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) 00065750 35 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Julia A. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Maldonado CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 2804 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77252 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Gerald NAME NICKNAME LAST **SUFFIX** Womack **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 4412 Almeda Rd. **ADDRESS** (Residence or Business) Houston, TX 77004 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 523-7402 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l 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 χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 507 Harris Family District Court Judge District 507th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Maldonado, Julia A. (The Honorable)		14 Filer ID 00065750	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without to equired to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM				
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
46 CONTRIBUTION	1 TOTAL INITEM	IZED DOLITICAL CO	DITTINI ITIONIC/OT LED TUANA	LDIEDOES LOAMS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAN CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBU	TIONS OR GUARANTEES OF LOAN!	S)	\$	0.00
EXPENDITURE TOTALS	'	IZED POLITICAL EX		<u></u>	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	JRES		\$	13,110.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	17,120.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		1	I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
			The Honora	able Julia A. Maldor	nado	
		·	Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	er administeri	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 35						
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Maldonado, Julia A. (The Honorable)00065750								
20 SCHEDUI NAME OF	SUBTOTAL AMOUNT								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 13,091.95						
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 18.96						
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	\$						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/31 Rpt: 4/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	09/09/2024	Blackburn Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$845.00	12515 Mossycup Drive
L		Houston, TX 77024
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		photos
		priotos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	David and a second a second and
	09/03/2024	Payee name
		Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.16	27700 Katy Fwy.
		Katy , TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		idel-conference
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	5.	
	Date	Payee name
	08/07/2024	Burta Rhoads Raborn Inn of Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$684.50	C/O Ronique Bastine
		4800 Sugar Grove Blvd., Ste. 400
		Houston, TX 77477
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		yearly fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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: 2/31 Rpt: 5/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	09/03/2024	Caesar's Photography
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 12918 Candlewood Glen Ln. Houston, TX 77014
Ļ	DUDDOGE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2024	Catholic Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	c/o Law Office of Ellen E. Dorn
		12655 N. Central Expressway, Ste. 195
		Dallas, TX 75243
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	Ceaders Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2616 Louisiana Rd.
		Bellaire, TX 77401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking
	Complete ONLY if direct expenditure to benefit C/Ol	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	ai C0	The Instruction Guide ex		Ŭ	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 3/31 Rpt: 6/35		Maldonado, Julia A. (The Honora	ble)		00065750
4	Date	5	Payee name			
	12/19/2024		Coach Outlet			
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode	
	\$298.77		5000 Katy Mills Cir.,, Suite 368			
			Katy, TX 77494			
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By	1		Check if travel outside of Texas. Complete Schedule T.
			Candidate/Officeholder/Political C	Committee		Check if Austin, TX, officeholder living expense Staff X-mas gifts
						Stall A-mas gins
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	l Jaht	Office held
ľ	expenditure to benefit C/O			2.1100 000	9.10	555 11514
H	Date	Т	Payee name			
	09/06/2024		Constant Contact			
H	Amount (\$)	┝		State; Zip Co	nde	
	\$299.28		1601 Trapelo Road	Otato, Zip Ot	ouc	
	Ψ200.20		Suite 329			
			Waltham, MA 02451			
┝	PURPOSE	(2)			(h)	Description
	OF	(a)	Category (See Categories listed at the top of Advertising Expense	this schedule)	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
						email svc.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught	Office held
	experiantare to benefit 6/61	_				
	Date		Payee name			
	09/17/2024		Crane Merchandizing Systems			
	Amount (\$)			State; Zip Co	ode	
	\$5.25		3222 Phoenixville Pike, Suite 200)		
			Malvern, PA 19355			
	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
						soft drinks-meeting
						y
\vdash	Complete ONLY if direct	Ц (Candidate/Officeholder name	Office sou	<u>I</u> ught	Office held
	expenditure to benefit C/O	Н			-	

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/Political C Credit Card Payment		enter a category not listed above)
1 Total pages Schedule F1: 2	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 4/31 Rpt: 7/35	Maldonado, Julia A. (The Honorable) 00065	750
4 Date 5	5 Payee name	
10/06/2024	Doubletree Hotel	
6 Amount (\$) 7	7 Payee address; City; State; Zip Code 6505 N. I-35 Austin, TX 78752	
8 PURPOSE (6 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texa Check if Austin, TX, officeholde lodging	
	.cagg	
Complete ONLY if direct expenditure to benefit C/OH		ice held
Date	Payee name	
10/25/2024	Dunkin	
Amount (\$) \$23.44	Payee address; City; State; Zip Code 2002 Yale St.	
	Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texa Check if Austin, TX, officeholds donuts for weekly cle	
Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	ice held
Date	Payee name	
11/01/2024	Dunkin	
Amount (\$) \$13.99	Payee address; City; State; Zip Code 2002 Yale St.	
	Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texa Check if Austin, TX, officeholded donuts for weekly cle	
Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	ice held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/31 Rpt: 8/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	11/08/2024	Dunkin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.17	2002 Yale St.
		Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		donuts for weekly cle
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2024	Dunkin
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.98	2002 Yale St.
		Houston, TX 77008
	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
		donuts for weekly cle
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2024	Dunkin
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.17	2002 Yale St.
		Houston, TX 77008
	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 donuts for weekly cle
		donate for weekly die
	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 Co 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: 6/31 Rpt: 9/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	12/30/2024	El Tiempo Cantina - Navigation
6	Amount (\$) \$238.78	7 Payee address; City; State; Zip Code 2814 Navigation Houston, TX 77003
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 Bailiff Johnson Retirement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Fannin Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.60	4803 Fannin
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		nowers for thew authinistration
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	Frank's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.40	314 Prairie
		Houston, TX 77002
	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 meeting
	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 Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed) The Instruction Guide explains how to complete this form.									
				The Instruction Gui	de explains how to o	compl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/31 Rpt: 10/35		Maldonado,	Julia A. (The Ho	norable)				00065750		
4	Date	5	Payee name								
	12/23/2024		Garcia, Step	phanie							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (Code					_
	\$500.00		201 Caroline		,						
	4000.00		LOT OUTONIN	0, 100							
				. ==000							
		L	Houston, TX	(77002							
8	PURPOSE OF	(a)		e Categories listed at the		(b)	Description				
	EXPENDITURE			s/Donations Mad						plete Schedule T.	
			Candidate/C	Officeholder/Politi	ical Committee		contribution-h		officeholder living		
							CONTINUUTON	ICI	nouse built	eu uown	
Ļ	0 1: 0 1: 0	L			0.00	<u> </u>			0,1,1	11	_
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office so	ougnt			Office he	ela	
	Date		Payee name								
	08/17/2024		GoDaddy.co	om, LLC							
	Amount (\$)		Payee addres	ss; City;	State; Zip 0	Code					
	\$22.17		14455 N. Ha	ayden Rd., Suite	219						
			Scottsdale,	AZ 85260							
	PURPOSE	(0)				(h)	N. D				_
	OF	(a)		e Categories listed at the	e top of this schedule)	(0)	Description Check if travel	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expense			<u> </u>		officeholder living		
							website relate	ed (expenses		
Т	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office so	ought	:		Office he	eld	_
	expenditure to benefit C/OI	Н									
H	Date	Π	Payee name								=
	09/10/2024		GoDaddy.co	om II.C							
		H			O						_
	Amount (\$)		Payee addres		State; Zip (Jode					
	\$11.14		14455 N. Ha	ayden Rd., Suite	219						
			Scottsdale,	AZ 85260							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense						plete Schedule T.	
								, TX,	officeholder living	g expense	
							website cost				
											_
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office so	ought			Office he	eld	
	experience to beliefft C/Of										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/31 Rpt: 11/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	07/10/2024	Harris County Technology Services Dept.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1310 Prairies
		Suite 140
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		County ID Replacement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2024	Hernandez, Christina (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	2420 Paul Quinn St.
	,	
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		IT consulting
_	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hold
	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2024	Hernandez, Lucio (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	6710 Sutton Meadows Dr.
		Houston, TX 77086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		IT consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Orientalio to bollont o/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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commiss	
1 Total pages Schedule E1: 2 FILER NAME 3 Filer ID (Ethics Commiss	
The state of the s	ion Filers)
Sch: 9/31 Rpt: 12/35 Maldonado, Julia A. (The Honorable) 00065750	
4 Date 5 Payee name	
07/26/2024 Irma's Restaurant	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$103.77 22 N. Chenevert St	
Houston, TX 77002	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FOOD/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
meeting with campaign volunteer	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Superioritate to benefit every	
Date Payee name	
11/07/2024 Isabella's Snack Bar & Deli	
Amount (\$) Payee address; City; State; Zip Code	
\$15.16 1200 Congress ST	
Houston, TX 77002	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FOOD/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
working lunch	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u>'</u>	
Date Payee name	
11/15/2024 Kate Spade	
Amount (\$) Payee address; City; State; Zip Code	
\$487.13 Simon Premium Outlets	
60 Columbia Road, Bldg. B	
Morristown, NJ 07960	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officeholder/Political Committee	
Xmas Gifts for Staff	
Operation ONLY if allow the Complete to the Co	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/31 Rpt: 13/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	12/12/2024	Kroger #17
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.32	1440 Studemont St.
l		
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		misc supplies for final Friday cle
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	10/15/2024	Kwik Kopy
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$302.02	4001 San Jacinto St.
l		
l		Houston, TX 77044
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Xmas Cards 2024
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Data	Davida nama
	Date 09/17/2024	Payee name Luby's Cafeteria
┝		
l	Amount (\$) \$15.08	Payee address; City; State; Zip Code 201 Caroline
	Ψ13.00	201 Garonne
l		Houston, TX 77002
┡	DUDDOCE	
l	PURPOSE OF	(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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		sodas-staff meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
ļ_	T	٠.		The man denom ou	ide explains now	10 00111	pic	101111	_	E". 15	(Edition Organization Educa)
1	Total pages Schedule F1:	l	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 11/31 Rpt: 14/35		Maldonado,	Julia A. (The Ho	onorable)					00065750	
4	Date	5 F	Payee name								
	08/13/2024	1	MABAH								
6	Amount (\$)	7 1	Payee addres	s; City;	State; Zi	p Code	e				
	\$75.00		P. O. Box 30			•					
		١.	Herreton TV	77001							
		├	Houston, TX								
8	PURPOSE OF			e Categories listed at the) (I	b)	Description			
	EXPENDITURE			s/Donations Ma				브		de of Texas. Com officeholder living	plete Schedule T.
		۱ ۱	Januluale/C	officeholder/Polit	icai Committe	e		dues	, 17,	onicendidei iivini	g expense
								4400			
Ļ	Commission ONII V if alice at		andidate/Offic		Offic		la 4			Office b	-1-1
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Опіс	e sough	nt			Office h	ela
	·										
	Date	F	Payee name								
	10/01/2024	1	MABAH								
	Amount (\$)	F	Payee addres	s; City;	State; Zi	p Code	е				
	\$600.00		P. O. Box 30)3							
		۱,	Houston, TX	77001							
	PURPOSE	_				1/1	h)	Description			
	OF			e Categories listed at the)	IJ	Description Check if travel of	outsi	de of Texas Com	plete Schedule T.
	EXPENDITURE			s/Donations Ma Officeholder/Polit	,	e		=		officeholder living	
								Donation			
	Complete ONLY if direct	C:	andidate/Offic	eholder name	Office	e sough	ht			Office h	eld
	expenditure to benefit C/O	Н									
-	Date		Doves nome								
	12/31/2024	l	Payee name	Julia (Mc.)							
		_	Maldonado,								
	Amount (\$)	l	Payee addres		State; Zi	p Code	е				
	\$18.96		P. O. Box 28	304							
		1	Houston, TX	77252							
	PURPOSE	(a) (Category (Se	e Categories listed at the	e top of this schedule) (I	b)	Description			
	OF			ment/Reimburse		ĺ			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		, ,					_		officeholder living	
									nt c	of political it	ems paid with personal
								money			
	Complete ONLY if direct		andidate/Offic	eholder name	Office	e sough	ht			Office h	eld
	expenditure to benefit C/OH										
ı											

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: 12/31 Rpt: 15/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	10/02/2024	Marriott RiverCenter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$393.50	101 Bowie St.
		San Antonio, TX 78205
8	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
		lodging at cle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/07/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.12	3611 Main
		Houston, TX 77002
	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
		food for weekly cle event
		lood for weekly die event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davies same
	Date 10/11/2024	Payee name McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.43	3611 Main
		Houston, TX 77002
	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 food for weekly cle
		1000 for weekly cie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling 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: 13/31 Rpt: 16/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date 09/14/2024	5 Payee name Office Depot
6	Amount (\$) \$126.98	7 Payee address; City; State; Zip Code 1401 North Loop West Fwy Svc Rd. Houston, TX 77018
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense studying supplies
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.83	1401 North Loop West Fwy
		Svc Rd.
		Houston, TX 77018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ink-work-home
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 10/07/2024	Payee name Office Depot
	Amount (\$) \$42.83	Payee address; City; State; Zip Code 816 Tirado St.
		Austin, TX 78752
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mouse
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	ИΕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/31 Rpt: 17/35	Maldonad	o, Julia A. (The Honor	able)				00065750		
4	Date	5 Payee nam	ne				·			
	07/01/2024	PNC								
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	Code					
	\$3.00	-	risburg Blvd., Bldg. A							
		Houston,	TX 77011							
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		g/Banking	,				de of Texas. Comp		
						Check if Austin		officeholder living	expense	
						Daily SELVICE	UIIC	arge		
9	Complete ONLY if direct	Candidate/C	officeholder name	Office so	l ought			Office he		
	expenditure to benefit C/O			355 00					-	
	Date	Payee nam								
	07/24/2024	Pappas B	BQ							
	Amount (\$)	Payee add		State; Zip C	Code					
	\$44.65	1217 Pier	ce							
		Houston,	TX 77002							
	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense					de of Texas. Comp officeholder living		
						birthday brea				
	Complete ONLY if direct		fficeholder name	Office so	ought			Office he	ld	
L	expenditure to benefit C/O									
	Date	Payee nam	ne							
L	11/22/2024	Pappas B	BQ							
	Amount (\$)	Payee add	, , , , , , , , , , , , , , , , , , , ,	State; Zip C	Code					
	\$262.24	1217 Pier	ce							
L		Houston,	TX 77002							
	PURPOSE OF	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Event Exp	ense			ш		de of Texas. Comp officeholder living		
						Staff Thanks			o.penoc	
						- •	_	_		
	Complete ONLY if direct		fficeholder name	Office so	ought			Office he	ld	
	expenditure to benefit C/OI	4								
_										

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/31 Rpt: 18/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	12/04/2024	Pappas BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.54	1217 Pierce
		Houston, TX 77002
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 breakfast
		Stall bleaklast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/06/2024	Pappasitos #09
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.40	6513 I-35 N
		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 meal at Austin event
		medi di Auslin eveni
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 07/24/2024	Payee name
	07/24/2024	Parking Managment
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.50	P. O. Box 4997
		Houston, TX 77210-4997
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		parking for jo meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/31 Rpt: 19/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	08/28/2024	Parking Managment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	P. O. Box 4997
		Houston, TX 77210-4997
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense parking for JB meeting
		parting for our mounty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/06/2024	Pico De Gallo
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.79	111 S. Leona
		San Antonio, TX 78207
	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 meeting
		The curity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/16/2024	PublicData.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.76	P. O. Box 66664
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense 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
Leaal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calcadate 54	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 17/31 Rpt: 20/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	10/11/2024	Qtego Fundraising Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	5816 W. 74th St.
		Indianapolis, IN 46278
با	DUDDOCE	·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation-Mabah
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	08/15/2024	Rotary Club Of University Area
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 980834
		Houston, TX 77098
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		donation-501(c)(3)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/01/2024	Rotary Club Of University Area
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 980834
	φ35.00	1 .O. DOX 300004
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		แารเลแสแบบ นบบเสนเบบ
_	Operation ONE VIII	Overdidate/Office helder covers
	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) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 18/31 Rpt: 21/35		Maldonado,	Julia A. (The H	onorable)					00065750		
4	Date	5	Payee name									
	10/11/2024		Royal Sones	sta Houston								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$18.00		222 W. Loop	o South								
			Houston, TX	77027								
8	PURPOSE	(a)	Category (Sc	e Categories listed at t	he ton of this schedu	ule)	(b)	Description				
	OF	 `		on Equipment A			. ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					_		officeholder living	expense	
								parking for ev	/en	t		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice soug	ght			Office he	eld	
		_										
	Date		Payee name									
	08/12/2024		SP Plus Cor	poration								
	Amount (\$)		Payee addres	•	State; 2	Zip Coo	de					
	\$22.00		240 Soledad	d St.								
