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) 00082027 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Erin A. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Nowell CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Erin A. NAME NICKNAME LAST **SUFFIX** Nowell **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 287-3154 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 5 Court Of Appeals, Justice Place 5 District 5

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Nowell, Erin A. (The	Honorable)	14 Filer ID ((Ethics Commission 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 information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		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 PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 11,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 360.50
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 43,762.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 92,074.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Erin A. Nowel	I
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 21				
l	18 FILER NAME Nowell, Erin A. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00082027						
	DULE SUBTOTALS OF SCHEDULE	SUBTOTAL AMOUNT					
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 11,850.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 43,762.25				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	≣ A(,	J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A	J)1:	
2	FILER NAME Nowell, Erin	A. (The Honorable)			3	Filer ID (Ethics Commit 00082027	ssion Fi	ilers)
4	Date 09/06/2024	 5 Full name of contributor Aikens, Carla 6 Contributor address; City; St 	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$100.00
_	Caratributorio	Detroit, MI 48226		To Contributorio Joh Titlo	\perp			
8	Attorney	Principal Occupation	!	9 Contributor's Job Title Attorney				
10		employer/law firm		11 Law firm of contributor's sp	20116	ac (if any)		
10		of Carla Aikens	!	Law min or continues. 5 5	Jour	se (ii ariy)		
12	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	09/16/2024	Barron, Thomas Contributor address; City; St Dallas, TX 75204	tate; Zip Code				\$	\$250.00
	Contributor's !	Principal Occupation		Contributor's Job Title	<u> </u>			
	Attorney	,	!	Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	Law Office o	of Thomas Barron	!					
	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	09/20/2024	Baston Sutton, Valerie						\$25.00
		Contributor address; City; St Arlington, TX 76017	tate; Zip Code					
		Principal Occupation		Contributor's Job Title				
L	Attorney			Attorney				
		employer/law firm	!	Law firm of contributor's sp	ous	se (if any)		
	Baston Law							
	If contributor is	is a child, law firm of parent(s) (if a	any)					

	MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/21
2	FILER NAME Nowell, Erin	A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082027
4	Date 09/04/2024	5 Full name of contributor Bye, Jane6 Contributor address; City; StateDallas, TX 75218	out-of-state PAC (ID#:_ e; Zip Code		7 Amount of Contribution (\$) \$25.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•
	Not Employe	ed		Not Employed	
10	Contributor's e	employer/law firm ed		11 Law firm of contributor's sp	pouse (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#:_)	Amount of Contribution (\$)
	09/17/2024	Clouston, David Contributor address; City; State Dallas, TX 75230	-		\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>
Attorney					
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
	Sessions La	, ,			. ,
	If contributor is	s a child, law firm of parent(s) (if any	r)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/08/2024 Coleman, Linda Contributor address; City; State; Zip Code Dallas, TX 75211			\$50.00 		
	Contributor's F	Principal Occupation		Contributor's Job Title	•
	Not Employe	ed		Not Employed	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	Not Employe	ed			
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.		ages Schedule A(J)1: /6 Rpt: 6/21	
2	FILER NAME Nowell, Erin	A. (The Honorable)			3 Filer ID 000820	(Ethics Commissio	n Filers)
4	Date 09/19/2024	 5 Full name of contributor out-of-Hayes, Steven 6 Contributor address; City; State; Zip C Arlington, TX 76012 	state PAC (ID#:_		7 Amount	t of Contribution (\$)	\$100.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
Ū	Attorney	iniopai Godapaton		Attorney			
10		employer/law firm		11 Law firm of contributor's sp	ouse (if any)	
	Law Office of	f Steven K Hayes					
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Amount	t of Contribution (\$)	
	09/26/2024	Holmes, James Contributor address; City; State; Zip C Dallas, TX 75201	ode				\$250.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	Holmes PLL	С					
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Amount	t of Contribution (\$)	
	09/09/2024	Illich, Niles Contributor address; City; State; Zip C Dallas, TX 75244	ode				\$250.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	l		
	Attorney	· · · ·		Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	Palmer perls	etein					
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/21
2	FILER NAME Nowell, Erin	A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082027
