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) 00065318 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Scott K. NAME Date Received **ELECTRONICALLY FILED** 01/11/2025 NICKNAME LAST **SUFFIX** Field CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 300 W. 15th St. MAILING Amount Receipt # **ADDRESS** Suite 607 Austin, TX 78701 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Scott K. NAME NICKNAME LAST **SUFFIX** Field **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 300 W. 15th St. **ADDRESS** Suite 607 (Residence or Business) Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 463-1460 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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 **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

Court Of Appeals, Justice Place 2 District 15

GO TO PAGE 2
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12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 2 District 15

Version V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Field, Scott K. (The H	14 Filer ID 00065318	(Ethics Commiss	sion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and	the candidate's or office	eholder's knowle	edge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$	1,000.00
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	6,573.64
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	LAST DAY OF THE	\$	48,290.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Ho	norable Scott K. Field	d	
		Signature o	f Candidate or Officeho	lder	
AFFIX NOT	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the _	d	lay
		ertify which, witness my hand and seal of office.			-
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering o	ath
-	-	-		,	

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 29
	ER NAN	19 Filer ID 00065318	(Ethics Con	nmission Filers)	
		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	5,338.37
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,235.27
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,076.00

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHED	ULE A(J)1
The Instru	ection Guide explains how to complete this t	1 Total pages Schedul Sch: 1/1 Rpt: 4/29	e A(J)1:	
2 FILER NAME Field, Scott	K. (The Honorable)	3 Filer ID (Ethics Con 00065318	mmission Filers)	
4 Date 07/11/2024			7 Amount of Contributi	on (\$) \$1,000.00
	Austin, TX 78737			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	
12 If contributor	is a child, 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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 5/29	Field, Scott K. (The Honorable)	00065318
4	Date	5 Payee name	<u> </u>
	10/30/2024	Angie's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$108.95	1307 E. 7th Street	
		Austin, TX 78702	
8	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	μ	Check if Austin, TX, officeholder living expense
			Staff lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/03/2024	BJ's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.50	22410 US Hwy 281 N	
		San Antonio, TX 78259	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Meal during judicial conference
			meal during judicial conference
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Since Hold
_	Date	Davies name	
	07/02/2024	Payee name Blue Corn Harvest	
	Amount (\$) \$23.47	Payee address; City; State; Zip Code 212 West 7th Street	
	Φ23.47	212 West /III Sueet	
		O	
		Georgetown, TX 78626	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Lunch meeting with judge
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 6/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	07/03/2024	Blue Corn Harvest
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.04	212 West 7th Street
		Georgetown, TX 78626
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting with mentee
		Wiccumg with mentee
9	Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	07/29/2024	Blue Corn Harvest
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.62	212 West 7th Street
		Georgetown, TX 78626
	PURPOSE 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 Lunch meeting with judge
		Euron meeting with judge
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	11/19/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	20831 US 281
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meal en route to event in San Antonio
_	Complete ONII V if allows:	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 7/29	Field, Scott K. (The Honorable)		00065318
4	Date	5 Payee name		-
	07/18/2024	City Post		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$44.81	113 E. 8th Street		
		Georgetown, TX 78626		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b))	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Lunch meeting with judge
_	0 1: 0.11.7.7.1.		_	000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	08/20/2024	City Post		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$23.48	113 E. 8th Street		
		Georgetown, TX 78626		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Lunch meeting with judge
				_and_modalig_man_jaage
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	•		
	Date	Payee name		
	09/09/2024	City of Austin		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3.25	2006 East 4th Street	•	
	Ψ0.20	2000 East 4th Officet		
		Austin, TX 78702		
	BUBBOOF		- \	
	PURPOSE OF	, - ,) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Parking for lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 8/29	Field, Scott K. (The Honorable) 00065318
4 Date	5 Payee name
10/24/2024	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.75	2006 East 4th Street
	Auctin TV 70702
	Austin, TX 78702
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense
	Parking for event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/16/2024	Clay Pit
	·
Amount (\$)	Payee address; City; State; Zip Code
\$206.55	1601 Guadalupe St.
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Contribution to staff Christmas lunch.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/19/2024	Dallas Bar Association
Amount (\$)	Payee address; City; State; Zip Code
\$18.00	2101 Ross Avenue
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Parking for event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ages	/Contract Labor O	avel Out of Dist THER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	12	<u> </u>	•	-		ler ID	(Ethics Commission Filers)
Ĺ	Sch: 5/14 Rpt: 9/29		Field, Scott K. (The Honorable)				0065318	(Earles Commission Files)
4	Date	5	Payee name					
	08/15/2024		El Nuevo					
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de			
	\$77.33		1013 West University Ave.					
			Suite 155					
			Georgetown, TX 78628					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	(b)	Description		
	OF	`´	Food/Beverage Expense	dule)	` '	Check if travel outside of	of Texas. Comp	lete Schedule T.
	EXPENDITURE		5 1			Check if Austin, TX, offi	iceholder living	expense
						Staff luncheon		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Of	ffice souç	ght		Office hel	ld
L	CAPERIULUIE LO DEFIEIL C/OF							
	Date		Payee name					
	10/21/2024		Federalist Society					
	Amount (\$)		Payee address; City; State;	Zip Cod	de			
	\$25.00		1776 I Street NW					
			Suite 300					
			Washington DC, TX 20006					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description	-4.T	lete Och edule 7
	EXPENDITURE		Fees			Check if travel outside of Check if Austin, TX, offi		
						Yearly dues	oonoloo livilig	o.ponec
						•		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice souç	ght		Office he	ld
L	Dete	<u> </u>						
	Date		Payee name					
	07/09/2024		Field, Scott					
	Amount (\$)			Zip Coo	de			
	\$504.73		300 W. 15th St.					
			Suite 607					
L			Austin, TX 78701		_			
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description		
	OF EXPENDITURE		Loan Repayment/Reimbursement			Check if travel outside of		
	-					Check if Austin, TX, offi	-	expense during first
						six months of 2024		expenses during inst
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Of	ffice soug	aht		Office he	ld
	expenditure to benefit C/O		OI		c		200 1101	· -