			San Antonio	n, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			on Equipment A	And Related			=		de of Texas. Com officeholder living		
			Expense					parking	, 17,	officeriolder living	expense	
								J9				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н					-					
_	Date	Π	Payee name									
	12/13/2024		Sepulveda,	Neli								
	Amount (\$)		Payee addres		State; 2	Zip Cod	de					
	\$180.00		7127 Avenu	-	,							
			Houston, TX	77011								
	PURPOSE	(a)		e Categories listed at t		.1-3	(h)	Description				
	OF	(")		age Expense	ne top of this scriedu	uie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE									officeholder living		
								tamales for 5	07t	h final tama	ada	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice soug	ght			Office he	eld	
	experiulture to periorit G/OTT											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 19/31 Rpt: 22/35	Maldonado, Julia A. (The Honorable)	00065750				
4	Date	5 Payee name					
	10/09/2024	Shell Oil					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$62.47	801 North Loop W.					
		Houston, TX 77008					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on				
	OF EXPENDITURE	Transportation Equipment 7 that Related	travel outside of Texas. Complete Schedule T.				
			Austin, TX, officeholder living expense austin event				
		i doi altor	addin event				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	expenditure to benefit C/O		C				
_	Date	Payee name					
	07/19/2024	Shipley's Donut Shop #1					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.48	3932 N. Main					
	Ψ11.40	OSOZ W. Main					
		Houston, TX 77009					
	- DUDDOOF						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	1 00d/Develage Expense	Austin, TX, officeholder living expense				
		donuts fo	or weekly CLE				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	п					
	Date	Payee name					
	07/26/2024	Shipley's Donut Shop #1					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$29.44	3932 N. Main					
		Houston, TX 77009					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio					
	OF	, , , <u> </u>	travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if	Austin, TX, officeholder living expense				
		donuts fo	or weekly CLE				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F
Sch: 20/31 Rpt: 23/35	Maldonado, Julia A. (The Honorable)		00065750
4 Date	5 Payee name		•
08/02/2024	Shipley's Donut Shop #1		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$43.40	3932 N. Main		
	Houston, TX 77009		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if tra	avel outside of Texas. Complete Schedule T.
LAI LINDITORL			ustin, TX, officeholder living expense
		uonuis ioi	weekly cle
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/O		yııı	Office field
Date	Payee name		
08/16/2024	Shipley's Donut Shop #1		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$47.38	3932 N. Main		
	Houston, TX 77009		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Food/Beverage Expense	—	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			weekly cle
			•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	4		
Date	Payee name		
08/23/2024	Shipley's Donut Shop #1		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$42.16	3932 N. Main		
	Houston, TX 77009		
PURPOSE		(h) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if tra	avel outside of Texas. Complete Schedule T.
EXPENDITURE	1 Jour Deverage Expense	Check if A	ustin, TX, officeholder living expense
		donuts for	weekly cle
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	٦		

SCHEDULE F1

rertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

	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: 21/31 Rpt: 24/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	09/13/2024	Shipley's Donut Shop #1
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.47	3932 N. Main
		Houston, TX 77009
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 donuts for weekly cle
		donate for weekly de
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/20/2024	Shipley's Donut Shop #1
H	Amount (\$)	Payee address; City; State; Zip Code
	\$26.45	3932 N. Main
		Houston, TX 77009
	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 donuts for weekly meeting
		donate for weekly meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/04/2024	Shipley's Donut Shop #1
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$43.89	3932 N. Main
		Houston, TX 77009
	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
		donuts for weekly CLE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	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: 22/31 Rpt: 25/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	10/18/2024	Shipley's Donut Shop #1
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.65	3932 N. Main
		Houston, TX 77009
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 donuts for weekly cle
		donate for weekly de
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/06/2024	Shipley's Donut Shop #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.97	3932 N. Main
	, -	
		Houston, TX 77009
_	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		donuts for jury
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Shipley's Donut Shop #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.55	3932 N. Main
		Houston, TX 77009
	PURPOSE OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donuts for final Friday cle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 23/31 Rpt: 26/35	Maldonado, Julia A. (The Honorable) 00065750
4 Date	5 Payee name
08/04/2024	Short Stop 35
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$67.21	1185 IH 35 East
	New Braunfels, TX 78238
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	fuel-cle
2	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/12/2024	Star Stop #59
Amount (\$)	Payee address; City; State; Zip Code
\$49.85	2211 N. Main
	Houston, TX 77009
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense fuel-to cle
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/06/2024	Star Stop #59
Amount (\$)	Payee address; City; State; Zip Code
\$81.54	3003 Ella Blvd.