4	Date 09/16/2024	Full name of contributor Kent, David Contributor address; City; 9	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$100.00
		Dallas, TX 75243			
8	Contributor's Attorney	Principal Occupation		9 Contributor's Job Title Attorney	
10	Contributor's	employer/law firm Ker		11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if	any)		
Date Full name of contributor out-of-state PAC 09/24/2024 Nickelson, Christopher Contributor address; City; State; Zip Code		out-of-state PAC (ID#:		Amount of Contribution (\$) \$1,000.00	
		Dallas, TX 75206			
	Contributor's Member	Principal Occupation		Contributor's Job Title Member	
		employer/law firm		Law firm of contributor's s	nouse (if any)
		ain Ausley PLLC			(ii diiy)
		s a child, law firm of parent(s) (if	any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/09/2024	Queenan, Kevin			\$250.00
		Contributor address; City; S Arlington, TX 76015	State; Zip Code		
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Queenan La	W			
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		S	CHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Sch: 5/6 R	Schedule A(J)1 pt: 8/21	L:
2	FILER NAME				3	Filer ID (E	thics Commissi	on Filers)
	Nowell, Erin	A. (The Honorable)				00082027		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of 0	Contribution (\$)	
	09/25/2024	Rutherford, Jay						\$100.00
		6 Contributor address; City;	State; Zip Code					
		Fort Worth, TX 76102						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	attorney			attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spou	se (if any)		
	Jackson Wa	lker LLP						
12	! If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of 0	Contribution (\$)	
	09/26/2024	Samples Ames PLLC	—					\$2,500.00
		Contributor address; City;	State; Zip Code					
		Dallas, TX 75248						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	spou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)	1				
		1			_			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of (Contribution (\$)	#250.00
	09/07/2024	Taylor, Ben						\$250.00
		Contributor address; City;	State; Zip Code					
		Dallas, TX 75214						
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	spou	se (if any)		
	Ted B Lyon	& Associates PC						
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/21
2	FILER NAME Nowell, Erin	A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082027
4	Date 09/26/2024	5 Full name of contributor Townsend, Howard6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$50.00
		Carrollton, TX 75007				
8		Principal Occupation		9 Contributor's Job Title		
	Not Employe			Not Employed		
10	Ocontributor's 6 Not Employe	employer/law firm ed		11 Law firm of contributor's sp	oous	ee (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/26/2024	Wishnew, Dave Contributor address; City;	State; Zip Code			\$1,500.00
	0	Dallas, TX 75201		I 0		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
_		employer/law firm		Law firm of contributor's sp	20116	e (if any)
	Crawford Wi			Law iiiii or contributor 5 5	Jour	o (ii diiy)
		s a child, law firm of parent(s) (i	f any)			
		-				
	Date 09/24/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/24/2024	Zokaie, Cheyenne Contributor address; City; Irving, TX 75038	State; Zip Code			\$50.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссирацоп		Attorney		
H		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Goggan & Sampson		· ·		
	If contributor is	s a child, law firm of parent(s) (i	f any)			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Donations Made By -

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

	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: 1/12 Rpt: 10/21	Nowell, Erin A. (The Honorable) 00082027
4	Date	5 Payee name
	08/12/2024	AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$280.00	1106 Lavaca St
		#200
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor Breakfast Ad
		Laboi Bleaklast Au
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/08/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.83	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Phone/ Data
		Sell Filono, Bala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/25/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.96	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Phone/Data/Upgrade
		Cell Filone/Data/Opgrade
-	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 Committe

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

	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: 2/12 Rpt: 11/21	Nowell, Erin A. (The Honorable) 00082027
4	Date	5 Payee name
	08/08/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.86	PO Box 536216
		Atlanta, GA 30353
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell Phone/Data
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$317.91	PO Box 536216
		Atlanta, GA 30353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell Phone/Data/Upgrade
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/12/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Adobe Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 3/12 Rpt: 12/21	Nowell, Erin A. (The Honorable) 00082027	
4	Date	5 Payee name	_
	08/13/2024	Adobe	
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	07/01/2024	Al Biernat's	
	Amount (\$) \$146.90	Payee address; City; State; Zip Code Oak Lawn Avenue	
		Dallas, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Intern Luncheon	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/21/2024	Al Biernat's	
	Amount (\$) \$235.51	Payee address; City; State; Zip Code Oak Lawn Avenue	
		Dallas, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Attorney Appreciation Lunch	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 13/21	Nowell, Erin A. (The Honorable) 00082027
4	Date	5 Payee name
	07/25/2024	Amazon
6	Amount (\$) \$101.47	7 Payee address; City; State; Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	Amazon
	Amount (\$) \$54.09	Payee address; City; State; Zip Code TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	Arts District Mansion
	Amount (\$) \$28.01	Payee address; City; State; Zip Code 2101 Ross Avenue
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CLE Luncheon/Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 5/12 Rpt: 14/21	Nowell, Erin A. (The Honorable) 00082027					
4	Date	5 Payee name	_				
	08/26/2024	Center for American and International Law					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$460.00	5201 Democracy Dr					
		Plano, TX 75024					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Higginbotham Inn of Court Dues					
		riiggiiibotiiaiii iiiii oi ooait baco					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
ľ	expenditure to benefit C/OI						
⊨	Date	Dougo nama	_				
	09/09/2024	Payee name Circle K					
L			_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$42.03						
L		Grand Prairie, TX					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Travel to Austin for CLE						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI	₹					
F	Date	Payee name	=				
	07/25/2024	Dallas Bar Association					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$250.00	2101 Ross Avenue					
		Dallas, TX 75201					
一	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	LAPENDITORE	Check if Austin, TX, officeholder living expense					
		Bench Bar Attendee					
\vdash	Complete ONLY if alice of	Condidate/Officeholder name Office sought	_				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
\vdash							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 6/12 Rpt: 15/21	Nowell, Erin A. (The Honorable)	00082027
4	Date	5 Payee name	
	08/28/2024	Dallas County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.00	4209 Parry Avenue	
		Dallas, TX 75223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		Signs	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/26/2024	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,950.00	P.O. Box 6250	
		McKinney, TX 75071	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	el outside of Texas. Complete Schedule T.
		Campaign C	in, TX, officeholder living expense
		- Sampagir C	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
H	Date	Payee name	
	09/26/2024	Donorbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$552.27	601 King Street, Suite 200	
	Ψ00Z.Z1	OUT Ming Sureet, State 200	
		Alexandria, VA 22314	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	in, TX, officeholder living expense
		Fees for onl	ine donation transactions during the
		reporting pe	riod
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica 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: 7/12 Rpt: 16/21	Nowell, Erin A. (The Honorable) 00082027
4	Date	5 Payee name
	09/04/2024	EDSI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,408.74	203 S. Beltline Rd.
		Irving, TX 75060
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	07/12/2024	Grand Galvez Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.85	2024 Seawall Blvd
		Galveston, TX 77550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Hotel for Texas Bar College Board Meeting
┡	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
┡		
	Date	Payee name
	09/03/2024	Hudson House
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.93	
		Dallas, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Event Dinner
L	Complete CNUV'S	Condidate (Office helder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee I	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commission Filers)	, _
	Sch: 8/12 Rpt: 17/21	No	well, Erin	A. (The Honorab	ole)					00082027		
4	Date	5 Pay	yee name									
	07/22/2024	Ну	att Hill Co	untry								
6	Amount (\$)	7 Pay	yee addres	s; City;	State;	Zip Co	ode					
	\$901.64	980	00 Hyatt F	Resort Dr								
		Sa	n Antonio	, TX 78251								
8	PURPOSE	(a) Cat	tegory (See	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Fe				,		=			plete Schedule T.	
	ZA ZABITORZ							—		officeholder living		
								Hotel Room fo	OI 3	speaking at	AUV PI CLE	
9	Complete ONLY if direct	Cand	didate/Offic	eholder name		office sou	aht			Office he	ald	
9	expenditure to benefit C/O		uidate/Offic	enoluei name		mice sou	ignt			Office fie	aru	
	Date	Pay	yee name					_				
	09/20/2024	Ма	aggiano's									
	Amount (\$)	Pay	yee addres	s; City;	State;	Zip Co	de					
	\$27.74	No	rthwest H	wy								
		Da	llas, TX									
	PURPOSE	(a) Cat	tegory (See	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l .		age Expense		,		ш			plete Schedule T.	
	ZA ZABITORZ							—		officeholder living	g expense	
								Food for Inn N	VIE	eurig		
\vdash	Complete ONLY if direct	Cand	didate/Offic	eholder name	0	office sou	aht Iaht			Office he	-jų	
	expenditure to benefit C/O		aldato/Offic	onorder name	O	300	9111			Office He		
_	Date	Dec	100 nama									_
	09/09/2024	1 1	yee name arriott Hote	اد								
					Ctata	Zin O-	de					
	Amount (\$)	l Pay	yee addres	s; City;	State;	Zip Co	ue					
	\$1,130.18											
		Au	stin, TX									
	PURPOSE	(a) Cat	tegory (See	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l	ent Exper					ш			plete Schedule T.	
	_/							ш		officeholder living		
								notel and F00	ou I	IOI AUV CIV	Appellate CLA	
_	Complete ONLY if direct	Cand	didate/Offic	eholder name		office cou	abt			Office he	ald	_
	expenditure to benefit C/O		uiuale/OIIIC	enoluel Haille	C	office sou	ıyııl			Onice ne	aiu .	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/12 Rpt: 18/21 Nowell, Erin A. (The Honorable) 00082027 4 Date Payee name 07/22/2024 NTTA 6 Amount (\$) Payee address; City; State; Zip Code \$20.00 Dallas, TX 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2024 **NTTA** Amount (\$) Payee address; City; State; Zip Code \$20.00 Dallas, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel/Tolls Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2024 National Association of Women Judges Amount (\$) Payee address: City: State; Zip Code \$263.71 Washington, DC **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense NAWJ Annual Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 10/12 Rpt: 19/21	Nowell, Erin A. (The Honorable)	00082027
4	Date	5 Payee name	
	07/01/2024	Original Chop House	
6	Amount (\$) \$17.53	7 Payee address; City; State; Zip Code	
		Dallas, TX	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense lanning Lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/05/2024	Plum Paper	
	Amount (\$) \$78.29	Payee address; City; State; Zip Code 1636 Ord Way	
		Oceanside, CA 92056	
	PURPOSE OF EXPENDITURE	Office Overhead/Nertial Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/21/2024	Payee name Reilly Echols Printing, Inc.	
	Amount (\$) \$638.68	Payee address; City; State; Zip Code P.O. Box 152358	
		Dallas, TX 75315-2358	
	PURPOSE OF EXPENDITURE	Trinking Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card r ayment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 20/21	Nowell, Erin A. (The Honorable)		00082027
4	Date	5 Payee name		·
	09/16/2024	Shell Service Station		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$33.31			
		Balch Springs, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Travel to Campaign Event
				navor to Gampaign Evont
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		5	
-	Date	Payee name		
	07/11/2024	Texas Bar College		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$100.00			
		Austin, TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Gift/Awards/Memorials Expense	(-)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	'		Check if Austin, TX, officeholder living expense
				Community Service Sponsorship
_	Commiste ONII V if direct	Condidate/Officeholder some	au la A	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnı	t Office held
_				
	Date	Payee name		
	09/25/2024	The Order Desk		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$24,250.00	9840 Monroe Dr		
		D. II TV 75000		
		Dallas, TX 75220		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Campaign Mailing
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Legal Service	Memorials Exp es			pense ages/	e Contract Labor te this form.		Travel in District Travel Out of Dis OTHER (enter a		t listed above)
1	Total pages Schedule F1:	2	FILER NAM							3	Filer ID	(Ethics C	commission Filers)
	Sch: 12/12 Rpt: 21/21		Nowell, Eri		Honorable	e)					00082027	`	,
4	Date	5	Payee name	;									
	08/06/2024		Yardbird										
6	Amount (\$) \$113.03	7	Payee addre	ess; Cit	ty;	State;	Zip Co	de					
8	PURPOSE	(a)	Category (S	See Categories	listed at the to	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beve				,		Check if travel	n, TX,	de of Texas. Com officeholder living dination Lun	expense	ule T.
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder n	name	O	office sou	ght			Office he	eld	