#### 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) 00041208 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Julie H. NAME Date Received **ELECTRONICALLY FILED** 01/06/2025 NICKNAME LAST **SUFFIX** Kocurek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 509 W. 11th Street MAILING Amount Receipt # **ADDRESS** 7th Floor, 390th District Court Change of Address Austin, TX 78701 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Boone NAME NICKNAME LAST **SUFFIX** Almanza STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 2301 S. Capital of Texas Hwy **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-9486 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year

07/01/2024

Day

03/05/2024

OFFICE HELD (if any)

Month

**ELECTION DATE** 

District Judge District 390 Travis

Year

**COVERED** 

10 ELECTION

11 OFFICE

**THROUGH** 

χ Primary

General

12/31/2024

12 OFFICE SOUGHT (if known)

Other

**ELECTION TYPE** 

Runoff

Special

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 23

| 13 C / OH NAME                                 | Kocurek, Julie H. (Th            | <b>14</b> Filer ID 00041208  | (Ethics Commission Filers)   |                         |
|--|----------------------------------|--|------------------------------|-------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expend<br>These expenditures may have been made withou<br>d officeholders are required to report this informat | it 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 ADDR  | ESS                          |                         |
|  |                                  |  |                              |                         |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | I<br>IZED POLITICAL CONTRIBUTIONS(OTHER TH.<br>ES OF LOANS, OR CONTRIBUTIONS MADE EL   |                              | \$ 0.00                 |
|  |                                  | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA  | NS)                          | \$ 0.00                 |
| EXPENDITURE<br>TOTALS                          | `                                | IZED POLITICAL EXPENDITURES  | 140)                         | \$ 0.00                 |
| TOTALS   | 4. TOTAL POLIT                   | ICAL EXPENDITURES  |                              | 4 10 010 50             |
|  |                                  |  |                              | <b>\$</b> 19,212.56     |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE<br>RIOD  | LAST DAY OF THE              | <b>\$</b> 64,559.68     |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS A<br>TING PERIOD   | S OF THE LAST DAY            | \$ 0.00                 |
| 17 AFFIDAVIT                                   |                                  |  |                              |                         |
|  |                                  | I swear, or affirm, under pena<br>true and correct and includes<br>under Title 15, Election Code   | all information required t   |                         |
|  |                                  | The Ho   | norable Julie H. Kocure      | ek                      |
|  |                                  | Signature  | of Candidate or Officeho     | lder                    |
| AFFIX NO                                       | ГАRY STAMP / SEAL AB             | OVE  |                              |                         |
|  |                                  | aid  | , this the                   | day                     |
| of   | , 20, to co                      | ertify which, witness my hand and seal of office.  |                              |                         |
|  |                                  |  |                              |                         |
| Cimpature - f - ff                             | or administration th             | Drinted name of officer a decided to the   | T(a) = t = tt'               | r odminiote viz a a at- |
| Signature of office                            | er administering oath            | Printed name of officer administering oath   | I ITIE OT OTTICE             | r administering oath    |

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

|            |  |          | 3 of 23      |  |  |  |  |  |  |
|------------|--|----------|--------------|--|--|--|--|--|--|
| -          | 18 FILER NAME  Kocurek, Julie H. (The Honorable)  19 Filer ID (Ethics Commission Filers)  00041208 |          |              |  |  |  |  |  |  |
| 20 SCHEDUL | 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  |          |              |  |  |  |  |  |  |
| 1. X       | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)  |          | \$ 0.00      |  |  |  |  |  |  |
| 2. X       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  |          | \$ 0.00      |  |  |  |  |  |  |
| 3. X       | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)  |          | \$ 0.00      |  |  |  |  |  |  |
| 4. X       | SCHEDULE E(J): LOANS (JUDICIAL)  |          | \$ 0.00      |  |  |  |  |  |  |
| 5. X       | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:                                   | S        | \$ 10,433.81 |  |  |  |  |  |  |
| 6. X       | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |          | \$ 0.00      |  |  |  |  |  |  |
| 7. X       | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                                   | ONS      | \$ 0.00      |  |  |  |  |  |  |
| 8. X       | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |          | \$ 8,778.75  |  |  |  |  |  |  |
| 9. X       | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS   |          | \$ 0.00      |  |  |  |  |  |  |
| 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 TO FILER                          | RETURNED | \$           |  |  |  |  |  |  |
|            |  |          | •            |  |  |  |  |  |  |

| PLEDG                        | ED CONTRIBUTIONS (JUDICIA   | AL)                      |  | SCHED                 | ULE B(J)                 |  |
|------------------------------|---|--------------------------|--|-----------------------|--------------------------|--|
| The I                        | nstruction Guide explains how to comple   |                          | 1 Total pages Schedule B(J):<br>Sch: 1/1 Rpt: 4/23 |                       |                          |  |
| 2 FILER NAME<br>Kocurek, Jul | ie H. (The Honorable)   | 3 Filer ID (<br>00041208 | Ethics Commissio                                   | on Filers)            |                          |  |
| 4 TOTAL OF                   | UNITEMIZED PLEDGES  |                          |  | \$                    | 0.00                     |  |
| 5 Date                       | 6 Full name of pledgor out-of-state PAC (ID#:_  7 Pledgor Address; City; State; Zip ( | Code                     | 8 Amount of pledge (\$)                            | 9 In-kind<br>I (If ap | description<br>plicable) |  |
|                              |   |                          | Check if travel of                                 | outside of Texas.     | Complete Schedule T.     |  |
| 10 Pledgor's prin            | cipal occupation  | 11 Pledgor's job title   |  |                       |                          |  |
| 12 Pledgor's em              | oloyer/law firm   | 13 Law firm of pledgo    | r's spouse (if any)                                |                       |                          |  |
| 14 If pledgor is a           | child, law firm of parent(s) (if any)   |                          |  |                       |                          |  |
|                              |   |                          |  |                       |                          |  |
|                              |   |                          |  |                       |                          |  |
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|                              |   |                          |  |                       |                          |  |

|    | LOANS (J                           | UDICIAL)  |                                      | SCHEDULE <b>E(J)</b>                               |             |                  |              |         |
|----|------------------------------------|---|--------------------------------------|--|-------------|------------------|--------------|---------|
|    | The Instructio                     | on Guide explains how to complete this            | form.                                | 1 Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/23 |             |                  |              |         |
| 2  | FILER NAME<br>Kocurek, Julie H     | . (The Honorable)                                 |                                      | 1  | Filer ID    |                  | ommission F  | -ilers) |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                                   |                                      |  |             | \$               |              | 0.00    |
| 5  | Date of loan                       | 7 Name of lender out-of-state Pa                  | AC (ID#:                             |  |             | 9 Loan /         | Amount (\$)  |         |
| 6  | Is lender a financial institution? | 8 Lender address; City; State;                    | Zip Code                             |  |             | 10 Interes       |              |         |
|    |                                    |   |                                      |  |             | <b>11</b> Maturi | ty Date      |         |
| 12 | 2 Lender's Principal               | Occupation  | 13 Lender's Job Title                |  |             |                  |              |         |
| 14 | 1 Lender's Employer                | r/Law Firm  | 15 Law Firm of lender's spous        | se (if   | f any)      |                  |              |         |
| 16 | If lender is child, la             | aw firm of parent(s) (if any)                     | 1                                    |  |             |                  |              |         |
| 17 | 7 Description of Coll              | ateral  | 18 Check if personal funds we        | ere c  | deposite    |                  | al account   |         |
| 19 | GUARANTOR<br>INFORMATION           | 20 Name of guarantor                              |                                      |  |             | 22 Amou          | nt Guarantee | ed (\$) |
| 23 | not applicable  not applicable     | 21 Guarantor address; City; State; pal Occupation | Zip Code  Zip Code                   |  |             |                  |              |         |
| 25 | <b>5</b> Guarantor's Emplo         | over/Law Eirm                                     | <b>26</b> Law Firm of guarantor's sp | OUIS.  | e (if any   | <b>\</b>         |              |         |
|    | ·<br>                              |   | 20 Law Film Or guarantor 5 Sp        |  | - (ii ai iy |                  |              |         |
| 27 | ' If guarantor is child            | d, law firm of parent(s) (if any)                 |                                      |  |             |                  |              |         |
|    |                                    |   |                                      |  |             |                  |              |         |

