

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087963	<b>2</b> Total pages filed:  13	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Veronica	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024
	NICKNAME	LAST Juarez-Dunne	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Laurence A.	MI	
	NICKNAME Trey	LAST Dunne III	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	REDACTED PER 254.0313, GOV'T CODE			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 585-2087	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 01/26/2024	THROUGH	Month    Day    Year 02/24/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 465 Bastrop		<b>12</b> OFFICE SOUGHT (if known) District Judge District 465	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 13

**13** C / OH NAME      Juarez-Dunne, Veronica (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00087963

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

Additional Pages

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	9,773.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	314.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,120.00

**17** AFFIDAVIT

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

\_\_\_\_\_  
The Honorable Veronica Juarez-Dunne  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Juarez-Dunne, Veronica (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00087963
--	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,825.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 4,139.87
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,773.45
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> Date 02/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Ken <hr/> <b>6</b> Contributor address; City; State; Zip Code  Schulenberg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Bigham Law Firm PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coy, Barbara <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$300.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coy, Blas <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/13
2 FILER NAME Juarez-Dunne, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087963
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Chris	7 Amount of Contribution (\$)  \$300.00
	6 Contributor address; City; State; Zip Code  Bastrop, TX 78602	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domaschk, Emily	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Elgin, TX 78621	
Contributor's Principal Occupation Editing		Contributor's Job Title Compliance Officer
Contributor's employer/law firm Dealerware		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domaschk III, Elmwood	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Elgin, TX 78621	
Contributor's Principal Occupation Accounting		Contributor's Job Title Controller
Contributor's employer/law firm Ledcor		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> Date 02/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Jose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Commissioner		<b>9</b> Contributor's Job Title Texas Workforce Commissioner
<b>10</b> Contributor's employer/law firm State of Texas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilleland, John <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$125.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant District Attorney
Contributor's employer/law firm Bastrop County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz, Bryan <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title District Attorney
Contributor's employer/law firm Bastrop County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> Date 02/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Erika	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621	
<b>8</b> Contributor's Principal Occupation Bank loan officer		<b>9</b> Contributor's Job Title Loan Officer
<b>10</b> Contributor's employer/law firm First National Bank of Bastrop		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoskins, Gene	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Smithville, TX 78957	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leigh Ann	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Contributor's Principal Occupation Clerk		Contributor's Job Title Process Service Clerk
Contributor's employer/law firm Bastrop County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> Date 02/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lundgren, Brian ..... <b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Management		<b>9</b> Contributor's Job Title Assistant Manager
<b>10</b> Contributor's employer/law firm Pumpco		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubalcava, Jorge ..... Contributor address; City; State; Zip Code  Elgin, TX 78621	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Construction		Contributor's Job Title owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Gilder, Derek ..... Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Derek Van Gilder		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/13	
2 FILER NAME Juarez-Dunne, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087963	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez-Dunne, Veronica (Judge)	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code  Elgin, TX 78621	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) District Judge		13 Contributor's job title (FOR JUDICIAL) (See instructions) Presiding Judge	
14 Contributor's employer/law firm (FOR JUDICIAL) State of Texas		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Dunne & Juarez, LLC, D/B/A Dunne	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/2 Rpt: 10/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/22/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez-Dunne, Veronica (Judge)	<b>9</b> Loan Amount (\$) \$3,600.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Elgin, TX 78621	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Judge		<b>13</b> Lender's Job Title Presiding Judge
<b>14</b> Lender's Employer/Law Firm State of Texas		<b>15</b> Law Firm of lender's spouse (if any) Dunne & Juarez, LLC, D/B/A Dunne
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/2 Rpt: 11/13
<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/23/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez-Dunne, Veronica (Judge)	<b>9</b> Loan Amount (\$) \$539.87
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Elgin, TX 78621	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Judge		<b>13</b> Lender's Job Title Presiding Judge
<b>14</b> Lender's Employer/Law Firm State of Texas		<b>15</b> Law Firm of lender's spouse (if any) Dunne & Juarez, LLC, D/B/A Dunne
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 12/13	<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00087963
<b>4</b> Date 02/13/2024	<b>5</b> Payee name Bastrop County Elections	
<b>6</b> Amount (\$) \$89.50	<b>7</b> Payee address; City; State; Zip Code 804 Pecan Street  Bastrop, TX 78602	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter lists
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Bastrop Signs	
Amount (\$) \$224.08	Payee address; City; State; Zip Code 248 Hwy 304  Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name Lost Pines Republican Women	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3000 State Highway 71  Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor table
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 13/13	<b>2</b> FILER NAME Juarez-Dunne, Veronica (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00087963
--	---	--

<b>4</b> Date 02/05/2024	<b>5</b> Payee name Smithville Are Chamber of Commerce
-----------------------------	---

<b>6</b> Amount (\$) \$170.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 716  Smithville, TX 78957
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to luncheon
---------------------------------	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/23/2024	Payee name Worley Printing
--------------------	-------------------------------

Amount (\$) \$9,039.87	Payee address; City; State; Zip Code 3217 North I35  Austin, TX 78722
---------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and mailing
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--