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) 00063426 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. John C. NAME Date Received **ELECTRONICALLY FILED** 07/10/2024 NICKNAME LAST **SUFFIX** Maher Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** P.O. BOX 884 MAILING Amount Receipt # **ADDRESS** Wharton, TX 77488 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Heather L. NAME NICKNAME LAST **SUFFIX** Maher STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1607 Crestmont **ADDRESS** (Residence or Business) Wharton, TX 77488 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 531-9215 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) Place W and M District 23rd

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Maher Jr., John C. (M	r.)	14 Filer ID 00063426	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	committees to support the seholder's knowledge or otice of such expenditures		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	20	
		COMMITTEE CAMPAIGN TREASURER ADDRES	55	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.0
		CAL CONTRIBUTIONS		\$ 10,050.0
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM	S)		
TOTALS	3. TOTAL ONTILM		\$ 0.0	
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 10,888.0
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 292.3
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 48,578.9
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mr. 、	John C. Maher Jr.	
		Signature of	f Candidate or Officeho	older
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER	3 of 14
	ER NAN ther Jr.,	19 Filer ID 00063426	(Ethics (Commission Filers)	
l		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	10,050.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	1,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	10,888.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		ONS	\$		
8.		\$			
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1					
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/14				
2	FILER NAME Maher Jr., Jo			3 Filer ID (Ethics Commission Filers) 00063426				
4	Date 06/03/2024	 5 Full name of contributor out-of-state PAC (ID Craig Hathway, P.C. 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$1,000.00				
8	Contributor's I	El Campo, TX 77437 Principal Occupation	9 Contributor's Job Title					
10	Contributor's	employer/law firm	11 Law firm of contributor's s	oouse (if any)				
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)				
	03/19/2024	Daniel D. Horowitz III PC Contributor address; City; State; Zip Code Houston, TX 77002		\$750.00 				
	Contributor's F	Principal Occupation	Contributor's Job Title					
	Contributor's 6	employer/law firm	Law firm of contributor's sp	Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor ut-of-state PAC (ID	D#:)	Amount of Contribution (\$)				
05/22/2024 Duckett, Bouligny & Collins, L.L.P. Contributor address; City; State; Zip Code El Campo, TX 77437				\$1,000.00				
	Contributor's I	I Principal Occupation	Contributor's Job Title					
	Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/14		
2	FILER NAME Maher Jr., Jo			3 Filer ID (Ethics Commission Filers) 00063426		
4	Date 03/12/2024	 Full name of contributor out-of-state PAC (ID#: Fruedensprung, Aaron J. and Leigh Contributor address; City; State; Zip Code Wharton, TX 77488 	7 Amount of Contribution (\$) \$100.00			
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title	<u> </u>		
	Unknown		Unknown			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
	N/A		N/A	(. 4.1)		
12		s a child, law firm of parent(s) (if any)				
	N/A	o a cima, tati min ci parcin(c) (i airy)	N/A			
	Date	Full name of contributor	1	Amount of Contribution (\$)		
Date Full name of contributor out-of-state PAC (ID#:				\$1,000.00		
	-	El Campo, TX 77437	T			
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor		Amount of Contribution (\$)		
04/02/2024 Majors, Laura (Miss) Contributor address; City; State; Zip Code Wharton, TX 77488				\$100.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Speach Path	nologist	Speach Pathologist			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	N/A		N/A			
	If contributor i					
	N/A		N/A			