### 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 comp  | lete this form.  |
|----------|--|---|--|
| 1        |  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 1/9 Rpt: 6/23                                 | Kocurek, Julie H. (The Honorable)   | 00041208   |
| 4        | Date<br>11/13/2024                                 | 5 Payee name<br>AFL-CIO   |  |
| Ļ        |  |   |  |
| ľ        | Amount (\$)<br>\$250.00                            | <b>7</b> Payee address; City; State; Zip Code PO Box 301074   |  |
|          | Ψ230.00  | 1 O Box 301074  |  |
|          |  | Austin, TX 78703  |  |
| 8        | PURPOSE  |   | Description  |
|          | OF<br>EXPENDITURE                                  | Event Expense   | Check if travel outside of Texas. Complete Schedule T.   |
|          | LAFLINDITORL                                       |   | Check if Austin, TX, officeholder living expense   |
|          |  |   | Labor Day Event Ad   |
| 9        | Complete ONLY if direct                            | Candidate/Officeholder name Office sought   | Office held  |
|          | expenditure to benefit C/O                         |   |  |
| F        | Date   | Payee name  |  |
|          | 11/13/2024   | Ascension Seton Foundation  |  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |  |
|          | \$1,000.00   | 1345 Philomena St. Ste 400  |  |
|          |  |   |  |
|          |  | Austin, TX 78723-9912   |  |
|          | PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule) (b)  | Description  |
|          | EXPENDITURE  | Event Expense   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          |  |   | Sponsorship for Spring Event.  |
|          |  |   |  |
|          | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought   | Office held  |
| L        | experialiture to benefit C/O                       | 1   |  |
|          | Date   | Payee name  |  |
|          | 08/28/2024   | Chase Credit Card   |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |  |
|          | \$224.95   | P.O. Box 6294   |  |
|          |  | Carol Stream, IL 60197-6294   |  |
| ┝        | PURPOSE  |   | Description  |
|          | OF   | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE  | - Cook - | Check if Austin, TX, officeholder living expense   |
|          |  |   | Payment to credit card for coffee to Amazon - Coffee for the office                                      |
| $\vdash$ | Complete ONLY if direct                            | Candidate/Officeholder name Office sought   | Office held  |
|          | expenditure to benefit C/O                         |   | 55555  |
| 一        |  |   |  |
|          |  |   |  |
|          |  |   |  |

### 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 (Contract Labor,

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            | <u> </u>   |
| - | Sch: 2/9 Rpt: 7/23                                  | Kocurek, Julie H. (The Honorable)  |
| 4 | Date  | 5 Payee name   |
|   | 09/18/2024  | Chase Credit Card  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$68.35   | P.O. Box 6294  |
|   |   |  |
|   |   | Carol Stream, IL 60197-6294  |
| 8 | PURPOSE<br>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 |
|   |   | Water for Office from Ready Refresh  |
|   |   |  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         |  |
| _ | Date  | Payee name   |
|   | 09/30/2024  | Chase Credit Card  |
| _ |   |  |
|   | Amount (\$) \$93.62                                 | Payee address; City; State; Zip Code P.O. Box 6294   |
|   | Φ33.02  | P.O. B0X 6294  |
|   |   | Carol Stream, IL 60197-6294  |
| Н | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |
|   | EXPENDITORL   | Check if Austin, TX, officeholder living expense   |
|   |   | Judges' Business lunch from Local Foods  |
| _ |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H  |
|   |   |  |
|   | Date  | Payee name   |
|   | 10/03/2024  | Chase Credit Card  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$21.15   | P.O. Box 6294  |
|   |   |  |
|   |   | Carol Stream, IL 60197-6294  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Event Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  Uber Ride for Downtown Red Mass Work Related                               |
|   |   | Event  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          | <b>U</b>   |
|   |   |  |
|   |   |  |
|   |   |  |

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |            | mmittee         | Legal Services   | •               | Salaries            | /Wage | s/Contract Labor  |       | OTHER (enter a     | a category not listed above) |
|---|--|------------|-----------------|------------------|-----------------|---------------------|-------|-------------------|-------|--------------------|------------------------------|
|   |  |            |                 | i ne instruct    | ion Guide 6     | explains how to o   | ompi  | ete this form.    |       |                    |                              |
| 1 | Total pages Schedule F1:                               | 2          | FILER NAME      |                  |                 |                     |       |                   | 3     | Filer ID           | (Ethics Commission Filers)   |
|   | Sch: 3/9 Rpt: 8/23                                     |            | Kocurek, Jul    | lie H. (The      | Honorab         | le)                 |       |                   |       | 00041208           |                              |
| 4 | Date   | 5          | Payee name      |                  |                 |                     |       |                   |       |                    |                              |
|   | 10/03/2024   |            | Chase Cred      | it Card          |                 |                     |       |                   |       |                    |                              |
| 6 | Amount (\$)  | 7          | Payee addres    | s; City;         |                 | State; Zip C        | ode   |                   |       |                    |                              |
|   | \$24.03  |            | P.O. Box 62     | 94               |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            | Carol Stream    | n, IL 6019       | 7-6294          |                     |       |                   |       |                    |                              |
| 8 | PURPOSE  | (a)        | Category (Se    | e Categories lis | sted at the top | of this schedule)   | (b)   | Description       |       |                    |                              |
|   | OF<br>EXPENDITURE                                      |            | Event Exper     |                  |                 |                     |       | Check if travel   | outsi | de of Texas. Cor   | nplete Schedule T.           |
|   | EXPENDITORE  |            |                 |                  |                 |                     |       |                   |       | officeholder livin |                              |
|   |  |            |                 |                  |                 |                     |       | Ride for work     | re    | lated Red N        | lass Downtown Event          |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    |            | Candidate/Offic | eholder na       | me              | Office so           | ught  |                   |       | Office h           | eld                          |
|   | experiditure to benefit C/Oi                           | П          |                 |                  |                 |                     |       |                   |       |                    |                              |
|   | Date   |            | Payee name      |                  |                 |                     |       |                   |       |                    |                              |
|   | 10/24/2024   |            | Chase Cred      | it Card          |                 |                     |       |                   |       |                    |                              |
|   | Amount (\$)  |            | Payee addres    | s; City;         |                 | State; Zip C        | ode   |                   |       |                    |                              |
|   | \$5,000.00   |            | P.O. Box 62     | 94               |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            | Carol Stream    | n, IL 6019       | 7-6294          |                     |       |                   |       |                    |                              |
|   | PURPOSE  | (a)        | Category (Se    | e Categories lis | sted at the top | of this schedule)   | (b)   | Description       |       |                    |                              |
|   | OF   |            | Event Exper     |                  | 400 000 000     | ,                   |       | Check if travel   | outsi | de of Texas. Cor   | nplete Schedule T.           |
|   | EXPENDITURE  |            | •               |                  |                 |                     |       | Check if Austin   | , TX, | officeholder livin | g expense                    |
|   |  |            |                 |                  |                 |                     |       | Sponsorship       | for   | Rehnquist          | AwardDinner                  |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   | Complete ONLY if direct                                |            | Candidate/Offic | eholder na       | me              | Office so           | ught  |                   |       | Office h           | eld                          |
|   | expenditure to benefit C/OI                            | Н          |                 |                  |                 |                     |       |                   |       |                    |                              |
|   | Date   |            | Payee name      |                  |                 |                     |       |                   |       |                    |                              |
|   | 11/20/2024   |            | Chase Cred      | it Card          |                 |                     |       |                   |       |                    |                              |
|   | Amount (\$)  |            | Payee addres    | s; City;         |                 | State; Zip C        | ode   |                   |       |                    |                              |
|   | \$66.17  |            | P.O. Box 62     | 94               |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            | Carol Stream    | n, IL 6019       | 7-6294          |                     |       |                   |       |                    |                              |
|   | PURPOSE  | (a)        | Category (Se    | e Categories lis | sted at the ton | of this schedule)   | (b)   | Description       |       |                    |                              |
|   | OF   | <u> </u> ` | Credit Card     |                  | ned at the top  | or triis seriedale) | `´    | X Check if travel | outsi | de of Texas. Cor   | nplete Schedule T.           |
|   | EXPENDITURE  |            |                 |                  |                 |                     |       | Check if Austin   | , TX, | officeholder livin | g expense                    |
|   |  |            |                 |                  |                 |                     |       |                   | οА    | irport for Na      | ational Center for State     |
|   |  |            |                 |                  |                 |                     |       | Court Event       |       |                    |                              |
|   | Complete ONLY if direct                                |            | Candidate/Offic | eholder na       | me              | Office so           | ught  |                   |       | Office h           | eld                          |
|   | expenditure to benefit C/OI                            | Н          |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |
|   |  |            |                 |                  |                 |                     |       |                   |       |                    |                              |

#### 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<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |      |
|---|--|--|------|
| 1 | Total pages Schedule F1:<br>Sch: 4/9 Rpt: 9/23   | 2 FILER NAME Kocurek, Julie H. (The Honorable) 3 Filer ID (Ethics Commission File) 00041208                                    | ers) |
| Ļ | · .  |  |      |
| 4 | Date<br>11/20/2024   | 5 Payee name Chase Credit Card   |      |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |      |
|   | \$46.89  | P.O. Box 6294  |      |
|   |  | Carol Stream, IL 60197-6294  |      |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |      |
|   | OF<br>EXPENDITURE  | Event Expense X Check if travel outside of Texas. Complete Schedule T.   |      |
|   |  | Check if Austin, TX, officeholder living expense  Uber Transportation for NCSC trip to receive                                 |      |
|   |  | Rehnquist Award  |      |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh  | Candidate/Officeholder name Office sought Office held  |      |
|   | Date   | Payee name   |      |
|   | 11/20/2024   | Chase Credit Card  |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |      |
|   | \$29.88  | P.O. Box 6294  |      |
|   |  |  |      |
|   |  | Carol Stream, IL 60197-6294  |      |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |      |
|   | OF<br>EXPENDITURE  | Event Expense  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense      |      |
|   |  | Transportation for NCSC Rehnquist Award Eve  | nt   |
|   |  |  |      |
|   | Complete ONLY if direct expenditure to benefit C/Oh  | Candidate/Officeholder name Office sought Office held  |      |
|   | Date   | Payee name   |      |
|   | 12/19/2024   | Chase Credit Card  |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |      |
|   | \$163.97   | P.O. Box 6294  |      |
|   |  |  |      |
| L |  | Carol Stream, IL 60197-6294  |      |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |      |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |      |
|   |  | Holiday Lunch from Via 313 Pizza for Court   |      |
|   |  |  |      |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |      |
| L | expenditure to benefit C/O   | ) <del>H</del>   |      |
|   |  |  |      |
|   |  |  |      |
|   |  |  |      |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|----------|--|--|
| 1        | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| •        | Sch: 5/9 Rpt: 10/23  | Kocurek, Julie H. (The Honorable)  |
| 4        | Date   | 5 Payee name   |
|          | 09/12/2024   | CitiBank Credit Card   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$2,500.00   | PO Box 9001037   |
|          |  |  |
|          |  | Louisville, KY 40290   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | Travis County Democratic Ralph Yarborough Dinner Sponsorship   |
|          |  |  |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name Office sought Office held  |
|          | experialitate to belieff 6/01  | '  |
|          | Date   | Payee name   |
|          | 10/18/2024   | CitiBank Credit Card   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$32.00  | PO Box 9001037   |
|          |  |  |
|          |  | Louisville, KY 40290   |
|          | PURPOSE<br>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 |
|          |  | Airport parking for Roundtable on Judicial Security  |
|          |  | 7 alport parking for redundation of outload Security   |
| _        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O   |  |
|          | Date   | Payee name   |
|          | 10/18/2024   | CitiBank Credit Card   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$15.63  | PO Box 9001037   |
|          |  |  |
|          |  | Louisville, KY 40290   |
|          | PURPOSE<br>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  Coffee with NCSC re: judicial security                                     |
|          |  | Conce with NCCC re. judicial security  |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O   |  |
|          |  |  |
|          |  |  |
|          |  |  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|   | Candidate/Officeholder/Politica Credit Card Payment        | l Committee Legal Services Salaries/Wages/Contract Lab                           | ,  |
|---|--|--|--|
| L | •  | The Instruction Guide explains how to complete this form                         | 1.   |
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 6/9 Rpt: 11/23  | Kocurek, Julie H. (The Honorable)  | 00041208   |
| 4 | Date   | 5 Payee name   |  |
|   | 11/24/2024   | CitiBank Credit Card   |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |
|   | \$23.69  | PO Box 9001037   |  |
|   |  |  |  |
|   |  | Louisville, KY 40290   |  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | EXPENDITURE  | l credit dara rayment  | travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense |
|   |  | l — l —  | ransportation for receipt of Rehnquist Award   |
|   |  | / wiport i   | ransportation for receipt of realinquist / ward  |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OI                                |  | C55 11514  |
| H | Date   | Payee name   |  |
|   | 11/30/2024   | CitiBank Credit Card   |  |
| _ | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$147.18   | PO Box 9001037   |  |
|   | Ψ147.10  | 1 0 Box 3001007  |  |
|   |  | Louisville, KY 40290   |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description | on .   |
|   | OF   |  | travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  |  | Austin, TX, officeholder living expense  |
|   |  | Water ho   | olders for staff and self  |
|   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder name Office sought  | Office held  |
|   | experiditure to benefit C/Or                               |  |  |
|   | Date   | Payee name   |  |
| L | 12/17/2024   | CitiBank Credit Card   |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$40.00  | PO Box 9001037   |  |
|   |  |  |  |
| L |  | Louisville, KY 40290   |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description | on   |
|   | OF<br>EXPENDITURE  | Event Expense  | travel outside of Texas. Complete Schedule T.  |
|   |  | · · · · · · · · · · · · · · · · · · ·  | Austin, TX, officeholder living expense  |
|   |  |  | r retirement party for County elected officials vis County Democratic Party            |
| _ | Complete ONLY if direct                                    |  | Office held  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office field   |
|   | •  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | me provided by Toyas E                                     | thics Commission www othics state ty us  | Version V// 1 0 5dd2ace2   |

### 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:<br>Sch: 7/9 Rpt: 12/23            | 2 FILER NAME Kocurek, Julie H. (The Honorable) 3 Filer ID (Ethics Commission 00041208  | n Filers) |
| 4 | Date 12/17/2024  | 5 Payee name<br>CitiBank Credit Card   |           |
| 6 | Amount (\$)<br>\$263.27                                    | 7 Payee address; City; State; Zip Code PO Box 9001037  Louisville, KY 40290  |           |
| 8 | PURPOSE<br>OF<br>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 Holiday lunch for staff from Le Barbeque |           |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held OH   |           |
|   | Date<br>12/17/2024   | Payee name CitiBank Credit Card  |           |
|   | Amount (\$)<br>\$17.97                                     | Payee address; City; State; Zip Code PO Box 9001037  Louisville, KY 40290  |           |
|   | PURPOSE<br>OF<br>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 Judges meeting holiday potluck           |           |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held OH   |           |
|   | Date 08/07/2024  | Payee name<br>HEB  |           |
|   | Amount (\$) \$26.91  | Payee address; City; State; Zip Code 2652 Lake Austin Blvd   |           |
|   |  | Austin, TX 78703   |           |
|   | PURPOSE<br>OF<br>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 Birthday cake for staff                  |           |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held OH   |           |
|   |  |  |           |

#### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 8/9 Rpt: 13/23                                    | Kocurek, Julie H. (The Honorable) 00041208  |
| 4        | Date   | 5 Payee name  |
|          | 11/14/2024   | HEB   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$16.98  | 12021 US 290  |
|          |  |   |
|          |  | Austin, TX 78737  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Cake for clerk departure  |
|          |  | Cake for clerk departure  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ        | expenditure to benefit C/OI                            |   |
| ⊨        | Date   | Daysa nama  |
|          | 11/05/2024   | Payee name<br>Maudie's  |
| L        |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$111.00   | 2608 W 7th St   |
|          |  |   |
|          |  | Austin, TX 78703  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Election night watching and celebration   |
|          |  | Election hight watering and celebration   |
| ┝        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | - · · · · · · · · · · · · · · · · · · ·   |
| ⊨        | D-4-   |   |
|          | Date   | Payee name  |
|          | 08/07/2024   | Randall's   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$21.62  | 2725 Exposition   |
|          |  |   |
|          |  | Austin, TX 78703  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Staff lunch and birthday supplies   |
|          |  | Stan functi and birthday supplies   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| I        | expenditure to benefit C/OI                            |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/9 Rpt: 14/23  | Kocurek, Julie H. (The Honorable) 00041208  |
| 4 | Date   | 5 Payee name  |
| L | 10/02/2024   | Taco Shack  |
| 6 | Amount (\$)<br>\$146.06                                    | 7 Payee address; City; State; Zip Code 4002 N Lamar   |
| Ļ |  | Austin, TX 78756  |
| 8 | PURPOSE<br>OF<br>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  Breakfast tacos for court participants |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held<br>H  |
| Γ | Date   | Payee name  |
| L | 08/07/2024   | Tumble 22   |
|   | Amount (\$)<br>\$82.49                                     | Payee address; City; State; Zip Code 7211 Burnet Road   |
| L |  | Austin, TX 78757  |
|   | PURPOSE<br>OF<br>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  Birthday lunch for staff               |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held<br>H  |
|   |  |   |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|   | The Inst   | ruction Guide explains how       | to complete this form.                                  |                                 |                                       |          |  |
|---|--|----------------------------------|---|---------------------------------|---------------------------------------|----------|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME   |                                  |   |                                 | 3 Filer ID (Ethics Commission Filers) |          |  |
| Sch: 1/6 Rpt: 15/23                                 | Kocurek, Julie H. (The Honorable)  |                                  |   | 00041208                        | 00041208                              |          |  |
| 4 CREDIT CARD ISSUER                                |  | ncial institution<br>redit Cards | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRICARD  | \$                              | 0.0                                   | 00       |  |
| 6 PAYMENT   | (a) Amount Charged   | (b) Date of Charge               | (c) Date(s) Credit Card I                               | ssuer Paid                      |                                       |          |  |
|   | \$163.97   | 12/19/2024                       |   |                                 |                                       |          |  |
| 7 PAYEE   | (a) Payee name   |                                  | (b) Payee address;                                      | City,                           | State,                                | Zip Code |  |
|   | Via 313  |                                  | 3016 Guadalupe  |                                 |                                       |          |  |
|   |  |                                  | Austin, TX 78705  |                                 |                                       |          |  |
| 8 PURPOSE OF EXPENDITURE                            | (a) Category   | of this schedule)                | (b) Description   | 1.6 1.6 046                     | _                                     |          |  |
| X Political   | (See Categories listed at the top of this schedule) Food/Beverage Expense  Court Holiday Pizza Lunch |                                  |   | Lunch from VIA 313              | 3                                     |          |  |
| Non-Political                                       | (c) Check if travel outside  | of Texas. Complete Schedule T.   | Check if Aust   | tin, TX, officeholder living ex | pense                                 |          |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder   | name Offic                       | e sought  | Office held                     |                                       |          |  |
| expenditure to benefit C/OH                         |  |                                  |   |                                 |                                       |          |  |
| PAYMENT   | (a) Amount Charged<br>\$93.62  | (b) Date of Charge<br>09/30/2024 | (c) Date(s) Credit Card I<br>10/03/2024                 | ssuer Paid                      |                                       |          |  |
| PAYEE   | (a) Payee name   |                                  | (b) Payee address;                                      | City,                           | State,                                | Zip Code |  |
|   | Uber Eats  |                                  | 1725 3rd Street   |                                 |                                       |          |  |
|   |  |                                  | San Francisco, CA 94158                                 |                                 |                                       |          |  |
| PURPOSE OF EXPENDITURE    X   Political             | (a) Category (See Categories listed at the top Food/Beverage Expe                                    | · ·                              | (b) Description Judges' Business Lunch from Local Foods |                                 |                                       |          |  |
| I <u>=</u>  |  |                                  | <u> </u>  |                                 |                                       |          |  |
| Non-Political                                       | - · · · -  | of Texas. Complete Schedule T.   | Check if Austin, TX, officeholder living expense        |                                 |                                       |          |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder   |                                  | e sought  | Office held                     |                                       |          |  |
| PAYMENT   | (a) Amount Charged<br>\$21.15  | (b) Date of Charge<br>10/03/2024 | (c) Date(s) Credit Card I                               | ssuer Paid                      |                                       |          |  |