402.01	Cook Elik Bird.
	Houston, TX 77018
DUDDOCE	(b) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Polated Transportation Equipment And Polated The Check if travel outside of Texas. Complete Schedule T.
	Transportation Equipment And Related
OF	Transportation Equipment And Related
OF	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel to Austin-work related event Candidate/Officeholder name Office sought Office held
OF EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel to Austin-work related event Candidate/Officeholder name Office sought Office held
OF EXPENDITURE Complete ONLY if direct	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel to Austin-work related event Candidate/Officeholder name Office sought Office held

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		
1	Total pages Schedule F1:	<u> </u>	_
1	Sch: 24/31 Rpt: 27/35	Maldonado, Julia A. (The Honorable)	
4	Date	5 Payee name	
•	09/04/2024	State Bar Of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.00	1414 Colorado Street	
		Austin, TX 78701	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Judicial Section	
		Judicial Section	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Oi	n	
	Date	Payee name	=
	07/23/2024	Tagueria Dona Maria	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$69.11		
	\$09.11	2601 Navigation Blvd.	
		Houston, TX 77003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		meeting with MABAH	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	_
	09/13/2024	Teleflora	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$202.40	11444 Olympic Blvd.	
		Los Angeles, CA 90064	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		memorial service-Waltrip	
	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 -Candidate/Officeholder/Political Committee Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 25/31 Rpt: 28/35	Maldonado, Julia A. (The Honorable)		00065750	
4	Date	5 Payee name			
	09/13/2024	Teleflora			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$201.83	11444 Olympic Blvd.			
		Los Angeles, CA 90064			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel out	tside of Texas. Com	
	EXPENDITURE		_	X, officeholder living	g expense
			memorial servi	ce-Compean	
_					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	10/14/2024	Teleflora			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$261.93	11444 Olympic Blvd.			
		Los Angeles, CA 90064			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense	<u> </u>	tside of Texas. Com X, officeholder living	
			Victoria Trevino		g expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	:	Office he	eld
	expenditure to benefit C/O	4			
	Date	Payee name			
	09/04/2024	Texas Association of District Judges			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$26.06	I/CO Hon. Collier			
	,	201 Caroline, 10th Floor			
		Houston, TX 77002			
	PURPOSE		A Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel out	tside of Texas. Com	plete Schedule T.
	EXPENDITURE	rees		X, officeholder living	•
			membership		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 26/31 Rpt: 29/35	Maldonado, Julia A. (The Honorable) 00065750						
4	Date	5 Payee name						
	07/19/2024	Texas Board of Legal Specialization						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$355.00	505 E. Huntland Dr., Ste. 400						
		Austin, TX 78752						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense fees						
		lees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/OI							
-	Date							
	Date	Payee name						
	07/03/2024	Texas Center for the Judiciary						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$60.00	1210 San Antonio						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense publication						
		ρασιισατίστ						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
-	Data							
	Date 09/05/2024	Payee name Texas Center for the Judiciary						
		·						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.00	1210 San Antonio						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense equip.						
		oquip.						
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	U						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/31 Rpt: 30/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	09/05/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1210 San Antonio
		Austin, TX 78701
8	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 holder/court
		Holder/court
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	11/05/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Cle Check if Austin, TX, officeholder living expense
		Gic C
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	08/19/2024	Payee name Texas Democratic Women of Harris County Metro Area
	Amount (\$)	Payee address; City; State; Zip Code P. O. Box 2429
	\$150.00	
		Bissonnet Street #428
		Houston, TX 77005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services								
,		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 28/31 Rpt: 31/35 Maldonado,			Julia A. (The Ho	onorable)				00065750		
4	Date	ate 5 Payee name									
	11/27/2024		The Home D	Depot							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$262.17		999 West North Loop								
			Houston, TX	77008							
8	PURPOSE	(a)	Category (Sa	e Categories listed at the	e ton of this schedule)	(b)	Description				_
	OF			nead/Rental Exp		`´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			•			_		officeholder living	j expense	
							moving suppl	lies			
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Office so	ught			Office he	eld	
	Date		Payee name								
	12/03/2024		The Home D	Depot							
	Amount (\$)	ı	Payee addres	s; City;	State; Zip C	ode					
	\$159.89		999 West No	orth Loop							
			Houston, TX	77008							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				outside of Texas. Complete Schedule T.				