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee I	Gift/Awards/Memorials E Legal Services The Instruction Gu i	•		ages	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2	EII ED NAME						3	Filer ID	(Ethics Commission F	=ilers)
•	Sch: 6/14 Rpt: 10/29	ı		K. (The Honorab	ole)				,	00065318	(Ethics Commission)	11013)
4	Date	5	Payee name									
	09/12/2024	ı	Fixe									
6	Amount (\$) \$16.25	ı	Payee addres 505 W. 5th S		State;	Zip Coo	de					
	,_,,_,			-								
		-	Austin, TX 7									
8	PURPOSE OF	(a)	Category (See	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Exper	ise				느			nplete Schedule T.	
								—		officeholder livin		
								judges	nne	er meeting v	with business cour	I
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	Office soug	jht			Office h	eld	
	Date		Payee name									
	07/19/2024	ı	HEB									
	Amount (\$)		Payee addres	s; City;	State;	Zip Coo	le					
	\$14.80] :	19348 Rona	ld Reagan Blvd.								
		Ľ	Georgetown	, TX 78728								
	PURPOSE OF			e Categories listed at the		edule)	(b)	Description				
	EXPENDITURE	'	Office Overh	ead/Rental Exp	ense					officeholder livin	nplete Schedule T. g expense	
								Supplies for o			9 p	
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	eholder name	0	Office soug	jht			Office h	eld	
	Date		Payee name									
	08/12/2024	ı	HEB									
	Amount (\$)		Payee addres	s; City;	State;	Zip Coo	de					
	\$64.33	:	19348 Rona	ld Reagan Blvd.								
		(Georgetown	, TX 78728								
	PURPOSE OF			e Categories listed at the		edule)	(b)	Description				
	EXPENDITURE	۱ ۱	Office Overh	ead/Rental Exp	ense					officeholder livin	nplete Schedule T.	
								Supplies for o			g expense	
								Supplies for 0	IIIC			
	Complete ONLY if direct	C	andidate/Offic	eholder name	Ω	Office soug	ht			Office h	eld	
	expenditure to benefit C/OI						,			25511		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 11/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	08/19/2024	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.45	1303 Rivery Blvd
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for office move
		Cappines for entire there
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/03/2024	Hula Hut
H	Amount (\$)	Payee address; City; State; Zip Code
	\$102.25	3825 Lake Austin Blvd.
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff lunch
		Starriumen
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/02/2024	JW Marriott
H	Amount (\$)	Payee address; City; State; Zip Code
	\$677.49	23808 Resort Parkway
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel for judicial conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 8/14 Rpt: 12/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	07/24/2024	Kerbey Lane Cafe
6	Amount (\$) \$32.82	7 Payee address; City; State; Zip Code 2606 Guadalupe
		Austin, TX 78705
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with new business court judge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/07/2024	Kerbey Lane Cafe
	Amount (\$) \$40.76	Payee address; City; State; Zip Code 2606 Guadalupe
		Austin, TX 78705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast meeting with judge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Kerbey Lane Cafe
	Amount (\$) \$35.39	Payee address; City; State; Zip Code 2606 Guadalupe
		Austin, TX 78705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mentoring lunch with new law grad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 9/14 Rpt: 13/29	Field, Scott K. (The Honorable)
4	Date	5 Payee name
	10/01/2024	Kerbey Lane Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.13	2606 Guadalupe
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Breakfast with mentee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2024	MOD Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.81	3101 Heritage Trace Parkway
		Suite 105
		Fort Worth, TX 76177
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while traveling for work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Dayge name
	08/17/2024	Payee name MPix
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.26	610 E. Jefferson St.
		Pittsburg, KS 66762
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Purchase of staff gift
	Complete ONLY if allowed	Condidate/Officeholder name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 14/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	08/29/2024	Maggiano's Little Italy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$437.50	10910 Domain Drive
		Suite 100
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff dinner
		Stan uniner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	Maggiano's Little Italy
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$714.76	10910 Domain Drive
		Suite 100
		Austin, TX 78758
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Paid for event relating to acceptance of new court
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/02/2024	Pappadeaux Seafood Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$474.73	6319 N IH 35
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Investiture celebration lunch
		investiture cerebration functi
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
H		

