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) 00083532 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria C. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Hexsel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O Box 40416 MAILING Receipt # Amount **ADDRESS** Change of Address Austin, TX 78704 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jay NAME NICKNAME LAST **SUFFIX** Harvey **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 4407 Bee Cave Rd., Ste. 22 **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 420-0037 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 53 District Judge District 53 Travis

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	C / OH NAME Hexsel, Maria C. (The Honorable) 14 Filer ID 00083532			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	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 THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE	 	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	• 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 12,034.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 44,500.02
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		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	ccompanying report is to be reported by me
		The Hono	orable Maria C. Hexs	sel
		Signature o	f Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	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 administering oath

SUBTOTALS - JC/OH 18 FILER NAME Hoveel Maria C. (The Honorable) 19 Filer ID 1000255

	ORM	JC	:/0	Н
COVER	SHE	ΕT	PG	3

				3 of 20
18 FILER Hexse		(Ethics Commission Filers)		
20 SCHEI NAME		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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 12,034.96
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
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 IT TO FILER	RETURNED	\$

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: Sch: 1/17 Rpt: 4/20	2 FILER NAME Hexsel, Maria C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083532
4	Date 12/05/2024	5 Payee name ADT
	Amount (\$) \$61.64	7 Payee address; City; State; Zip Code 452 Sable Blvd. Unit G Aurora, CO 80011
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 Security
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/05/2024	Payee name ADT
	Amount (\$) \$61.64	Payee address; City; State; Zip Code 452 Sable Blvd. Unit G Aurora, CO 80011
	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 Security
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/07/2024	Payee name ADT
	Amount (\$) \$61.64	Payee address; City; State; Zip Code 452 Sable Blvd. Unit G Aurora, CO 80011
	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 Security
	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 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.	OTHER (effet a category flot listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/17 Rpt: 5/20	Hexsel, Maria C. (The Honorable) 00083532				
4	Date	5 Payee name				
	09/05/2024	ADT				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$61.64	452 Sable Blvd.				
		Unit G				
		Aurora, CO 80011				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.			
		Security	TX, officeholder living expense			
		Security				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/OI		Office field			
	Data	1 -				
	Date	Payee name				
	08/05/2024	ADT				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$61.64	452 Sable Blvd.				
		Unit G				
		Aurora, CO 80011				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T.			
		Security	TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		2.002.00.2			
	Date	Dayon nama				
	07/05/2024	Payee name ADT				
	Amount (\$) \$61.64	Payee address; City; State; Zip Code 452 Sable Blvd.				
	Ψ01.04					
		Unit G				
		Aurora, CO 80011				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Nertial Expense	TX, officeholder living expense			
		Security				
	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

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	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: 3/17 Rpt: 6/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	10/25/2024	Austin AFL-CIO Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	P.O. Box 301074
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fish Fry Ad
		Tishiriy / W
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	12/10/2024	Austin Bar Foundation
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	712 W. 16th St.
	4000.00	712 W 1641 G.
		Austin, TX 78701
⊢	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
		Donation
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	07/12/2024	Austin Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	307 Cottonwood Ln.
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Эропоотопір
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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 Comm	nission Filers)
	Sch: 4/17 Rpt: 7/20	Hexsel, Maria C. (The Honorable) 00083532	
4	Date	5 Payee name	
	11/05/2024	Austin Young Lawyers Association Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	712 W. 16th St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
_	0 1: 0.11.7.7.1.		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	·		
	Date	Payee name	
	09/10/2024	Calvert Inn of Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$475.00	828 E. 37th St.	
		Suite 770	
		Austin, TX 78705	
	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 Annual Dues	
		/ tillidat Bacs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/09/2024	Carve American Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$204.41		
	Q20 11 12	2010 i diodivorando Bil	
		Austin, TX 78731	
	DUDDOOF		
	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	
		Food for Staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH 	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	es/Contract Labor OTHER (enter a category not listed above)
_		<u> </u>	comp	<u> </u>
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 8/20	Hexsel, Maria C. (The Honorable)		00083532
4	Date	5 Payee name		
	07/08/2024	Dove Springs Advisory Board		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$263.47	5801 Ainez Dr.		
		Austin, TX 78744		
Ļ	P. (P. 0.0.5	·	143	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description
	EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Donation
				Bolladion
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	t Office held
9	expenditure to benefit C/O		ougni	t Office field
_				
	Date	Payee name		
	12/31/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$5.00	100 W. Houston Street		
		San Antonio, TX 78205		
	PURPOSE		[/b	N. Dogovintion
	OF	(a) Category (See Categories listed at the top of this schedule)	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office s	 ouaht	t Office held
	expenditure to benefit C/O		J	
-	Data			
	Date	Payee name		
	11/29/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$5.00	100 W. Houston Street		
		San Antonio, TX 78205		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORL			Check if Austin, TX, officeholder living expense
				Bank Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	ought	t Office held
	CAPETIGITUTE TO DETICITE C/OF			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Ser				Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	d above)
					truction Guid	de explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 6/17 Rpt: 9/20		Hexsel, Mai	ria C. (٦	The Honor	able)					00083532		
4	Date	5	Payee name										
	10/31/2024		Frost Bank										
6	Amount (\$)	7	Payee addres	ss; (City;	State	; Zip Co	de					
	\$5.00		100 W. Hou	iston St	treet								
			San Antonio	o, TX 78	8205								
8	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/								de of Texas. Com		
	LA LIGHTORE								ш.	, TX,	officeholder living	expense	
									Bank Fee				
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OH	П											
	Date		Payee name										
	09/30/2024		Frost Bank										
-	Amount (\$)	┢	Payee addres	55. (City;	State	: Zip Co	nde					
	\$5.00		100 W. Hou		•	Otatio	, <u>_</u> .p oc						
	Ψ3.00		100 11.1100	131011 31	iicci								
			San Antonio	D, IX /8	8205								
	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/	Bankin'	g				=		de of Texas. Com		
	-								_	, TX,	officeholder living	expense	
									Bank Fee				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholde	r name	(Office sou	ght			Office he	eld	
	experience to benefit over												
	Date		Payee name										
	08/30/2024		Frost Bank										
	Amount (\$)		Payee addres	ss; (City;	State	; Zip Co	ode					
	\$5.00		100 W. Hou	iston St	treet								
			San Antonio	n. TX 78	8205								
	PURPOSE	(2)						(h)	December #1				
	OF	(a)	Category (Se			top of this sch	nedule)	(D)	Description Check if travel of	nutsii	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Accounting/	Bankin	y						officeholder living		
									Bank Fee	,		•	
-	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholde	r name		Office sou	l laht			Office he	ıld	
	expenditure to benefit C/O		Janualu, OIII	JUINIUE	. Hame	`	C11100 300	. A. II			Cilico III	,,,,	