| PAYEE   | (a) Payee name   | •                                | (b) Payee address;                                      | City,                           | State,                                | Zip Code |  |
|   | Uber Driver  |                                  | 1725 3rd Street   |                                 |                                       |          |  |
|   |  |                                  | San Francisco, CA 94                                    | 4158                            |                                       |          |  |
| PURPOSE OF  | (a) Category   | of this schodule)                | (b) Description   |                                 |                                       |          |  |
| EXPENDITURE   | (See Categories listed at the top<br>Event Expense   | of this schedule)                | Ride for Downton Wo                                     | ork Related Red Ma              | ass Event                             |          |  |
| X Political   | i i posso  |                                  |   |                                 |                                       |          |  |
| Non-Political                                       | (c) Check if travel outside  | of Texas. Complete Schedule T.   |   | tin, TX, officeholder living ex | pense                                 |          |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder   | name Offic                       | e sought  | Office held                     |                                       |          |  |
|   |  |                                  |   |                                 |                                       |          |  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|                             | The Inst   | ruction Guide explains how     | to complete th                      | is form.                                   |                         |            |              |
|-----------------------------|--|--------------------------------|-------------------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4:  | ule F4: 2 FILER NAME   |                                |                                     |  |                         | cs Commiss | sion Filers) |
| Sch: 2/6 Rpt: 16/23         | Kocurek, Julie H. (1   | 00041208                       |                                     |  |                         |            |              |
| 4 CREDIT CARD<br>ISSUER     |  | ncial institution<br>revious   | EXPEND                              | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                      | 0.0        | 00           |
| 6 PAYMENT                   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s)                         | Credit Card Issue                          | r Paid                  |            |              |
|                             | \$24.03  | 10/03/2024                     |                                     |  |                         |            |              |
| 7 PAYEE                     | (a) Payee name   |                                | (b) Payee a                         | ddress;                                    | City,                   | State,     | Zip Code     |
|                             | Uber Driver  |                                | 1725 3rd 9                          | Street                                     |                         |            |              |
|                             |  |                                | San Franc                           | isco, CA 94158                             |                         |            |              |
| 8 PURPOSE OF                | (a) Category   |                                | (b) Descript                        | ion  |                         |            |              |
| EXPENDITURE  X Political    | (See Categories listed at the top of this schedule)  Event Expense  Ride for Work Related Re |                                |                                     |  | d Mass Downt            | own Ever   | nt           |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. |                                     | Check if Austin, TX,                       | officeholder living exp | ense       |              |
| 9 Complete ONLY if direct   | Candidate/Officeholder   | name Offic                     | e sought                            |  | Office held             |            |              |
| expenditure to benefit C/OH |  |                                |                                     |  |                         |            |              |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) (                       | Credit Card Issue                          | r Paid                  |            |              |
|                             | \$5,000.00   | 10/24/2024                     |                                     |  |                         |            |              |
| PAYEE                       | (a) Payee name   | •                              | (b) Payee a                         | ddress;                                    | City,                   | State,     | Zip Code     |
|                             | National Center for  | State Courts                   | 300 Newp                            | ort Ave.                                   |                         |            |              |
|                             |  |                                | Williamsburg, VA 23185              |  |                         |            |              |
| PURPOSE OF                  | (a) Category   |                                | (b) Descript                        |  |                         |            |              |
| EXPENDITURE                 | (See Categories listed at the top <b>Event Expense</b>                                       | of this schedule)              | sponsorsh                           | ip for rehnquist                           | award event             |            |              |
| X Political                 | Lvent Expense  |                                |                                     |  |                         |            |              |
| Non-Political               | (C) Check if travel outside  | of Texas. Complete Schedule T. |                                     | Check if Austin, TX,                       | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder   | name Offic                     | e sought                            |  | Office held             |            |              |
| expenditure to benefit C/OH |  |                                |                                     |  |                         |            |              |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer Paid |  |                         |            |              |
|                             | \$66.17  | 11/24/2024                     |                                     |  |                         |            |              |
| PAYEE                       | (a) Payee name   | l                              | (b) Payee a                         | ddress:                                    | City,                   | State,     | Zip Code     |
|                             |  |                                | 1725 3rd S                          |  | - 3,                    | ,          |              |
|                             | Uber Driver  |                                |                                     |  |                         |            |              |
|                             |  |                                | San Franc                           | isco, CA 94158                             |                         |            |              |
| PURPOSE OF                  | (a) Category   |                                | (b) Descript                        |  |                         |            |              |
| EXPENDITURE                 | (See Categories listed at the top  | of this schedule)              | Transporta                          | aion for Nationa                           | l Center of Sta         | te court e | event        |
| X Political                 | Event Expense  |                                |                                     |  |                         |            |              |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. |                                     | Check if Austin, TX,                       | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder   | name Offic                     | e sought                            |  | Office held             |            |              |
| expenditure to benefit C/OH |  |                                |                                     |  |                         |            |              |

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|                      |  | The Inst  | ruction Guide explains how     | to complete   | this form.                                 | (* ** ** ****************************** | ,        | ,        |
|----------------------|--|---|--------------------------------|---|--|---|----------|----------|
| 1                    | Total pages Schedule F4:                                   | 2 FILER NAME  |                                |   |  | 3 Filer ID (Ethics Commission Filers)   |          |          |
|                      | Sch: 3/6 Rpt: 17/23  | Kocurek, Julie H. (1  | The Honorable)                 |   |  | 00041208                                |          |          |
| 4                    | CREDIT CARD<br>ISSUER                                      |   | ncial institution<br>revious   | EXPEN   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                                      | 0.0      | 00       |
| 6                    | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | Paid                                    |          |          |
|                      |  | \$46.89   | 11/20/2024                     |   |  |   |          |          |
| 7                    | PAYEE  | (a) Payee name (b) Payee address; 1725 3rd Street   |                                |   |  | City,                                   | State,   | Zip Code |
| L                    |  |   |                                |   | cisco, CA 94158                            |   |          |          |
| 8                    | PURPOSE OF EXPENDITURE  X Political                        | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Transportation for National |                                |   |  | al Center for St                        | ate Cour | ts Event |
|                      | Non-Political  | (c) X Check if travel outside   | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp                 | ense     |          |
| <b>9</b>             | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder  | name Office                    | e sought  |  | Office held                             |          |          |
| H                    | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | <sup>-</sup> Paid                       |          |          |
|                      |  | \$29.88   | 11/20/2024                     |   |  |   |          |          |
| PAYEE (a) Payee name |  |   |                                | (b) Payee   | address;                                   | City,                                   | State,   | Zip Code |
|                      |  | Uber Driver   |                                | 1725 3rd  | Street                                     |   |          |          |
|                      |  |   |                                | San Fran  | cisco, CA 94158                            |   |          |          |
|                      | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top Event Expense  | of this schedule)              | (b) Description  Travel for National Center for State Courts Reward Recipient |  |   |          |          |
|                      | X Political  |   |                                | rtooipioiii   | •  |   |          |          |
|                      | Non-Political  | · · ·   | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp                 | ense     |          |
| е                    | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder  | name Office                    | e sought  |  | Office held                             |          |          |
|                      | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | Paid                                    |          |          |
|                      |  | \$224.95  | 08/28/2024                     |   |  |   |          |          |
|                      | PAYEE  | (a) Payee name  | •                              | (b) Payee   | address;                                   | City,                                   | State,   | Zip Code |
|                      |  | Amazon  |                                | 410 Terry   | Avenue North                               |   |          |          |
|                      |  | 7 41142511  |                                | Seatle, W   | /A 98109                                   |   |          |          |
| 一                    | PURPOSE OF   | (a) Category  |                                | (b) Descrip   |  |   |          |          |
|                      | EXPENDITURE  | (See Categories listed at the top   |                                | Coffee su   | ipply for office                           |   |          |          |
|                      | X Political  | Office Overhead/Rent  | аі ⊏хренѕе                     |   |  |   |          |          |
|                      | Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T. | 1   | Check if Austin, TX,                       | officeholder living exp                 | ense     |          |
|                      | Complete ONLY if direct                                    | Candidate/Officeholder  | name Office                    | e sought  | _  | Office held                             |          |          |
| e                    | expenditure to benefit C/OH                                |   |                                |   |  |   |          |          |
|                      |  |   |                                |   |  |   |          |          |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|  | The Instruction Guide explains how to complete this form.  |                                   |  |                           |          |          |  |  |  |  |
|--|--|-----------------------------------|--|---------------------------|----------|----------|--|--|--|--|
| 1 Total pages Schedule F4:   | 3 Filer ID (Ethics Commission Filers)  |                                   |  |                           |          |          |  |  |  |  |
| Sch: 4/6 Rpt: 18/23  | : 18/23 Kocurek, Julie H. (The Honorable)  |                                   |  |                           |          |          |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER  |  | ncial institution<br>Credit Cards | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$ 0.00                   |          | 00       |  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge                | (c) Date(s) Credit Card Issue  | er Paid                   |          |          |  |  |  |  |
|  | \$40.00  | 12/10/2024                        |  |                           |          |          |  |  |  |  |
| 7 PAYEE  | (a) Payee name (b) Payee address; P.O. Box 684263  |                                   |  |                           | State,   | Zip Code |  |  |  |  |
| a puppose of   | (a) Catagony   |                                   | Austin, TX 78768   |                           |          |          |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE  X Political  | (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Ticket for Retirement ever |                                   |  | nt for elected o          | fficials |          |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T.    | Check if Austin, TX,   | , officeholder living exp | ense     |          |  |  |  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder   | name Office                       | e sought   | Office held               |          |          |  |  |  |  |
| expenditure to benefit C/OH  |  |                                   |  |                           |          |          |  |  |  |  |
| PAYMENT  | (a) Amount Charged<br>\$2,500.00   | (b) Date of Charge<br>09/12/2024  | (c) Date(s) Credit Card Issue  | er Paid                   |          |          |  |  |  |  |
| PAYEE  | (a) Payee name   | •                                 | (b) Payee address;   | City,                     | State,   | Zip Code |  |  |  |  |
|  | Travis County Dem  | ocratic Party                     | P.O. Box 684263  |                           |          |          |  |  |  |  |
|  |  |                                   | Austin, TX 78768   |                           |          |          |  |  |  |  |
| PURPOSE OF EXPENDITURE    X   Political  | (a) Category (See Categories listed at the top Event Expense   | of this schedule)                 | (b) Description Ralph Yarborough Dinner Sponsorship                  |                           |          |          |  |  |  |  |
| Non-Political  | () 🗖   |                                   |  |                           |          |          |  |  |  |  |
|  | (c) Check if travel outside  Candidate/Officeholder  | of Texas. Complete Schedule T.    | Check if Austin, TX,   | , officeholder living exp | ense     |          |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |                                   |  |                           |          |          |  |  |  |  |
| PAYMENT  | (a) Amount Charged<br>\$68.35  | (b) Date of Charge<br>09/18/2024  | (c) Date(s) Credit Card Issue  | er Paid                   |          |          |  |  |  |  |
| PAYEE  | (a) Payee name  Ready Refresh  |                                   | (b) Payee address;<br>PO Box 856680<br>Louisville, KY 40285-6680     | City,                     | State,   | Zip Code |  |  |  |  |
| PURPOSE OF EXPENDITURE  X Political  | (a) Category<br>(See Categories listed at the top<br>Office Overhead/Ren   |                                   | (b) Description<br>Water for office                                  |                           |          |          |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T.    | Check if Austin, TX  | , officeholder living exp | ense     |          |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held |  |                                   |  |                           |          |          |  |  |  |  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|   | The Inst  | ruction Guide explains how            | to complete  | this form.                                  |                                       |          |          |
|---|---|---------------------------------------|--|---|---------------------------------------|----------|----------|
| 1 Total pages Schedule F4: 2 FILER NAME |   |                                       |  |   | 3 Filer ID (Ethics Commission Filers) |          |          |
| Sch: 5/6 Rpt: 19/23                     | Kocurek, Julie H. (The Honorable)   |                                       |  |   |                                       |          |          |
| 4 CREDIT CARD<br>ISSUER                 |   | ncial institution<br>revious          | EXPEN  | OF UNITEMIZED<br>DITURES<br>SED TO A CREDIT | \$ 0.00                               |          |          |
| 6 PAYMENT                               | (a) Amount Charged  | (b) Date of Charge                    | (c) Date(s)  | Credit Card Issue                           | r Paid                                |          |          |
|   | \$263.27  | 12/17/2024                            |  |   |                                       |          |          |
| 7 PAYEE                                 | (a) Payee name  |                                       | (b) Payee  |   | City,                                 | State,   | Zip Code |
|   | Le Barbeque   |                                       |  | esar Chavez                                 |                                       |          |          |
|   | (a) Oatawa  |                                       | Austin, T  |   |                                       |          |          |
| 8 PURPOSE OF EXPENDITURE  X Political   | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Holiday Lunch for staff |                                       |  |   |                                       |          |          |
| Non-Political                           | (c) Check if travel outside   | of Texas. Complete Schedule T.        | I .  | Check if Austin, TX,                        | officeholder living ex                | xpense   |          |
| 9 Complete ONLY if direct               | Candidate/Officeholder  |                                       | e sought   |   | Office held                           |          |          |
| expenditure to benefit C/OH             |   |                                       |  |   |                                       |          |          |
| PAYMENT                                 | (a) Amount Charged  | (b) Date of Charge                    | (c) Date(s)  | Credit Card Issue                           | r Paid                                |          |          |
|   | \$17.97   | 12/24/2024                            |  |   |                                       |          |          |
| PAYEE                                   |   | (b) Payee                             | address;   | City,                                       | State,                                | Zip Code |          |
|   | Randall's   |                                       | 2725 Exp   | oosition                                    |                                       |          |          |
|   |   |                                       | Austin, T  |   |                                       |          |          |
| PURPOSE OF EXPENDITURE    X   Political | (a) Category (See Categories listed at the top Food/Beverage Expe   |                                       | (b) Description Food for holiday lunch with judges meeting               |   |                                       |          |          |
| Non-Political                           | (c) Check if travel outside   | of Texas. Complete Schedule T.        |  | Check if Austin TX                          | officeholder living ex                | vnense   |          |
| Complete ONLY if direct                 | Candidate/Officeholder  | · · · · · · · · · · · · · · · · · · · | Check if Austin, TX, officeholder living expense  Ce sought  Office held |   |                                       |          |          |
| expenditure to benefit C/OH             |   |                                       | · ·  |   |                                       |          |          |
| PAYMENT                                 | (a) Amount Charged  | (b) Date of Charge                    | (c) Date(s)  | Credit Card Issue                           | r Paid                                |          |          |
|   | \$23.69   | 11/23/2024                            |  |   |                                       |          |          |
| PAYEE                                   | (a) Payee name  | •                                     | (b) Payee  | address;                                    | City,                                 | State,   | Zip Code |
|   | Curb Mobility   |                                       | 1111 34tl  | h Ave                                       |                                       |          |          |
|   | Curb Wobility   |                                       | l  |   |                                       |          |          |
| DI IDDOCE OF                            | (a) Category  |                                       | Astoria, N   |   |                                       |          |          |
| PURPOSE OF<br>EXPENDITURE               | (See Categories listed at the top   | of this schedule)                     | Cab to Ai  |   |                                       |          |          |
| X Political                             | Event Expense   |                                       |  |   |                                       |          |          |
| Non-Political                           | (c) X Check if travel outside   | of Texas. Complete Schedule T.        | 1  | Check if Austin TX                          | officeholder living ex                | xpense   |          |
| Complete ONLY if direct                 | Candidate/Officeholder  |                                       | e sought   |   | Office held                           |          |          |
| expenditure to benefit C/OH             |   |                                       | -  |   |                                       |          |          |
|   |   |                                       |  |   |                                       |          |          |

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

|   | The Inst   | ruction Guide explains how     | to complete this form.   |                            | ,      | ,                                     |  |  |
|---|--|--------------------------------|--|----------------------------|--------|---------------------------------------|--|--|
| 1 Total pages Schedule F4:                          | 1 Total pages Schedule F4: 2 FILER NAME              |                                |  |                            |        | 3 Filer ID (Ethics Commission Filers) |  |  |
| Sch: 6/6 Rpt: 20/23                                 | Kocurek, Julie H. (1                                 | 00041208                       |  |                            |        |                                       |  |  |
| 4 CREDIT CARD<br>ISSUER                             |  | ncial institution<br>revious   | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CRED<br>CARD | \$                         | 0.0    | 00                                    |  |  |
| 6 PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | ıer Paid                   |        |                                       |  |  |
|   | \$15.63  | 10/15/2024                     |  |                            |        |                                       |  |  |
| 7 PAYEE   | (a) Payee name                                       |                                | (b) Payee address;   | City,                      | State, | Zip Code                              |  |  |
|   | Angolita's Casa do                                   | Cofo                           | 2200 Boca Chica Blvd   |                            |        |                                       |  |  |
|   | Angelita's Casa de                                   | Cale                           | Ste. 116   |                            |        |                                       |  |  |
|   |  |                                | Brownsville, TX 78521  |                            |        |                                       |  |  |
| 8 PURPOSE OF  | (a) Category   |                                | (b) Description  |                            |        |                                       |  |  |
| EXPENDITURE   | (See Categories listed at the top Food/Beverage Expe |                                | Coffee with NCSC re: Ju  | udicial Security           |        |                                       |  |  |
| X Political   | T Ood/Beverage Expe                                  | 1130                           |  |                            |        |                                       |  |  |
| Non-Political                                       | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, T   | X, officeholder living exp | ense   |                                       |  |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder                               | name Office                    | e sought   | Office held                |        |                                       |  |  |
| expenditure to benefit C/OH                         |  |                                |  |                            |        |                                       |  |  |
| PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | ıer Paid                   |        |                                       |  |  |
|   | \$32.00  | 10/15/2024                     |  |                            |        |                                       |  |  |
| PAYEE   | (a) Payee name                                       | l                              | (b) Payee address;   | City,                      | State, | Zip Code                              |  |  |
|   | Austin Bergstrom Ir                                  | nt Airport                     | 3600 Presidential Blvd   |                            |        |                                       |  |  |
|   |  |                                | Austin, TX 78719   |                            |        |                                       |  |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |                            |        |                                       |  |  |
| EXPENDITURE   | (See Categories listed at the top                    | of this schedule)              | Parking for Judicial Seci  | urity roundtable           |        |                                       |  |  |
| X Political   | Event Expense  |                                |  |                            |        |                                       |  |  |
| Non-Political                                       | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, T   | X, officeholder living exp | ense   |                                       |  |  |
| Complete ONLY if direct                             | Candidate/Officeholder                               | name Office                    | e sought   | Office held                |        |                                       |  |  |
| expenditure to benefit C/OH                         |  |                                |  |                            |        |                                       |  |  |
| PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | ıer Paid                   |        |                                       |  |  |
|   | \$147.18   | 11/30/2024                     |  |                            |        |                                       |  |  |
| PAYEE   | (a) Payee name                                       | l                              | (b) Payee address;   | City,                      | State, | Zip Code                              |  |  |
|   |  |                                | 14135 NE Airport Way   |                            |        |                                       |  |  |
|   | Hydroflask   |                                |  |                            |        |                                       |  |  |
|   |  |                                | Portland , OR 97230  |                            |        |                                       |  |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |                            |        |                                       |  |  |
| EXPENDITURE   | (See Categories listed at the top                    | •                              | Water Holders for staff  | and self                   |        |                                       |  |  |
| X Political   | Food/Beverage Expe                                   |                                |  |                            |        |                                       |  |  |
| Non-Political                                       | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, T   | X, officeholder living exp | ense   |                                       |  |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                               | name Office                    | e sought   | Office held                |        |                                       |  |  |
|   | 1  |                                |  |                            |        |                                       |  |  |

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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| The Insti                    | ruction C    | Guide explains       | how to complete                       | this form.             | 1 Total pages Schedule T:<br>Sch: 1/3 Rpt: 21/23 |  |
|------------------------------|--------------|----------------------|---------------------------------------|------------------------|--|--|
| 2 FILER NAME                 |              |                      | 3 Filer ID (Ethics Commission Filers) |                        |  |  |
| Kocurek, Julie H             | -            |                      |                                       |                        | 00041208   |  |
|                              |              | ation or Labor Orga  | anization / Pledgor /Paye             | ee                     |  |  |
| Chase Credit Ca              |              |                      |                                       |                        |  |  |
| 5 Contribution / Expe        |              |                      |                                       |                        |  |  |
| Schedule A2                  | 느            | Schedule B           | Schedule B(J)                         | Schedule C2            | Schedule D X Schedule F1                         |  |
| Schedule F2                  | ;            | Schedule F4          | Schedule G                            | Schedule H             | Schedule COH-UC                                  |  |
| 6 Dates of Travel            | l            | of person(s) traveli | ng                                    |                        |  |  |
|                              | Kocur        | ek, Juie (Judge)     |                                       |                        |  |  |
|                              | · ·          |                      | departure location                    |                        |  |  |
| 11/20/2024                   | Austin       | ı TX                 |                                       |                        |  |  |
|                              | l            |                      | of destination location               |                        |  |  |
| 11/23/2024                   | Washi        | ington DC            |                                       |                        |  |  |
| <b>10</b> Means of transport |              | · ·                  | vel (including name of c              |                        |  |  |
| Private Automob              | oile<br>———— | Airport Trans        | sportion for NCSC Eve                 | ent in DC to Receive   | e Rehnquist Award                                |  |
| Name of Contribut            | or / Corpora | ation or Labor Orga  | anization / Pledgor /Paye             | ee                     |  |  |
| Chase Credit Ca              | ırd          |                      |                                       |                        |  |  |
| Contribution / Expe          | enditure rep | oorted on:           |                                       |                        |  |  |
| Schedule A2                  |              | Schedule B           | Schedule B(J)                         | Schedule C2            | Schedule D X Schedule F1                         |  |
| Schedule F2                  |              | Schedule F4          | Schedule G                            | Schedule H             | Schedule COH-UC                                  |  |
| Dates of Travel              | Name         | of person(s) traveli | ng                                    |                        |  |  |
|                              | Kocur        | ek, Julie (Judge)    |                                       |                        |  |  |
|                              | Depart       | ure city or name of  | departure location                    |                        |  |  |
| 11/20/2024                   | Austin       | TX                   |                                       |                        |  |  |
|                              | Destina      | ation city or name o | of destination location               |                        |  |  |
| 11/23/2024                   | Washi        | ington DC            |                                       |                        |  |  |
| Means of transpor            | tation       | Purpose of tra       | vel (including name of c              | onference, seminar, or | r other event)                                   |  |
| Private Automob              | oile         | Transportation       | on in DC for NCSC Re                  | ehnquist Award         |  |  |
| Name of Contribut            | or / Corpora | ation or Labor Orga  | anization / Pledgor /Paye             | ee                     |  |  |
| Chase Credit Ca              | ırd          |                      |                                       |                        |  |  |
| Contribution / Expe          | enditure rep | oorted on:           |                                       |                        |  |  |
| Schedule A2                  |              | Schedule B           | Schedule B(J)                         | Schedule C2            | Schedule D X Schedule F1                         |  |
| Schedule F2                  |              | Schedule F4          | Schedule G                            | Schedule H             | Schedule COH-UC                                  |  |
| Dates of Travel              | Name         | of person(s) traveli | ng                                    |                        |  |  |
|                              | Kocur        | ek, Julie (Judge)    |                                       |                        |  |  |
|                              | Depart       | ure city or name of  | departure location                    |                        |  |  |
| 11/20/2024                   | Austin       | , TX                 |                                       |                        |  |  |
|                              | Destina      | ation city or name o | of destination location               |                        |  |  |
| 11/23/2024                   | Washi        | ington DC            |                                       |                        |  |  |
| Means of transpor            | tation       | Purpose of tra       | vel (including name of c              | onference, seminar, or | r other event)                                   |  |
| Private Automob              | oile         | Travel to Re         | ceive Rehnquist Awar                  | d from the National    | Center for State Courts                          |  |
|                              |              | •                    |                                       |                        |  |  |
| I                            |              |                      |                                       |                        |  |  |