	_/						ш		officeholder living	j expense	
							moving suppl	iics			
_	Complete ONLY if direct		andidate/Offic	ceholder name	Office so	liaht			Office he	ald	_
	expenditure to benefit C/OI		andidate/Offic	cholder hame	Office 30	ugiit			Office fic	siu .	
	Data	Ε.									_
	Date 08/06/2024	I	Payee name Uber Techno	ologies Inc							
					Otata: 75- O	1 -					
	Amount (\$)	l	Payee addres 1455 Market		State; Zip C	oae					
	\$7.95			Street							
		l	Suite 400								
			San Francis	co , CA 94103							
	PURPOSE OF			e Categories listed at the		(b)	Description				
	EXPENDITURE		Transportati Expense	on Equipment A	nd Related				de of Texas. Com officeholder living		
		·	_xperise				travel	,,		,	
	Complete ONLY if direct	С	andidate/Offic	ceholder name	Office so	ught			Office he	eld	_
	expenditure to benefit C/OI					-					
I											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 29/31 Rpt: 32/35	Maldonado, Julia A. (The Honorable) 00065750
4	Date	5 Payee name
	09/26/2024	Uber Technologies, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.94	1455 Market Street
		Suite 400
		San Francisco , CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense return to work
		Totalii to Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/26/2024	Uber Technologies, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.92	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense pu vehicle
		pu verileie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/16/2024	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	1500 Hadley
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense postal service
		ροσιαι σεινίου
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:	
•	Sch: 30/31 Rpt: 33/35	Maldonado, Julia A. (The Honorable)
L	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
4	Date	5 Payee name
	11/27/2024	United States Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$365.00	200 E. San Agustine St.
		Houston, TX 77536
Ļ		
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
		postage for X-mas cards
		poolage to A mae eard
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/26/2024	University of Houston-Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	One Main St., Suite 990-S
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
		donation
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2024	Vic & Anthony's
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.00	1510 Texas Avenue
		Houston, TX 77002
	DUDE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff X-Mas luncheon
_	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gi	ees ood/Beverage Expense ft/Awards/Memorials Expense gal Services	Polling Expens Printing Expens	d/Rental Expense e se s/Contract Labor	Travel in Distric Travel Out of D	
	Credit Card Payment	Т	he Instruction Guide explains	how to comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 31/31 Rpt: 34/35	Maldonado, J	ulia A. (The Honorable)			00065750	
4	Date	5 Payee name					
	12/06/2024	Willie G's					
6	Amount (\$)	7 Payee address	; City; State	e; Zip Code			
	\$134.91	1640 W. Loop					
		Houston, TX	77056				
8	PURPOSE			(b)	Description		
o	OF	Food/Beveraç	Categories listed at the top of this sc	hedule)	Description Check if travel	outside of Texas. Cor	mplete Schedule T.
	EXPENDITURE	1 ood/Deverag	ge Expense		=	, TX, officeholder livin	·
					meeting		
9	Complete ONLY if direct	Candidate/Office	holder name	Office sought		Office h	eld
	expenditure to benefit C/O	1					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS 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 Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 1/1 Rpt: 35/35 Maldonado, Julia A. (The Honorable) 00065750 Date Payee name 10/25/2024 Luby's Cafeteria 6 Amount (\$) Payee address; City; State; Zip Code 201 Caroline \$14.22 Reimbursement from political contributions intended Х Houston, TX 77002 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** coffee for cle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/25/2024 Luby's Cafeteria Amount (\$) Payee address; City; State; Zip Code \$4.74 201 Caroline Reimbursement from political contributions Χ Houston, TX 77002 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** coffee for cle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH