#### 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) 00085281 16 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria F. NAME Date Received **ELECTRONICALLY FILED** 01/04/2025 NICKNAME LAST **SUFFIX** Aceves CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2035 Royal Lane MAILING Amount Receipt # **ADDRESS** Suite 280 Change of Address Dallas, TX 75229 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Paul I. NAME NICKNAME LAST **SUFFIX** Wingo **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 325 N. Saint Paul **ADDRESS** Ste. 3300 (Residence or Business) Dallas, TX 75201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 234-7949 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 192 District Judge District 192

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Aceves, Maria F. (Th	e Honorable)	14 Filer ID 00085281	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		  ZED POLITICAL CONTRIBUTIONS(OTHER THA   ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 3,927.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 87.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 Hono	orable Maria F. Aceve	es
			f Candidate or Officeho	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		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 oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

			3 of 16		
	Aceves, Maria F. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00085281				
l	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				
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	\$ 2,434.99		
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		<b>\$</b> 1,492.89		
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 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: 1/11 Rpt: 4/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	08/06/2024	23rd Senatorial District Tejano Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	PO Box 226534
		Dallas, TX 75222
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership dues
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	08/19/2024	AFL-CIO Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1408 N Washington #240
		Dallas, TX 75204
	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.
		Check if Austin, TX, officeholder living expense  Labor Day breakfast ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/18/2024	Adobe Acrobat
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	1221 Peachtree St. NE Suite 150
	Ψ21.04	1221 Foundation St. 142 Galle 155
		Atlanta, GA 30361
	DUDDOOF	<u> </u>
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software subscription
	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 Cor

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: 2/11 Rpt: 5/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	09/17/2024	Adobe Acrobat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	1221 Peachtree St. NE Suite 150
		Atlanta, GA 30361
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
		Software subscription
		Contivare subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/17/2024	Adobe Acrobat
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	1221 Peachtree St. NE Suite 150
		Atlanta, GA 30361
	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 Software subscription
		Contivare subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/17/2024	Adobe Acrobat
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	1221 Peachtree St. NE Suite 150
		Atlanta, GA 30361
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Software subscription
_	Occupation ONE VIII	Ora didata (Office hadden granne
	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 Committee
Credit Card Payment

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 co	mplete this fo	orm.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/11 Rpt: 6/16	Aceves, Maria F. (The Honorable)			00085281	
4 Date	5 Payee name				
12/17/2024	Adobe Acrobat				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$21.64	1221 Peachtree St. NE Suite 150				
	Atlanta, GA 30361				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip	otion		
OF EXPENDITURE	Office Overhead/Rental Expense	Chec	ck if travel outsic		plete Schedule T.
EXI ENDITORE		. —		officeholder living	g expense
		Soliwa	are subscri	риоп	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht		Office he	ald
expenditure to benefit C/O		igrit		Office file	eiu
	Г				
Date	Payee name				
08/31/2024	America's Credit Union				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$25.00	4040 N Central Expy Ste 100				
	Dallas, TX 75204				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip			
EXPENDITURE	Fees			de of Texas. Com officeholder living	nplete Schedule T. Dexpense
		. —	service cha		<b>5</b> - <b>1</b>
Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>		Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
09/30/2024	America's Credit Union				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$25.00	4040 N Central Expy Ste 100				
	Dallas, TX 75204				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip	ntion		
OF	Fees			de of Texas. Com	plete Schedule T.
EXPENDITURE				officeholder living	g expense
		Bank s	service cha	arge	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght		Office h	eld
	•				

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot listed above)

	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: 4/11 Rpt: 7/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	10/31/2024	America's Credit Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	4040 N Central Expy Ste 100
		Dallas, TX 75204
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
		Bank service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/30/2024	America's Credit Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	4040 N Central Expy Ste 100
	420.00	10 10 11 GOILLIA EARLY GIO 200
		Dallas, TX 75204
	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  Bank service charge
		Dailly Service Ghange
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	12/31/2024	America's Credit Union
	Amount (\$)	Payee address; City; State; Zip Code 4040 N Central Expy Ste 100
	\$25.00	4040 N Certifal Expy Ste 100
		Dallas, TX 75204
	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	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

#### SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/

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

Travel in District
Travel Out of District
OTHER (enter a c

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 8/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	09/16/2024	American Inns of Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	225 Reineker Ln Ste 770
		Alexandria, VA 22314
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  Membership dues
		Membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	11/01/2024	American Inns of Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	225 Reineker Ln Ste 770
		Alexandria, VA 22314
	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  Guest fee
		Guest lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	08/25/2024	Payee name Dallas Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2101 Ross Ave
		Dallas, TX 75201
	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  Bench Bar event fee
		Delicii Dai event lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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