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| 4 Name of Contribut                       | tor / Corpor                           | ation or Labor Org           | anization / Pledgor /Pay  | /ee                     |                 |               |  |  |  |  |
|---|--|------------------------------|---------------------------|-------------------------|-----------------|---------------|--|--|--|--|
| CitiBank Credit Card                      |  |                              |                           |                         |                 |               |  |  |  |  |
| 5 Contribution / Expenditure reported on: |  |                              |                           |                         |                 |               |  |  |  |  |
| Schedule A2                               | ᆜ                                      | Schedule B                   | Schedule B(J)             | Schedule C2             | Schedule D      | X Schedule F1 |  |  |  |  |
| Schedule F2                               |  | Schedule F4                  | Schedule G                | Schedule H              | Schedule COH-UC |               |  |  |  |  |
| 6 Dates of Travel                         |  | of person(s) travel          |                           |                         |                 |               |  |  |  |  |
|   | Kocur                                  | ek, Julie (Judge)            |                           |                         |                 |               |  |  |  |  |
|   | · ·                                    |                              | f departure location      |                         |                 |               |  |  |  |  |
| 11/20/2024                                | Austin                                 |                              |                           |                         |                 |               |  |  |  |  |
| 44/00/0004                                |  |                              | of destination location   |                         |                 |               |  |  |  |  |
| 11/23/2024                                |  | ington DC                    |                           |                         |                 |               |  |  |  |  |
| 10 Means of transpor                      |  | 1                            |                           | conference, seminar, or |                 |               |  |  |  |  |
| Private Automob                           |  |                              | •                         | National Center for S   | State Courts    |               |  |  |  |  |
|   | tor / Corpor                           | ation or Labor Org           | anization / Pledgor /Pay  | /ee                     |                 |               |  |  |  |  |
| Curb Mobility                             |  |                              |                           |                         |                 |               |  |  |  |  |
| Contribution / Exp                        |  |                              | Cabadula R(1)             | Cobodula CO             | Cakadula D      | Cakadula E1   |  |  |  |  |
| Schedule A2 Schedule F2                   | 브                                      | Schedule B<br>Schedule F4    | Schedule B(J)  Schedule G | Schedule C2             | Schedule D      | Schedule F1   |  |  |  |  |
|   | . ــــــــــــــــــــــــــــــــــــ |                              | Ш                         | Schedule H              | Schedule COH-UC |               |  |  |  |  |
| Dates of Travel                           |  | of person(s) travel          |                           |                         |                 |               |  |  |  |  |
|   | Ļ                                      | ek, Julie (Judge)            |                           |                         |                 |               |  |  |  |  |
| 11/20/2024                                | · ·                                    |                              | f departure location      |                         |                 |               |  |  |  |  |
| 11/20/2024                                | Austin                                 |                              |                           |                         |                 |               |  |  |  |  |
| 11/23/2024                                |  | ation city or name ington DC | of destination location   |                         |                 |               |  |  |  |  |
|   | 1                                      |                              | aval (including name of   | conference, seminar, or | ather event)    |               |  |  |  |  |
| Means of transpor  Private Automob        |  | 1                            |                           | from National Center f  |                 |               |  |  |  |  |
|   |  | <u> </u>                     |                           |                         |                 |               |  |  |  |  |
| Uber Driver                               | tor / Corpor                           | ation or Labor Org           | anization / Pledgor /Pay  | /ee                     |                 |               |  |  |  |  |
| Contribution / Exp                        | enditure rer                           | oorted on:                   |                           |                         |                 |               |  |  |  |  |
| Schedule A2                               |  | Schedule B                   | Schedule B(J)             | Schedule C2             | Schedule D      | Schedule F1   |  |  |  |  |
| Schedule F2                               | 므                                      | Schedule F4                  | Schedule G                | Schedule H              | Schedule COH-UC | Ш             |  |  |  |  |
| Dates of Travel                           |  | of person(s) travel          | ing                       |                         | <u> </u>        |               |  |  |  |  |
| Dates of Haver                            | 1                                      | ek, Julie (Judge             |                           |                         |                 |               |  |  |  |  |
|   |  |                              | f departure location      |                         |                 |               |  |  |  |  |
| 11/20/2024                                | Austin                                 |                              | r departure rocation      |                         |                 |               |  |  |  |  |
|   |  |                              | of destination location   |                         |                 |               |  |  |  |  |
| 11/20/2024                                |  | ington DC                    |                           |                         |                 |               |  |  |  |  |
| Means of transpor                         | <u>I</u><br>rtation                    | Purpose of tra               | avel (including name of   | conference, seminar, or | other event)    |               |  |  |  |  |
| Private Automok                           |  | 1                            |                           | Rehnquist Award Rec     |                 |               |  |  |  |  |
|   |  | 1                            |                           |                         |                 |               |  |  |  |  |
|   |  |                              |                           |                         |                 |               |  |  |  |  |
|   |  |                              |                           |                         |                 |               |  |  |  |  |
|   |  |                              |                           |                         |                 |               |  |  |  |  |
|   |  |                              |                           |                         |                 |               |  |  |  |  |
| •   |  |                              |                           |                         |                 |               |  |  |  |  |

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **Uber Driver** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Kocurek, Julie (Judge) Departure city or name of departure location 11/20/2024 Washington DC Destination city or name of destination location 11/20/2024 Washington DC 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) National Center for State Courts Rehnquist Award Private Automobile Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **Uber Driver** Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Kocurek, Julie (Judge) Departure city or name of departure location 11/20/2024 Austin TX Destination city or name of destination location 11/23/2024 Washington DC Means of transportation Purpose of travel (including name of conference, seminar, or other event) Private Automobile National State Courts Rehnquist Award Recipient