	MONET	ARY POLITICAL (SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/14
2	FILER NAME Maher Jr., Jo	ohn C. (Mr.)			3	Filer ID (Ethics Commission Filers) 00063426
4	Date 03/28/2024	5 Full name of contributor McDowell Lau Group, L.L6 Contributor address; City; S			7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77006				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)
	06/13/2024 Morris, Barbara Hawes (Ms.) Contributor address; City; State; Zip Code					\$100.00
		Wharton, TX 77488		T		
Contributor's Principal Occupation Contributor's Job Title						
	Unknown			Unknown		
	N/A	employer/law firm		Law firm of contributor's sp N/A	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	N/A			N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	03/20/2024	Paul Webb, PC Contributor address; City; S	tate; Zip Code			\$2,500.00
		Wharton, TX 77488				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm				Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Maher Jr., J	ohn C. (Mr.)		00063426
4 Date 03/25/2024	 5 Full name of contributor out-of-state PAC (ID#:_Spitzmiller III, Robert (Mr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$2,500.00
	Egypt, TX 77436		
	Principal Occupation	9 Contributor's Job Title	
Ranch Mana		Manager	
	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
N/A		N/A	
12 If contributor i N/A	is a child, law firm of parent(s) (if any)	N/A	

L	OANS (J	UDICIAL)			SCHEDULE E(J)			
T	he Instructio	n Guide explains how to complete this f	orm.		iges Schedule E(J): 1 Rpt: 8/14			
	LER NAME laher Jr., John	C. (Mr.)		3 Filer ID 000634	(Ethics Commission Filers)			
4 T	OTAL OF UN	IITEMIZED LOANS			\$			
	ate of loan 3/19/2024	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$1,000.00			
fin	lender a nancial stitution?	8 Lender address; City; State;	Zip Code		10 Interest Rate			
N	0	Wharton, TX 77488			11 Maturity Date			
12 Le	ender's Principal	Occupation	13 Lender's Job Title					
14 Le	ender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)				
16 If	lender is child, la	w firm of parent(s) (if any)	<u> </u>					
17 De	escription of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
	UARANTOR IFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)					
23 Gi	not applicable uarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code					
25 C	uarantor's Emplo	worll aw Eirm	26 Law Firm of guarantor's spouse (if any)					
			20 Law Film of guarantor 3 sp	ouse (ii diriy)				
27 If	guarantor is child	d, law firm of parent(s) (if any)						