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 11/14 Rpt: 15/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	07/24/2024	RTS Connect
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.50	1306 Cecilia St.
		Taylor, TX 76574
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Photo sitting session
		in the starting description
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/09/2024	Ranch 616
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.62	616 Nueces
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting with new staff
	Complete ONLY if direct	Constitute (Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Saltgrass
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.23	5845 Sandshell
		Fort Worth, TX 76137
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meal while traveling for business
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	'

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	=				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/14 Rpt: 16/29	Field, Scott	K. (The Honorable)					00065318	
4	Date	5 Payee name							
	11/20/2024	Sonic							
6	Amount (\$) \$5.97	7 Payee addre 1022-1 US Blanco, TX	281	State; Zip Co	ode				
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			느	, TX,	de of Texas. Com officeholder living t in San Anto	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office sou	ight			Office he	eld
	Date	Payee name							
	09/16/2024	Texas Aggi	e Bar Association						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$50.00	500 Winste	ad Building						
		2728 N. Ha	rwood Street						
		Dallas, TX	75201						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	ense			=		de of Texas. Com	
						Fee for annua		officeholder living	expense
						T CC TOT CITITAL	<i>.</i>	angate	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld
	Date	Payee name							
	07/17/2024	Texas Cen	er for the Judiciary						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$350.00	1210 San <i>A</i>	Antonio St.						
		Suite 800							
		Austin, TX	78701						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	ense			ш		de of Texas. Comp officeholder living	
						Fee for judicia			схрепас
							. •		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ight			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 13/14 Rpt: 17/29	Field, Scott K. (The Honorable) 00065318
4	Date	5 Payee name
	08/30/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fee for part of judicial conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name Tayon Contar for the Judician
	11/15/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
	PURPOSE 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
		Event fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
_	Date	Payee name
	07/17/2024	Texas Supreme Court Historical Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 12673
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fee for briefing attorney breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)	
	Sch: 14/14 Rpt: 18/29	l	K. (The Honorable)					00065318		
4	Date	5 Payee name								
	10/08/2024	Uber								
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip Co	ode					
	\$22.89	1725 Third	Street							
		San Franci	sco, CA 94158							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict					de of Texas. Com		
						Uber charges		officeholder living		
						Ober charges	, 10	and nom ev	Cit	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office cou	ıaht			Office he	ald.	
9	expenditure to benefit C/OI		icentituel flame	Office sou	igni			Office fie	eiu.	
	Date	Payee name								_
	09/27/2024	University (of Texas Parking and Tr	ansportation	า Se	rvices				
	Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode					
	\$6.00	2401 San J	acinto Blvd.							
		Austin, TX	78705							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			=		de of Texas. Comp		
						Parking for te		officeholder living		
						r arking for to	·uoi	ining at law 5	Citoti	
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	_
	expenditure to benefit C/OI	H								
	Date	Payee name								
	09/30/2024	Williamson	County Inn of Court							
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$400.00	c/o William	VerWeire							
		3011 Dawr	Drive, Suite 104							
		Georgetow	n, TX 78628							
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Fees	,	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					ш	, TX,	officeholder living	expense	
						Yearly dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	onponditure to beliefft 6/01	•								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 19/29		Field, Scott K. (The Honorable)				00065318
4	Date	5	Payee name				
	07/10/2024		Field, Scott				
6	Amount (\$) \$42.88	7	Payee address; City; State; 300 W. 15th St. Suite 607	Zip Co	de		
	X political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	С	check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			С	check if Austin, TX, officeholder living expense
	ZXI ZXIZITONZ				Travel to meeting	j in	Austin for new court
_	Complete ONLY if direct	<u>C</u>	ndidate/Officeholder name		Office course		Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ididate/Officeriolder name		Office sought		Office field
	Date		Payee name				
	08/07/2024		Field, Scott				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$42.88		300 W. 15th St.				
Reimbursement from political contributions intended			Suite 607				
			Austin, TX 78701				
	PURPOSE	┢	Category (See Categories listed at the top of this sched	dule)	Description	7 c	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel In District	,		jc	check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel to and from	– n ii	nterviews of new staff
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	08/22/2024		Field, Scott				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$42.88		300 W. 15th St.				
	Reimbursement from		Suite 607				
	x political contributions intended		Austin, TX 78701				
	PURPOSE	Г	Category (See Categories listed at the top of this sched	dule)	Description	С	check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			С	check if Austin, TX, officeholder living expense
	EXPENDITORE				Travel to and from	n b	par reception for new court
_		<u>_</u>					200
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Travel in District Travel Out of District OTHER (enter a category not listed above)				
			The Instruction Guide explains I	now to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/10 Rpt: 20/29	Field, Scott	K. (The Honorable)			'	000653	18	
4	Date	5 Payee name				•			
	09/02/2024	Field, Scott							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$42.88	300 W. 15tl		·					
	Reimbursement from	Suite 607							
	X political contributions intended	Austin, TX	70701						
L		· · · · · · · · · · · · · · · · · · ·			l				
8	PURPOSE OF	1	ee Categories listed at the top of this sche	edule)	(b) Description	=		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In Di	istrict		 			n, TX, officeholder living expense .	
					Travel to and from	m sv	vearing	in ceremony	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
		ī							
	Date	Payee name							
	09/06/2024	Field, Scott							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$42.88	300 W. 15tl	n St.						
Reimbursement from Suite 607									
	X political contributions intended	Austin, TX	78701						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel In Di	istrict		Ī	Che	eck if Austir	n, TX, officeholder living expense	
	EXPENDITORE					m G	overnor	for a Day ceremony and	
					Hemphill dinner				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	C/O/1								
	Date	Payee name							
	09/07/2024	Field, Scott							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$42.88	300 W. 15tl	n St.						
	Reimbursement from	Suite 607							
	X political contributions intended	Austin, TX	78701						
	PURPOSE		ee Categories listed at the top of this sche	odulo)	Description	7 Chr	eck if travel	outside of Texas. Complete Schedule T.	
	OF	Travel In Di	,	duic)	Description	_		n, TX, officeholder living expense	
	EXPENDITURE	Traver in D	Strict		Travel to and from	그 m br	iefing a	ttorney breakfast	
						٠.	5	.,	
-	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				CCo cougnit				
L	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 21/29	1	Field, Scott K. (The Honorable)				00065318
4	Date	5	Payee name				
	09/17/2024		Field, Scott				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$123.95		300 W. 15th St.				
	Reimbursement from		Suite 607				
	X political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			_	eck if Austin, TX, officeholder living expense
	EM EMBITORE				Travel to Dallas \	′ ou	ng Lawyers Judiciary Dinner
_	Complete ONLY if direct	Can	didata/Officeholder name		Office cought		Office held
9	expenditure to benefit C/OH	Can	uidate/Oniceriolder name		Office sought		Office field
	Date		Payee name				
	09/19/2024		Field, Scott				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$121.94		300 W. 15th St.				
	Reimbursement from		Suite 607				
	X political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			_	eck if Austin, TX, officeholder living expense
					Mileage from Dal and back to Liber	las ty F	to A&M Law School for ceremony Hill
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	09/20/2024		Field, Scott				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$42.88		300 W. 15th St.				
	Reimbursement from		Suite 607				
	X political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	╛	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		L	_	eck if Austin, TX, officeholder living expense
					Travel to and fror	n C	LE
	Complete ONLY if direct expenditure to benefit	Can	didate/Officeholder name		Office sought		Office held
	C/OH						

