JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to c	omplete this form.	1 Filer ID (Ethics Co 00022	ommission Filers)	2 Total pag	es filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		CE USE ONLY
OFFICEHOLDER	The Honorable	Catherine A.				
NAME					Date Received	
						NICALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Mauzy				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	ΓY;	ZIP CO	DE Date Hand-delive	ered or Date Postmarked
OFFICEHOLDER	P.O. Box 685008					
MAILING ADDRESS					Receipt #	Amount
	Austin TV 70700					
Change of Address	Austin, TX 78768				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Beverly G.				
	NICKNAME	LAST	•••••		SUFFIX	
		Reeves				
6 CAMPAIGN	STREET ADDRESS (NC			APT / SUITE #; (CITY;	STATE; ZIP CODE
TREASURER	P.O. Box 685008	FO BOX FLEASE),		AF1730112#, 0	JITT,	STATE, ZIF CODE
ADDRESS	F.O. BUX 005000					
(Residence or Business)						
	Austin, TX 78768					
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION	1		
TREASURER		IONE NOMBER		u		
PHONE	(512) 334-4500					
8 REPORT						
TYPE	X January 15	30th day befor	e election	Runoff	15th day aft	er campaign treasurer
			L			t (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report	t (Attach C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month	Day Year	
COVERED	07/01/2024	Т	HROUGH	12/31	L/2024	
10 ELECTION	ELECTION DAT	Ξ		ELECTION TY	ÞE	
	Month Day Ye	ar 🛛 🖓	Primary	Runoff	Other	
			General	Special	_	
11 OFFICE	OFFICE HELD (if any) District Judge District	110		12 OFFICE SOL	ge District 419	
		+⊥J			JE DISUICI 419	
		GO	TO PAGE	2		
Forme provided by T	avan Ethion Commission					orgion V/1 1 0 Edd0a(
Forms provided by 16	exas Ethics Commission	www.e	thics.state.t	x.uS	V	ersion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 12

I

13 C / OH NAME	Mauzy, Catherine A.	(The Honorable)		14 Filer ID 00022962	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without quired to report this information	the candidate's or off	ficeholder's kn	owledge or
Additional Pages						
	GENERAL	COMMITTEE ADDF	RESS			
	SPECIFIC		-			
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		s, \$	0.00
		ICAL CONTRIBUT	TIONS OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS		IZED POLITICAL EX	\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	18,641.60
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	9,146.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	·					
		ti	swear, or affirm, under penalty rue and correct and includes a Inder Title 15, Election Code.			
		-		able Catherine A. N	-	
			Signature of	Candidate or Office	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to ce	ertify which, witness r	ny hand and seal of office.			
Signature of offi	cer administering oath	Printed name o	f officer administering oath	Title of offic	cer administer	ing oath
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.us		Version V4	1.1.0.5dd2ace

FORM JC/OH COVER SHEET PG 3

3 0	f 12
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		19 Filer ID	
18 FILER NAME Mauzy, Cathe	(Ethics Commission Filers)		
20 SCHEDULE SU NAME OF SCH			SUBTOTAL AMOUNT
1. 🗌 SC	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2. 🗌 SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. 🗌 SC	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. 🗌 SC	CHEDULE E(J): LOANS (JUDICIAL)		\$
5. 🗙 SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 18,641.60
6. 🗌 SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. 🗌 sc	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. 🗌 SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. 🗌 SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. 🗌 SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. 🔲 SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F D FILER	RETURNED	\$

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/9 Rpt: 4/12		Mauzy, Catherine A. (The Honorable)				00022962	
4	Date	5	Payee name			1		
	12/20/2024		American Board of Trial Advocates					
6	Amount (\$)	7	, , , , , , , , , , , , , , , , , , ,	Zip Co	de			
	\$750.00		2001 Bryan St.					
			Suite 3000					
			Dallas, TX 75201					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel		ide of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense	
					Membership	Du	es	
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held	
	Date		Payee name					
	09/24/2024		American Inn of Courts					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$550.00		225 Reinekers Ln.					
			Suite 770					
			Alexandria, VA 22314					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description			
			Fees	cuuic)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, officeholder living expense	
					Annual Dues	i		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held	
	Date		Payee name					
	08/12/2024		Austin AFL-CIO Council					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$184.53		P.O. Box 301074					
			Austin, TX 78703					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Printing Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Fish Fry Ad	I, I.A.	, unicendider living expense	
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name O	office sou	nht		Office held	
	expenditure to benefit C/OF							
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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/9 Rpt: 5/12	Mauzy, Catherine A. (The Honorable)	00022962					
4	Date 12/16/2024	Payee name Costco Wholesale						
6	6 Amount (\$) \$467.64 7 Payee address; City; State; Zip Code 10401 Research Blvd. Austin, TX 78759							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office Party							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/05/2024	Democratic Congressional Campaign Committee						
	Amount (\$) \$18.00	Payee address; City; State; Zip Code 430 S. Capitol St. SE Washingston, DC 20003						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/03/2024	Democratic Congressional Campaign Committee						
	Amount (\$) \$21.00	Payee address;City;State;ZipCode430 S. Capitol St. SE						
		Washingston, DC 20003						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)			
	Sch: 3/9 Rpt: 6/12	Mauzy, Catherine A. (The Honorable)	00022962			
4	Date 12/05/2024	5 Payee name Evite, Inc.				
6	Amount (\$) \$39.42	7 Payee address; City; State; Zip Code 310 E. Colorado St. Ste. 200 Glendale, CA 91205				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Invitation Subscription Image: Check if Austin, TX, officeholder living expense Invitation Subscription					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/31/2024	Frost Bank				
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W. Houston Street San Antonio, TX 78205				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/29/2024	Frost Bank				
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W. Houston Street				
		San Antonio, TX 78205				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

			EXPENDITURE CATEGO	RIES FOF	R BO)X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula E1.	-	•		iipic		~	Filer ID (Ethics Commission Filere)
1	Total pages Schedule F1: Sch: 4/9 Rpt: 7/12		HILER NAME Mauzy, Catherine A. (The Honorable)				3	Filer ID (Ethics Commission Filers) 00022962
4	Date	5	Payee name					
	10/31/2024		Frost Bank					
6	Amount (\$) \$5.00		Payee address; City; State; 100 W. Houston Street San Antonio, TX 78205	; Zip Co	de			
8	PURPOSE	(a)	Category (See Categories listed at the tap of this sch	odulo)	(b)	Description		
	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee Bank Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	09/30/2024		Frost Bank					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$5.00		100 W. Houston Street San Antonio, TX 78205					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	edule)				de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	08/30/2024		Frost Bank					
	Amount (\$) \$5.00		Payee address; City; State; 100 W. Houston Street	; Zip Co	de			
			San Antonio, TX 78205					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	edule)				de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/12		Mauzy, Catherine A. (The Honorable)					00022962
4	Date 07/31/2024	5	Payee name Frost Bank					
6	Amount (\$) \$5.00	7	Payee address; City; State 100 W. Houston Street San Antonio, TX 78205	e; Zip Cc	ode			
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Bank Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	08/07/2024		GNI Consulting					
	Amount (\$) \$250.00		Payee address; City; State P.O. Box 685008	e; Zip Co	ode			
			Austin, TX 78768					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	hedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Isultant
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	08/07/2024		GNI Consulting					
	Amount (\$) \$250.00		Payee address; City; State P.O. Box 685008	e; Zip Cc	ode			
			Austin, TX 78768		ì			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	hedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense Isultant
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 6/9 Rpt: 9/12	Mauzy, Catherine A. (The Honorable)	00022962						
4	Date 08/29/2024	Payee name HBAA Charitable Foundation							
6	Amount (\$) \$250.00	Payee address; City; State; Zip Code 901 S Mopac Expressway Ste. 570 Austin, TX 78731							
8	PURPOSE OF EXPENDITURE	OF Eners							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/01/2024	Herring & Panzer							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10,000.00	1411 West Ave.							
		Suite 100 Austin, TX 78701							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/08/2024	Kolache Factory							
	Amount (\$) \$24.80	Payee address;City;State;Zip Code3706 N. Lamar Blvd.							
		Austin, TX 78705							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense IV						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 7/9 Rpt: 10/12		Mauzy, Catherine A. (The Honorable)				00022962		
4	Date	5	Payee name						
	10/03/2024		Texas Association of District Judges						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$501.06		201 Caroline						
			10th Floor						
			Houston, TX 77002						
8	PURPOSE	(a)			(b) Description				
Ĩ	OF	,	Category (See Categories listed at the top of this sche Fees	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense		
					Annual Dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	08/28/2024		Texas Association of District Judges						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$50.00		201 Caroline						
			10th Floor						
			Houston, TX 77002						
_	PURPOSE	(0)			(b) December 1				
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee						
					Donation				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI								
	Date		Payee name						
	10/23/2024		Texas Center for the Judiciary						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$35.00		1210 San Antonio						
			Suite 800						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF		Fees	,		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Judicial CLE	fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overh Polling Expe Printing Expo Salaries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 8/9 Rpt: 11/12		Mauzy, Catherine A. (The Honorable)				00022962	
4	Date	5	Payee name					
	10/16/2024		The Center for Child Protection					
6	Amount (\$)	7	Payee address; City; State; Z	Zip Code	9			
	\$1,000.00		8509 FM 969					
			#2					
			Austin, TX 78724					
8	PURPOSE	(0)						
0	OF	(a)	Category (See Categories listed at the top of this schedu Contributions/Donations Made By	ule)	Description Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee	tee			officeholder living expense	
					Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice sough	nt		Office held	
	Date		Payee name					
	08/12/2024		Travis County Democratic Party					
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9			
	\$2,500.00		1611-B E. 6th St.	•				
	. ,							
			Austin, TX 78702					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (I	Description			
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Committee	tee			officeholder living expense	
					JBR Sponsor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice sough	IT		Office held	
	Date		Payee name					
	10/25/2024		Travis County Women Lawyers' Associat	tion				
	Amount (\$)		Payee address; City; State; Z	Zip Code	9			
	\$100.00		P.O. Box 684683					
			Austin, TX 78768					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (I) Description			
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee	tee		, TX,	officeholder living expense	
					Donation			
		L					0///	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice sough	It		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Event Expense Fees Food/Beverage Gift/Awards/Me mmittee Legal Services	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 9/9 Rpt: 12/12	ľ	Mauzy, Catherine A. (The Honorable)				ľ	00022962	(
4	Date	5	Payee name								
	09/24/2024		Travis County Women Lawyers' Association								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$120.15		P.O. Box 684683								
			Austin, TX 78768								
_	BUBBAAE					<u> </u>					
8	PURPOSE OF	(a)	Category (See Categories lis		edule)	(b)	Description		. (= 0		
	EXPENDITURE										
		Candidate/Officeholder/Political Committee								lexpense	
							Donation				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder na	me C	office sou	ght			Office he	eld	
	Date		Payee name								
	12/03/2024		Volunteer Legal Servic	202							
			-								
	Amount (\$)		Payee address; City;	s State;	Zip Co	de					
	\$1,500.00		8001 Centre Park Dr								
			Suite 120								
			Austin, TX 78754								
_	PURPOSE	(2)				(h)	Description				
OF			 (a) Category (See Categories listed at the top of this schedule) (b) Description (contributions/Donations Made By (b) Description (contributions/Donations Made By 							nlete Schedule T	
EXPENDITURE			Contributions/Donations Made By Candidate/Officeholder/Political Comm						TX, officeholder living expense		
						Donation					
	Complete ONLY if direct		Candidate/Officeholder na	C)ffice sou	abt			Office he	bld	
	expenditure to benefit C/OI		Januluale/Onicenoluer na		nice soui	JIIL			Onicene	riu	
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