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 Printing Expense

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

	Candidate/Officenoider/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: 1/6 Rpt: 9/14	Maher Jr., John C. (Mr.) 00063426
4	Date	5 Payee name
	03/28/2024	Bhakta, Rhea (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$720.00	1527 N. Richmond Road
		Wharton, TX 77488
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Solitatic Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/16/2024	Chevron/Synchrony Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 669820
		Dallas, TX 75266-0774
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel expense
		Fuel expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	·	
	Date	Payee name
	03/06/2024	Chilek, Colby (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$992.00	8478 FM 1096 RD
		Boling, TX 77420
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total nagga Cabadula 51:	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1:	
	Sch: 2/6 Rpt: 10/14	Maher Jr., John C. (Mr.) 00063426
4	Date	5 Payee name
	03/19/2024	Chilek, Colby (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$812.00	8478 FM 1096 RD
	7022.00	
		Deline TV 77490
		Boling, TX 77420
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
		Contract Labor
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to bettern 6/61	
	Date	Payee name
	03/28/2024	Chilek, Colby (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$680.00	8478 FM 1096 RD
	+000100	
		Poling TV 77420
		Boling, TX 77420
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Labor
<u> </u>	Complete Chill V. C. II	Constitute (Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/26/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4203 Glace Shadow Court
		Katy, TX 77494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		Consularity 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor					Travel Out of District Travel Quit of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guid	le explains how to o	ompl	ete this form.					
1	Total pages Schedule F1: Sch: 3/6 Rpt: 11/14	l	E John C. (Mr.)				3	Filer ID 00063426	(Ethics Commission Filers)		
Ļ	·							00000420			
4	Date 06/01/2024	5 Payee name Dibrell & A									
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode						
	\$1,000.00	4203 Glac	e Shadow Court								
		Katy, TX 7	7494								
8	PURPOSE OF EXPENDITURE	(a) Category (a) Consulting	See Categories listed at the Expense	top of this schedule)	(b)		, TX	ide of Texas. Con , officeholder livin	nplete Schedule T. g expense		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office h	eld		
	Date	Payee name	e								
	06/20/2024	Dibrell & A	ssociates								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode						
	\$1,000.00	4203 Glac	e Shadow Court								
		Katy, TX 7	7494		_						
	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description		:df T O	oulete Coheelule T		
	EXPENDITURE	Consulting	Expense				, TX	ide of Texas. Com	plete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office h	eld		
	Date	Payee name									
	03/06/2024	ExxonMob	il								
	Amount (\$) \$200.00	Payee addre		State; Zip C	ode						
		Phoeniz, A	XZ 85062-8072								
	PURPOSE OF EXPENDITURE	(a) Category (a) Credit Care	See Categories listed at the d	top of this schedule)	(b)	ш	, TX,	ide of Texas. Com	nplete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office h	eld		
	rms provided by Tayas E	thing Committee	sion	w athics state ty					Varsian V// 1 0 d278aha0		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G			/ages	/Contract Labor		OTHER (enter a	category not listed above)	
_		-			uide explains in		ПР	1	_		(E.1.) 0 · · · E.1	,
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	5)
	Sch: 4/6 Rpt: 12/14		Maher Jr., J	ohn C. (Mr.)						00063426		
4	Date	5	Payee name									
	03/29/2024		ExxonMobil									
_		_		City ::	Ctata	7:n Ca	al a					
6	Amount (\$)	7	Payee addres	•	State,	Zip Co	ue					
	\$400.00		PO Box 780	72								
			Phoeniz, AZ	85062-8072								
8	PURPOSE	(a)	Category	e Categories listed at t	be too of this asker	dula)	(b)	Description				
	OF	``	Credit Card		the top of this sched	uule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Credit Card	ayment						officeholder living	•	
								Fule expense	,			
9	Complete ONLY if direct			ceholder name	Of	ffice sou	aht			Office he	ald	
ľ	expenditure to benefit C/OI		Januara Offic	Jonolder Hame	Oi	nice sou	9111			Cilico III	J.G	
		_										
	Date		Payee name									
	04/06/2024		Leopard Pro	ject Graduation	า							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00		8980 SH 35	N								
			\	EV 77400								
			Van Vleck, ∃	IX //482								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			_			plete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Commit	ttee		—	, TX,	officeholder living	g expense	
								Donation				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld	
	experialture to benefit C/Oi	П										
	Date		Payee name									
	03/23/2024		Maher Jr., J	ohn (Mr.)								
	Amount (\$)		Payee addres		Stato:	Zip Co	do					
	` '		•	-	State,	Zip Cu	ue					
	\$500.00		1607 Crestn	HOTIL								
			Wharton, TX	< 77488								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF			ment/Reimburs		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		, ,					Check if Austin,	, TX,	officeholder living	g expense	
								Partial Loan F	Rep	ayment		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
-												
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

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

	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: 5/6 Rpt: 13/14	Maher Jr., John C. (Mr.) 00063426
4	Date	5 Payee name
	04/12/2024	Maher Jr., John (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1607 Crestmont
		Wharton, TX 77488
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial Loan Repayment
		Tartial Editi Nepayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	04/18/2024	Maher Jr., John (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1607 Crestmont
		Wharton, TX 77488
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial Loan Repayment
		Tartial Loan Repayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/17/2024	Payee name US Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	141 E. Milam Street
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps
		<u> </u>
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

Expense Travel in I
Expense Travel Ou
Wages/Contract Labor OTHER (6

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	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 I	-ilers)
	Sch: 6/6 Rpt: 14/14		Maher Jr., 3	John C. (M	r.)					00063426		·
4	Date	ate 5 Payee name										
	03/26/2024		Wharton County Historical Museum									
6	Amount (\$) \$150.00	7	Payee addre PO Box 349			State; Zip	Code					
			Wharton, T	X 77488								
8	PURPOSE OF	(a)	Category (S				(b)	Description				
	EXPENDITURE							outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Donation							expense			
								Donadon				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	ıme	Office s	ought			Office he	eld	