SCHEDULE G

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Col Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel out of District OTHER (enter a category not listed above)			
	·		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	ИE			3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/10 Rpt: 22/29	Field, Sco	tt K. (The Honorable)				000653	318	
4	Date	5 Payee nam	ne			•			
	10/01/2024	Field, Sco							
6	Amount (\$)	7 Payee add	ress; City; State;	; Zip Co	ode				
	\$46.90	300 W. 15	5th St.						
	Reimbursement from	Suite 607							
	X political contributions intended	Austin, T	(78701						
_		·			las =				
8	PURPOSE OF	1	(See Categories listed at the top of this sch	edule)	(b) Description	=		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	EXPENDITURE	Travel In	District		L	_			
					Mileage to and fr	rom	mentor	Dreaktast	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought			Office held	
	C/OH								
	Data								
	Date	Payee nam							
	10/08/2024	Field, Sco	ott						
	Amount (\$)	Payee add	ress; City; State;	; Zip Co	ode				
\$46.90 300 W. 15th St.									
Reimbursement from Suite 607									
	X political contributions intended	Austin, T	(78701						
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	Ch	eck if trave	I outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel In	District			Ch	eck if Austi	n, TX, officeholder living expense	
	EXPENDITORE				Mileage to and fr	rom event in Austin			
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	C/O/1								
	Date	Payee nam	ne						
	10/18/2024	Field, Sco	tt						
	Amount (\$)	Payee add	ress; City; State;	; Zip Co	ode				
	\$46.90	300 W. 15	5th St.						
	Reimbursement from	Suite 607							
	X political contributions intended	Austin, T	(78701						
	PURPOSE		(See Categories listed at the top of this sch	odulo)	Description	1 Ch	eck if trave	I outside of Texas. Complete Schedule T.	
	OF	Travel In		cuulcy	Description	_		n, TX, officeholder living expense	
	EXPENDITURE	liaveiiii	District		Mileage to and fr	 rom	CLE sp	eech	
							P		
\vdash	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held	
	expenditure to benefit	Sandidate/Offic	enolaer hame		Onice sought			Office field	
L	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		al Committee Legal Services Salaries/Wages/Contr	Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete th	is form.
1	Total pages Schedule G: Sch: 5/10 Rpt: 23/29	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4	Date 10/23/2024	5 Payee name Field, Scott	
_			
6	Amount (\$) \$46.90 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 300 W. 15th St. Suite 607 Austin, TX 78701	
_			evientions Cheal if traval outside of Tayon Complete Cabadula T
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Travel In District Mileage	e to and from meeting in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Offic	e sought Office held
	Date	Payee name	
	10/29/2024	Field, Scott	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.90	300 W. 15th St.	
	Reimbursement from political contributions	Suite 607	
	X political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule) Des	cription Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Mileage	e to and from CLE speech
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Offic	e sought Office held
	Date	Payee name	
	11/07/2024	Field, Scott	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.90	300 W. 15th St.	
	Reimbursement from	Suite 607	
	X political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule) Des	cription Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Mileage	e to and from event in Austin
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Offic	e sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) divertising Expense Event Expense Loan Repayment/Reimbu

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P al Committee Legal Services Si	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how	v to complete this form.	
1	Total pages Schedule G: Sch: 6/10 Rpt: 24/29	2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
	3cm. 0/10 Kpt. 24/29	, ,		00003318
4	Date	5 Payee name		
	11/14/2024	Field, Scott		
6	Amount (\$)	7 Payee address; City; State; Z	Zip Code	
	\$46.90	300 W. 15th St.		
	Reimbursement from	Suite 607		
	X political contributions intended			
		Austin, TX 78701		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	L L	Check if Austin, TX, officeholder living expense
			Mileage to and fr	om meeting in Austin
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	11/19/2024	Field, Scott		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$143.38	300 W. 15th St.		
	,	Suite 607		
	Reimbursement from political contributions			
	intended	Austin, TX 78701		
	PURPOSE	Category (See Categories listed at the top of this schedu	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	L	Check if Austin, TX, officeholder living expense
			Travel to and from	m CLE speech in San Antonio
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Data			
	Date	Payee name		
	12/03/2024	Field, Scott		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$46.90	300 W. 15th St.		
	Reimbursement from	Suite 607		
	x political contributions intended	Austin, TX 78701		
	PURPOSE	Category (See Categories listed at the top of this schedu	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Travel In District		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Traver in Bistrict	Mileage to and fr	om event in Austin
	Complete ONLV if direct	Candidate/Officeholder name	Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicendider name	Onice Sought	Office field
	5,011			
_	rma provided by Tayaa F	this Commission was othics store		Version V4.1.0 Edd2ccc2