ent Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 9/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	11/30/2024	Dallas Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	2101 Ross Ave
		Dallas, TX 75201
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  Membership dues
		Wellibership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/29/2024	Dallas Hispanic Bar Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$161.90	2101 Ross Avenue
		Dallas, TX 75201
	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.
		Check if Austin, TX, officeholder living expense  Gala event tickets
		Suid event tionets
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/22/2024	Hilton Dallas Rockwall
H	Amount (\$)	Payee address; City; State; Zip Code
	\$218.00	2055 Summer Lee Dr
		Rockwall, TX 75032
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lodging during Bench Bar 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 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: 7/11 Rpt: 10/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	10/06/2024	Hilton Dallas Rockwall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.57	2055 Summer Lee Dr
L		Rockwall, TX 75032
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
		Bench Bar Conference expense
		20 24 25 3 3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/06/2024	Hodge, Terri
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7106 Abrams Rd,
		Dallas, TX 75231
	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  Donation for travel expenses to Democratic National
		Convention Convention
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/23/2024	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.87	3010 LBJ Freeway, #1200
		Dallas, TX 75234
	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
		Office space
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total manage Calcadala 54	<u>_</u>
	Total pages Schedule F1: Sch: 8/11 Rpt: 11/16	2 FILER NAME Aceves, Maria F. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085281
4	Date	5 Payee name
	09/25/2024	Lucid Private Offices
6	Amount (\$) \$63.87	7 Payee address; City; State; Zip Code 3010 LBJ Freeway, #1200  Dallas, TX 75234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office space
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/22/2024	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.87	3010 LBJ Freeway, #1200
		Dallas, TX 75234
	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  Office space
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2024	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.87	3010 LBJ Freeway, #1200
		Dallas, TX 75234
	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  Office space
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/11 Rpt: 12/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	12/23/2024	Lucid Private Offices
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.33	3010 LBJ Freeway, #1200
		Dallas, TX 75234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office space
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	——————————————————————————————————————	
	Date	Payee name
	08/20/2024	Mexican American Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.92	2101 Ross Ave
		Dallas, TX 75201
	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.  Check if Austin, TX, officeholder living expense
		Gala event tickets
		Odia event tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/10/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	P.O. Box 12487
		Austin, TX 78701
	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  Membership dues
		Membership dues
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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: 10/11 Rpt: 13/16	Aceves, Maria F. (The Honorable) 00085281
4	Date	5 Payee name
	07/16/2024	Texas Board of Legal Specialization
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	505 E. Huntland Dr., Suite 400, LB 28
L		Austin, TX 78752
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
		Exam fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	08/28/2024	Texas LatinX Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 90683
		San Antonio, TX 78209
	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
		Membership dues
		Welliselenip ades
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	08/16/2024	UberEats
L		
	Amount (\$) \$150.67	Payee address; City; State; Zip Code  1455 Market St. Suite 400
	Φ130.07	1433 Warket St. Suite 400
		San Francisco, CA 94103
$\vdash$	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal for jury
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorare 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

	Candidate/Officeholder/Political Com Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor				se s/Contract Labor	OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explains how to complete this			lete this form.						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/11 Rpt: 14/16	Aceves, Maria F. (The Honorable)							00085281			
4	Date	5	Payee name					_				
	09/22/2024		UberEats									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode						
	\$28.14	-		t St. Suite 400								
	¥											
			San Erancia	co, CA 94103								
Ļ						10.						
8	PURPOSE OF	(a)		ee Categories listed at the	e top of this schedule)	(b)	Description	outoi	do of Toyon Con	anlata Cahadula T		
	EXPENDITURE		Food/Bever	age Expense			ш			nplete Schedule T. a expense		
		Check if Austin, TX, officeholder living expense  Lunch for court staff										
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	<u> </u>			Office h	eld		
	expenditure to benefit C/OI	Н				J						
H	Date		Payee name									
	10/20/2024		UberEats									
⊢	Amount (\$)	_	Payee addres	ss; City;	State; Zip C	ode.						
	\$22.78			t St. Suite 400	State, Zip e	ouc						
	ΨΖΣ.110		1400 Marke	t St. Suite 400								
			Can Francis	OO CA 04102								
L				co, CA 94103		10.						
	PURPOSE OF	(a)		ee Categories listed at the	e top of this schedule)	(b)	Description	outci	do of Toyas Con	anlata Schadula T		
EXPENDITURE		Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
							Lunch for court staff					
Г	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ught			Office h	eld		
	expenditure to benefit C/OI	Η										
Г												

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### 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	- Gift/Awa I Committee Legal Se	verage Expense rds/Memorials Expense rvices struction Guide explain		kpense /ages/Contract Labor		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: 1/2 Rpt: 15/16		Aceves, Maria F.	(The Honorable)		00085281						
4	Date	<b>5</b> Payee name									
	11/08/2024	Democratic Month	nly								
6	Amount (\$)	<b>7</b> Payee address;	City; Sta	te; Zip Co	de						
	\$150.00	4100 Spring Valle									
	Reimbursement from	, 0									
	x political contributions intended	Dallas, TX 75244									
8	PURPOSE	(a) Category (See Category	ories listed at the top of this s	schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Advertising Exper	ise			_	heck if Austin, TX, officeholder living expense				
					Magazine adve	rtisir	ng				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder ı	name		Office sought		Office held				
	Date	Payee name									
	08/18/2024	Dooley Baker LLC	;								
	Amount (\$)	Payee address;	City; Sta	te; Zip Co	de						
	\$851.76	9130 Markville Dr									
	Reimbursement from political contributions intended	Dallas, TX 75347									
	PURPOSE	Category (See Catego	ories listed at the top of this s	schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/F	Rental Expense			С	heck if Austin, TX, officeholder living expense				
_/		Judicial p					al portrait				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder ı	name		Office sought		Office held				
	Date	Payee name									
	11/18/2024	Sam's Club									
	Amount (\$)	Payee address;	City; Sta	te; Zip Co	de						
	\$171.60	6185 Retail Rd.		,,							
	Reimbursement from										
	x political contributions intended	Dallas, TX 75231									
	PURPOSE OF	Category (See Category	ories listed at the top of this s	schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage E	xpense			Шс	heck if Austin, TX, officeholder living expense				
					Snacks for jury						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder ı	name		Office sought		Office held				

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 16/16 Aceves, Maria F. (The Honorable) 00085281 4 Date Payee name 12/23/2024 Wicked Butcher 6 Amount (\$) Payee address; City; State; Zip Code \$319.53 1717 Main St Reimbursement from political contributions intended Х Dallas, TX 75210 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Christmas lunch for staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH