Forms provided by Texas Ethi		s.state.tx.us	Version V3.5.1.9000c47

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/34
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 5 Full name of contributor 02/24/2024 Vasquez, Juan (Mr.) 6 Contributor address; City; State		
Houston, TX 77002		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney	Attorney At Law	
10 Contributor's employer/law firm	11 Law firm of contributor's s	spouse (if any)
Chamberlain Hrdlicka	N/A	
12 If contributor is a child, law firm of parent(s) (if any))	
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/24/2024 Vasquez, Rudy (Mr.)		\$515.38
Contributor address; City; State	: Zip Code	
Houston, TX 77009		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney At Law	
Contributor's employer/law firm	Law firm of contributor's s	spouse (if any)
Law Offices Of Rudy G. Vasquez	N/A	
If contributor is a child, law firm of parent(s) (if any))	
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024 Yablon Law PLLC	-	\$400.00
Contributor address; City; State	;; Zip Code	
Houston, TX 77019		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's s	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
	,	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Version V3.5.1.9000c47

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/34
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Maldonado, Julia A. (The Honorable)			00065750
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/15/2024			\$30.00
	6 Contributor address; City; State; Zip Code		
	Pasadena, TX 77502		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney At Law	
	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Yablon Law		N/A	
	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024	Zaki Law)	\$50.00
02,10,2021			
	Contributor address; City; State; Zip Code		
	Houston, TX 77005		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor i	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
2 FILER NAME			Sch: 1/2 Rpt: 12/34 3 Filer ID (Ethics Commission Filers)
Maldonado,	: Julia A. (The Honorable)		00065750
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/15/2024	 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description \$857.54 fundraiser
	Houston, TX 77079		I I Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Law Office Of Omar O. Vargas PC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$857.54 I fundraiser
	Houston, TX 77074		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Law Office Of Susan Hays, P.C. Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$743.61
	Austin, TX 78704		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
lf contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 2/2 Rpt: 13/34				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Maldonado,	Julia A. (The Honorable)		00065750				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5	Date 02/15/2024	 6 Full name of contributor out-of-state PAC (ID#: The Mendiola Law Firm, PLLC 7 Contributor address; City; State; Zip Code Houston, TX 77056)	8	Amount of 9 In-kind contribution contribution (\$) description \$857.54 I fundraiser			
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	Check if travel outside of Texas. Complete Schedule T.			
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)					
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
1									
	Sch: 1/21 Rpt: 14/34	Maldonado, Julia A. (The Honorable) 00065750							
4	Date	5 Payee name							
	02/23/2024	40 North Advocacy LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$19,749.71	7157 Camp Hill Rd.							
		Ft. Washington, PA 19034							
_									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		printing							
		priving							
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	02/17/2024	American Legion Post 560							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00	3720 Alba Rd.							
	\$200.00	5720 Alba Ru.							
		Houston, TX 77018							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	EXPENDITORE	Candidate/Officeholder/Political Committee							
		donation to Reagan High School (now Heights)							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	H							
⊨	Date	Payee name							
	02/11/2024	Baytown Area Democrats							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.00	P. O. Box 2158							
		Houston, TX 77522							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	EXPENDITORE	Candidate/Officeholder/Political Committee							
		donation							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OF	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printir	e Overhea ng Expens ing Expens ries/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 2/21 Rpt: 15/34		Maldonado, Julia A. (The Honorable)		00065750			
4	Date	5	Payee name					
	02/15/2024		Baytown Area Democrats					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$70.00		P. O. Box 2158					
			Houston, TX 77522					
8	PURPOSE	(2)		(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee				officeholder living expense	
					donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	sought			Office held	
	Date		Payee name					
	01/29/2024		Castelan, Alicia (Ms.)					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$350.00		18323 All Oak Trail	Couc				
	\$550.00							
			Houston, TX 77084					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name Office :	sought			Office held	
	Date		Payee name					
	02/17/2024		Castelan, Alicia (Ms.)					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$250.00		18323 All Oak Trail	Couc				
	φ230.00							
			Houston, TX 77084					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.	
							officeholder living expense	
					photographer			
	-							
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office :	sought			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr						Travel in District Travel Out of Dis	quipment & Related Expense		
_	Tatal same Oak adula E4			in Guide explains i		ipiete tili		_	Files ID			
1	Total pages Schedule F1: Sch: 3/21 Rpt: 16/34	2	FILER NAME Maldonado, Julia A. (Th	e Honorable)					Filer ID 00065750	(Ethics Commission Filers))	
4	Date	5	Payee name									
	02/06/2024		FTS T-shirts									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le						
	\$650.00		7800 Harwin Dr. a5									
			Houston, TX 77036									
8	PURPOSE	(a)	Category (See Categories liste	d at the tap of this cab	odulo)	b) Des	cription					
-	OF		Contributions/Donations		edule)	_		outsic	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/		ittee		check if Austin,	TX,	officeholder living	expense		
						Don	Donation for TSU Law School					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Dffice sou	ht			Office he	eld		
	Date		Payee name									
	02/01/2024		Facebook, Inc.									
	Amount (\$)		Payee address; City;	State:	Zip Co	ما					_	
	\$128.27		1601 Willow Road	State,		ic						
	Φ120.27		1001 WIIIOW ROdu									
			Menlo Park, CA 94025-:	1452								
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Des	cription					
	OF EXPENDITURE		Advertising Expense						de of Texas. Com			
								ΤX,	officeholder living	expense		
						adv	ertising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ht			Office he	eld		
	Date		Payee name								-	
	01/29/2024		Foundation Blue LLC									
				Stata:	Zin Co						_	
	Amount (\$)		Payee address; City;	Siale,	Zip Co	le						
	\$6,425.50		57 Manchester St.									
			Weymouth, MA 02190									
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	b) Des	cription					
	OF		Consulting Expense		,		Check if travel o	outsic	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		J J J J J J J J J J J J J J J J J J J			D	check if Austin,	TX,	officeholder living	expense		
						con	sulting					
	Complete ONLY if direct		andidate/Officeholder nam	e C	Office sou	ht			Office he	ld		
	expenditure to benefit C/OI	H										

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office States Gitl/Awards/Memorials Expense Polling Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 4/21 Rpt: 17/34	Maldonado, Julia A. (The Honorable)	00065750					
4	Date 02/05/2024	Payee name Foundation Blue LLC						
6	Amount (\$) \$500.00	Payee address;City;State;Zip Code57 Manchester St.Weymouth, MA 02190						
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/12/2024	Foundation Blue LLC						
	Amount (\$) \$8,339.52	Payee address;City;State;Zip Code57 Manchester St.						
		Weymouth, MA 02190						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2024	Foundation Blue LLC						
	Amount (\$) \$11,151.75	Payee address;City;State;Zip Code57 Manchester St.						
		Weymouth, MA 02190						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B Gift/Aw nmittee Legal S	Expense leverage Expense ards/Memorials Expense Services nstruction Guide explains	Office Overhea Polling Expens Printing Exper Salaries/Wage	ise s/Contract Labor	Travel in District Travel Out of Distric	ipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 5/21 Rpt: 18/34		A. (The Honorable)			00065750	,	
4	Date 02/22/2024	Payee name Foundation Blue	LLC					
6	Amount (\$) \$11,551.75	Payee address; 57 Manchester S Weymouth, MA (st.	; Zip Code				
8	PURPOSE OF EXPENDITURE	Category _{(See Categ} Consulting Expe	gories listed at the top of this sch	nedule) (b)		outside of Texas. Comple I, TX, officeholder living ex		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officehold	der name (Office sought		Office held	1	
	Date	Payee name						
	02/17/2024	Goode Co. Bbq						
	Amount (\$) \$52.65	Payee address; 5109 Kirby Dr.	City; State	; Zip Code				
	PURPOSE	Houston, TX 770		(b)	Description			
	OF	Category (See Categ Food/Beverage E	gories listed at the top of this sch Expense	nedule) (D,		outside of Texas. Comple n, TX, officeholder living ex ' &SSEIS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	der name d	Office sought		Office held	I	
	Date	Payee name						
	02/17/2024	Greater Houston	Lulac Council #4967					
	Amount (\$) \$100.00	Payee address; P. O. Box 1012	City; State	; Zip Code				
		Houston, TX 772	51					
	PURPOSE OF EXPENDITURE	Contributions/Do	gories listed at the top of this sch nations Made By holder/Political Comn			outside of Texas. Comple a, TX, officeholder living ex		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officehold	der name (Office sought		Office held	1	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 6/21 Rpt: 19/34	I	Maldonado, Julia A. (The Honoral	ole)				00065750			
4	Date	5 F	Payee name								
	02/02/2024		Hall, Terrance (Mr.)								
6	Amount (\$)	7 F	Payee address; City;	State;	Zip Coc	е					
	\$180.00	4	1305 Engleford St.								
		,	Houston, TX 77026								
	PURPOSE	<u> </u>									
8	OF		Category (See Categories listed at the top of t	this scheo	dule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE	'	Advertising Expense					, officeholder living expense			
						canvassing					
						-					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date	F	Payee name								
	02/08/2024	I	Hall, Terrance (Mr.)								
	Amount (\$)			Stato	Zip Coo	0					
	()			Sidle,	Zip Cut	e					
	\$250.00	'	1305 Engleford St.								
			Houston, TX 77026								
	PURPOSE	(a) (Category (See Categories listed at the top of	this scheo	dule)	b) Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political C	ommit	ttee			, officeholder living expense			
						contribution f	ors	seniors			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date	F	Payee name								
	02/19/2024		Hall, Terrance (Mr.)								
	Amount (\$)	F	Payee address; City;	State;	Zip Coc	e					
	\$1,000.00		1305 Engleford St.								
			Houston, TX 77026								
	PURPOSE	(a) (Category (See Categories listed at the top of	this scheo	dule)	b) Description					
	OF EXPENDITURE		Consulting Expense		-	Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, TX	, officeholder living expense			
						consulting					
	Complete ONLY if direct		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	expenditure to benefit C/OI	Η									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
	Sch: 7/21 Rpt: 20/34	/laldonado, Julia A. (The Honorable)		00065750				
4	Date 02/22/2024	Payee name Hall, Terrance (Mr.)						
6	Amount (\$) \$1,500.00	vayee address; City; State; Zip 305 Engleford St. łouston, TX 77026	Code					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office	sought	Office held				
	Date	Payee name						
	02/05/2024	larris County Democratic Lawyer's Associa	tion					
	Amount (\$) \$40.00	Payee address; City; State; Zip 302 Waugh Dr.	Code					
		louston, TX 77019						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held				
	Date	ayee name						
	02/08/2024	louston Informer Foundation						
	Amount (\$) \$1,500.00	vayee address; City; State; Zip 542 N. Ripple Ridge Dr.	Code					
		louston, TX 77053	-					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office	sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 8/21 Rpt: 21/34		Maldonado, Julia A. (The Honorable)					00065750	
4	Date 01/29/2024		Payee name Houston Lawyer's Association						
6	Amount (\$)		-	Zip Co	do				
ľ	\$60.00	ľ	P. O. Box 300009		uc				
			Houston, TX 77230						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense	ŗ		Check if travel	outsi	de of Texas. Complete Schedule T.	
								officeholder living expense	
						staff attendar	ice	at HLA breakfast	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	02/14/2024		Jason's Deli-DTH						
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$247.04		901 McKinney	210 000	uc				
	φ247.04		SOT MCKITTEY						
			Houston, TX 77002						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF		Food/Beverage Expense	Juuroj		·	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, тх,	officeholder living expense	
						Valentine's lu	ncł	neon for staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	
⊨	Date		Payee name						
	02/02/2024		Jaymes, Fernando (Mr.)						
-	Amount (\$)			Zip Co	do				
	. ,				ue				
	\$625.00		8923 Klondike St.						
			Houston, TX 77075						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.	
								officeholder living expense	
						political signs			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght		_	Office held	
	expenditure to benefit C/OI	-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER N	JAME				3	Filer ID (Ethics Commission File	rs)		
	Sch: 9/21 Rpt: 22/34		ado, Julia A. (The Ho	norable)				00065750	,		
4	Date 02/23/2024	Payee r Jaymes	ame s, Fernando (Mr.)								
6	Amount (\$)	Payee a	ddress; City;	State	; Zip Coo	le					
	\$1,200.00		londike St.		· •						
	+_,										
		Housto	n, TX 77075								
_											
8	PURPOSE OF		y (See Categories listed at the		nedule)	b) Description	outoi	ide of Toylog, Complete Cehadule T			
	EXPENDITURE	Salarie	s/Wages/Contract Lat	oor				ide of Texas. Complete Schedule T. , officeholder living expense			
						signs					
						5					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	e/Officeholder name	(Office soug	ht		Office held			
	Date	Payee r	2000								
	02/16/2024		Herald Voice								
				<u> </u>	7. 0						
	Amount (\$)	Payee a		State	; Zip Coo	le					
	\$540.00	P. O. B	ox 153								
		Housto	n, TX 77001-0153								
	PURPOSE	a) Categor	y (See Categories listed at the	top of this sch	nedule)	b) Description					
	OF EXPENDITURE	Adverti	sing Expense					ide of Texas. Complete Schedule T.			
	-					Add	η, TX,	K, officeholder living expense			
						Auu					
	-										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	(Office soug	nt		Office held			
	Date	Payee r	ame								
	01/28/2024		haroletta (Ms.)								
-	Amount (\$)	Payee a	ddress; City;	State	; Zip Coo	e					
	\$550.00	3333 L		Child	, <u></u> p ooe						
	\$000100	0000 2									
		Housto	n, TX 77098								
	PURPOSE	a) Categor	y (See Categories listed at the	top of this sch	nedule)	b) Description					
	OF		ting Expense				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		5 1			Check if Austin	n, TX	, officeholder living expense			
						Consulting					
	Complete ONLY if direct	Candidat	e/Officeholder name	(Office soug	ht		Office held			
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 10/21 Rpt: 23/34	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 01/29/2024	Payee name Law Office Of Susan Hayes, P.C.							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,000.00	P. O. Box 41647							
		Austin, TX 78704							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
		- 5							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2024	Nickson, Deborah (Ms.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00 7521 Lockwood Dr.								
		Houston, TX 77016							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2024	Nickson, Deborah (Ms.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$210.00	7521 Lockwood Dr.							
		Houston, TX 77016							
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	······································							
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 11/21 Rpt: 24/34	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 02/17/2024	Payee name Nickson, Deborah (Ms.)							
6	Amount (\$) \$300.00	 Payee address; City; State; Zip Code 7521 Lockwood Dr. Houston, TX 77016 							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense phone bank Check if Austin, TX, officeholder living expense phone bank									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/13/2024	Nothing Bundt Cake							
	Amount (\$) \$39.00	Payee address; City; State; Zip Code 304 W. Bay Area Blvd. Unit 400 Webster, TX 77598							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/13/2024	Nothing Bundt Cake							
	Amount (\$) \$39.60	Payee address; City; State; Zip Code 304 W. Bay Area Blvd. Unit 400 Webster, TX 77598							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense S						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 12/21 Rpt: 25/34		Maldonado, Julia A. (The Honorable	e)				00065750	
4	Date 02/16/2024		Payee name Office Depot						
6	Amount (\$) \$24.65		Payee address; City; St 1401 North Loop W. Houston, TX 77008	ate; Zip	Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense supplies									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office s	ough	:		Office held	
	Date		Payee name						
	02/23/2024		PNC						
	Amount (\$) \$4.50		7047 Harrisburg Blvd., Bldg. A	ate; Zip	Code				
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77011 Category (See Categories listed at the top of this Accounting/Banking	s schedule)	(b			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office s	ough	:		Office held	
	Date		Payee name						
	02/04/2024		PayPal						
	Amount (\$) \$7.72		Payee address; City; St P. O. Box 45950	ate; Zip	Code				
			Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Accounting/Banking	s schedule)	(b	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense Ontribution from Omar Vargas	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office s	ough			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printir mittee Legal Services Salari	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 13/21 Rpt: 26/34		Maldonado, Julia A. (The Honorable)				00065750		
4	Date 02/15/2024	5	Payee name PayPal						
6	Amount (\$) \$7.94	7	Payee address; City; State; Zip P. O. Box 45950 Omaha, NE 68145-0950	Code					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PayPal fee-contribution from Ivonne Martines						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office s	sought			Office held		
	Date		Payee name						
	02/15/2024		PayPal						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$15.38		P. O. Box 45950 Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Check if Austin,	, TX,	le of Texas. Complete Schedule T. officeholder living expense ibution from Ronnie Harrison		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office s	sought			Office held		
	Date		Payee name						
	02/15/2024		PayPal						
	Amount (\$) \$7.94		Payee address; City; State; Zip P. O. Box 45950	Code					
			Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense ibution from Jimmie Brown		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name Office s	sought			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 14/21 Rpt: 27/34		Maldonado, Julia A. (The Honorable)				00065750		
4	Date 5 Payee name 02/15/2024 PayPal								
6	Amount (\$) \$1.25	7	Payee address; City; State; P. O. Box 45950 Omaha, NE 68145-0950	Zip Coo	de				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	ght		Office held		
	Date		Payee name						
	02/15/2024		PayPal						
	Amount (\$) \$72.74		Payee address; City; State; P. O. Box 45950	Zip Coo	de				
			Omaha, NE 68145-0950		<u> </u>				
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schere Accounting/Banking	dule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ribution from Emily Slate		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	yht		Office held		
	Date		Payee name						
	02/15/2024		PayPal						
	Amount (\$) \$7.72		Payee address; City; State; P. O. Box 45950	Zip Co	de				
			Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Accounting/Banking	dule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ribution from Eddie Cortes		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	9ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District mmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above					
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission	Filers)				
	Sch: 15/21 Rpt: 28/34		Maldonado, Julia A. (The Honorable) 00065750					
4	Date 02/19/2024	5	Payee name PayPal					
6	Amount (\$) \$15.38	7	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950 Omaha, NE 68145-0950 Omaha, NE 68145-0950					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense PayPal fee-contribution from Jose Luis Torr								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held					
	Date		Payee name					
	02/24/2024		PayPal					
	Amount (\$) \$29.39		Payee address;City;State;Zip CodeP. O. Box 45950					
			Omaha, NE 68145-0950					
	PURPOSE OF EXPENDITURE	(a)	 (b) Description Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PayPal fee-contribution form Juan Vasquez 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held					
	Date		Payee name					
	02/24/2024		PayPal					
	Amount (\$) \$74.90		Payee address;City;State;Zip CodeP. O. Box 45950					
			Omaha, NE 68145-0950					
	PURPOSE OF EXPENDITURE		(b) Description Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PayPal fee-contribution from John Van Ness					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Rela Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District mmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list					
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Com	mission Filers)				
	Sch: 16/21 Rpt: 29/34		Maldonado, Julia A. (The Honorable) 00065750					
4	Date 02/24/2024	5	Payee name PayPal					
6	Amount (\$) \$74.90	7	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950 Omaha, NE 68145-0950					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense PayPal fee-contribution from Alfonso Kennar								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held					
	Date		Payee name					
	02/24/2024		PayPal					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$15.38		P. O. Box 45950 Omaha, NE 68145-0950					
	PURPOSE OF EXPENDITURE	(a)	(b) Description Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense PayPal fee-contribution from Rudy Vas					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held					
	Date		Payee name					
	02/24/2024		PayPal					
	Amount (\$) \$7.72		Payee address;City;State; Zip CodeP. O. Box 45950					
			Omaha, NE 68145-0950					
	PURPOSE OF EXPENDITURE		 (b) Description Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense PayPal fee-contribution from William Bo 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memo nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Sabadula E1:	5			1000 00 0000		5	Ethics Commission Eilers)	
1	Total pages Schedule F1: Sch: 17/21 Rpt: 30/34		FILER NAME Maldonado, Julia A. (Th	e Honorable)			3	Filer ID (Ethics Commission Filers) 00065750	
4	Date	5	Payee name						
	02/09/2024		Print N Sign						
6	. ,	1	Payee address; City;		; Zip Coc	e			
	\$3,382.82		7350 Harwin Dr., Ste. 3	16-A					
			Houston, TX 77036						
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	nedule)	b) Description			
	OF EXPENDITURE		Printing Expense					de of Texas. Complete Schedule T.	
							, TX,	officeholder living expense	
						printing			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office held	
	Date		Payee name						
	02/19/2024		Print N Sign						
	Amount (\$)	-	Payee address; City;	State;	; Zip Coc	e			
	\$703.62	1	7350 Harwin Dr., Ste. 3		,				
	¢, 00.02		7000 Hulwin Dil, 6to. c.	10 / 1					
			Houston, TX 77036						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	nedule)	b) Description			
	OF EXPENDITURE		Printing Expense Check if travel outside of Texas. Complete Schedule T.						
						<u> </u>	, TX,	officeholder living expense	
						signs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office held	
	Date		Payee name						
	02/23/2024		Print N Sign						
	Amount (\$)		Payee address; City;	State [.]	; Zip Coc	۵			
	\$741.51		7350 Harwin Dr., Ste. 3		, <u>r</u> p				
	Ψι -1.01		7350 Harwin Dr., Sto. 5.	10-A					
			Houston, TX 77036						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	nedule)	b) Description			
	OF EXPENDITURE		Printing Expense		ŕ	Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE						, TX,	officeholder living expense	
						printing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 18/21 Rpt: 31/34	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 02/08/2024	5 Payee name Run Sister Run							
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code P. O. Box 66470 Houston, TX 77266							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense add Advertising Expense Advertising Expense Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/26/2024	Shipley's Donut Shop #1							
	Amount (\$) \$18.10	Payee address; City; State; Zip Code 3932 N. Main							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense kly cle/mentorship program in 507th						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2024	Shipley's Donut Shop #1							
	Amount (\$) \$23.58	Payee address;City;State;Zip Code3932 N. Main							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense kly cle/mentorship program in 507th						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	se Travel Out of District /Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 19/21 Rpt: 32/34	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 02/10/2024	Payee name Shipley's Donut Shop #1							
6	Amount (\$) 7 Payee address; City; State; Zip Code 3932 N. Main Houston, TX 77009								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense phone banking									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/16/2024	Shipley's Donut Shop #1							
	Amount (\$) \$22.10	Payee address; City; State; Zip Code 3932 N. Main							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly cle/mentorship program in 507th						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/10/2024	Starbucks Store # 10879							
	Amount (\$) \$45.30	Payee address;City;State;Zip Code445 North Loop West							
		Houston, TX 77008							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone banking						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr y - Gift/Awards/Memorials Expense Printing Expense Tr					Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 20/21 Rpt: 33/34		Maldonado, Julia A. (The Ho	norable)					00065750	
4	Date 02/02/2024		5 Payee name Text For Less							
6	Amount (\$) \$2,500.00									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	e top of this sch	edule)		Check if travel c		de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	jht			Office he	ld
	Date		Payee name							
	02/10/2024		Text For Less							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$2,500.00		354 State Street Hackensack, NJ 07601							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	e top of this sch	edule)		Check if travel c		de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht			Office he	ld
	Date		Payee name							
	02/21/2024		Text For Less							
	Amount (\$) \$2,500.00		Payee address; City; 354 State Street	State;	Zip Co	le				
			Hackensack, NJ 07601							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	e top of this sch	edule)		Check if travel c		de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	Jht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	e Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ymen rhead pense pense ages/	t/Reimbursement I/Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 21/21 Rpt: 34/34		Maldonado, Julia A. (The Ho	onorable)					00065750	
4	Date	5	Payee name							
	02/10/2024		Villa Arcos - Navigation							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$101.42		3008 Navigation Blvd.							
			Houston, TX 77003							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF	ľ	Food/Beverage Expense		eddie)	. ,		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	, тх,	officeholder living	expense
							phone bankir	ng		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name							
	02/13/2024 Whataburger									
	Amount (\$)	\vdash	Payee address; City;	State:	Zip Co	de				
	\$25.00 905 N. Loop West									
	ψ23.00		SOS N. LOOP West							
			Houston, TX 77008							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Mad				Check if travel	outsi	de of Texas. Com	plete Schedule T.
		Candidate/Officeholder/Political Committee			ittee	Check if Austin, TX, officeholder living expense				
							advertisemer	nt		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н								