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 7/10 Rpt: 25/29		Field, Scott K. (The Honorable)				00065318
4	Date	5	Payee name				
	12/12/2024		Field, Scott				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$46.90		300 W. 15th St.				
	Reimbursement from		Suite 607				
	X political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITORE				Mileage to and fr	om	CLE speech
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	12/13/2024		Field, Scott				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$46.90		300 W. 15th St.				
	Reimbursement from		Suite 607				
x political contributions intended			Austin, TX 78701				
	PURPOSE	╁	Category (See Categories listed at the top of this sche	edule)	Description	7 Ch	eck if travel outside of Texas. Complete Schedule T.
	OF		Travel In District	,		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE		Traver in Bleaner		Mileage to and fr	– om	reception.
							•
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	09/06/2024		TxTag				
Н	Amount (\$)	H	Payee address; City; State;	Zip Co	ode		
	\$3.92		12719 Burnet Road				
	Reimbursement from						
	x political contributions intended		Austin, TX 78727				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Ch	eck if Austin, TX, officeholder living expense
	LAFLINDITORE				Toll charge for tra	avel	to event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overnead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
L	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics	Commission Filers)	
	Sch: 8/10 Rpt: 26/29	Field, Scott	K. (The Honorable)				00065318		
4	Date	5 Payee name							
	09/07/2024	TxTag							
6 Amount (\$) 7 Payee a			ess; City; State;	; Zip Co	ode				
	\$3.92								
	Reimbursement from	12.10 50011000							
	X political contributions intended	Austin, TX 78727							
8	PURPOSE		ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel outside of	Texas. Complete Schedule T.	
	OF	Travel In Di		- 30.0)		=	eck if Austin, TX, office	·	
	EXPENDITURE			Toll charge for tra			to event		
9	Complete ONLY if direct	<u>I</u> Candidate/Office	holder name		Office sought		Office	held	
	expenditure to benefit C/OH								
	G/OTT								
	Date	Payee name							
L	09/17/2024	TxTag							
	Amount (\$)	Payee address; City; State; Zip Code							
\$9.15 12719 Burnet Road									
Reimbursement from									
	X political contributions intended	Austin, TX	78727						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description [Che	eck if travel outside of	Texas. Complete Schedule T.	
OF EXPENDITURE		Travel In Di	istrict			Che	eck if Austin, TX, office	eholder living expense	
LA LIBITORE			Toll charge for travel to event						
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office	e held	
	expenditure to benefit C/OH								
H	Data	B							
	Date 09/20/2024	Payee name							
_		TxTag	O'th C	. 7' -	-1-				
	Amount (\$)	Payee addre	•	; Zip Co	oae				
	\$3.92	12719 Burr	iet Koad						
	Reimbursement from political contributions								
	intended	Austin, TX	78727						
	PURPOSE OF	1	ee Categories listed at the top of this sch	edule)	Description	_		Texas. Complete Schedule T.	
	EXPENDITURE	Travel In Di	istrict		L	_	eck if Austin, TX, office	enotiver living expense	
					Toll charge for tra	avel	to event		
	Complete ONLY if direct	Candidata/Office	holder name		Office sought		Office	hold	
	expenditure to benefit	Candidate/Office	noider name		Office sought		Office	: Helu	
L	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor					
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 9/10 Rpt: 27/29	Field, Scott K. (The Honorable)		00065318				
4	Date	5 Payee name						
	11/14/2024	TxTag						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$5.81							
	Reimbursement from	12113 Duffict Noau						
	x political contributions intended	Austin TV 70727						
		Austin, TX 78727						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Check if Avetic TV officeholder living synapses					
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense				
			Toll charges for travel to meeting					
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	C/OH							
	5 .	T						
	Date	Payee name						
	12/12/2024	TxTag						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$14.12	\$14.12 12719 Burnet Road						
	Reimbursement from							
	X political contributions intended	Austin, TX 78727						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
OF		Travel In District		Check if Austin, TX, officeholder living expense				
EXPENDITURE			Toll charges for t	ravel to and from CLE				
		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit C/OH							
	Date	Payee name						
	12/13/2024	TxTag						
	Amount (\$) Payee address; City; State; Zip Code							
	\$7.84	12719 Burnet Road						
	Reimbursement from							
	X political contributions intended	Austin, TX 78727						
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Travel In District	Description	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Traver in district	Toll charges for to	ravel to and from event				
			l on onargos for the	and nom oroni				
_	Complete ONLV if direct	Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit	Candidate/Onicendider name	Onice Sougill	Office Held				
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			-	Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 10/10 Rpt: 28/29	2 FILER NAM Field, Sco	ME ott K. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00065318		
4	Date	5 Payee nam	ne						
	10/29/2024	TxTag							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$7.84	12719 Bu	rnet Road						
	Reimbursement from political contributions intended	Austin, T	< 78727						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel In	District			Che	ck if Austin, TX, officeholder living expense		
	EXI ENDITORE				Tolls for travel to	spe	aking engagement		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought		Office held		
	Date	Payee nam	ne						
	10/23/2024	TxTag							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$12.48	\$12.48 12719 Burnet Road							
	X Reimbursement from political contributions intended	Austin, T	(78727						
	PURPOSE	Category	(See Categories listed at the top of this sc	hedule)	Description	_	ck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Travel In	District		L L	_	ck if Austin, TX, officeholder living expense		
					Toll charges for t	trave	I to meeting		
_	Complete ONLY if direct	Candidate/Offic	reholder name		Office sought		Office held		
	expenditure to benefit C/OH	ourididato, ome	onoradi mame		omoc sought		Cindo noid		
	Date	Payee nam	ne						
	10/18/2024	TxTag							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$7.84	12719 Bu	rnet Road						
	Reimbursement from political contributions intended	Austin, T	〈 78727						
	PURPOSE	Category	(See Categories listed at the top of this sc	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense				
					Toll charges for t	trave	I to CLE		
	Complete ONLY if direct	Candidate/Offic	reholder name		Office sought		Office held		
	expenditure to benefit C/OH	Candidate/Offic	ocholder hame		Office Sougift		Onice neid		

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Field, Scott K. (The Honorable) 00065318 8 Amount (\$) Date 5 Name of person from whom amount is received 09/14/2024 \$1,076.00 Third Administrative Judicial Region 6 Address of person from whom amount is received; City; State; Zip Code New Braunfels, TX 78136 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for judicial conference