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:		3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 10/20	Hexsel, Maria C. (The Honorable)	00083532
4	Date	5 Payee name	
	07/31/2024	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	100 W. Houston Street	
		San Antonio, TX 78205	
_	DUDD 005		
8	PURPOSE OF		Description
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Bank Fee
		"	out it is a second of the seco
_	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2024	GNI Consulting LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 685008	
		Austin, TX 78768	
	PURPOSE	·	No exclusive in
	OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
			Compliance Consultant
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cilide Hold
	Data		
	Date	Payee name	
	12/02/2024	Google LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.68	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		C	Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/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: 8/17 Rpt: 11/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	11/01/2024	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	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
		Campaign Email Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/01/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/03/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		Campaign Email 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 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	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:	
Sch: 9/17 Rpt: 12/20	Hexsel, Maria C. (The Honorable) 00083532
4 Date	5 Payee name
08/01/2024	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Parkway
	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Email Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/01/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Parkway
	Mountain View, CA 94043
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.
	Campaign Email Subscription
	Campaigh Linail Subscription
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Data	Davis same
Date	Payee name
09/16/2024	HABLA Austin
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 19712
	Austin, TX 78760
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Award Sponsor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
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 Contributions/ Donations Made By -Candidate/Officeholder/Political Cd

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		mmittee	Gift/Awards/Memoria Legal Services The Instruction	·		Wages	/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed above)	
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commission Filers)	_
	Sch: 10/17 Rpt: 13/20			a C. (The Ho	norable)					00083532	,	
4	Date	5	Payee name									
	09/16/2024		HBAA Chari	table Foundat	ion							
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	ode					
	\$250.00		901 S Mopa	c Expressway	•							
			Ste. 570									
			Austin, TX 7	8731								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations N		,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/C	fficeholder/Po	olitical Comm	ittee		_		officeholder livin	g expense	
								HBAA Lunch	eor	ı Ticket		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ıght			Office h	eld	
	Date		Payee name									=
	12/18/2024		Hispanic Na	tional Bar Ass	ociation							
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	ode					_
	\$75.00		2020 Penns	ylvania Ave. N	IW							
			Ste. 279									
			Washington	DC 20006								
	PURPOSE						(h)	Description				_
	OF	(α)		e Categories listed a S/Donations N		edule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			officeholder/Po	•	ittee		-		officeholder livin		
								Membership	Du	es		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ıght			Office h	eld	_
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/09/2024		KickIt Produ	ctions								
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	ode					
	\$150.00		529 Purple H	leart Dr.								
			Buda, TX 78	610								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations N				ш			nplete Schedule T.	
			Candidate/C	fficeholder/Po	olitical Comm	iittee				officeholder livin	_{ig expense} nic Heritage Month	
								Killu Dolla	LIUI	i ioi i iispai	no ricinage month	
-	Complete ONLY if direct	<u>_</u>	Candidate/Offic	eholder name		Office sou	laht			Office h	neld	_
	expenditure to benefit C/OI		zaraidate/OIII	cholder Haille		Jillog 300	agi it			Office II	iciu	
_												

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 14/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	12/13/2024	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
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 Email Subscription
		Email Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Power name
	11/13/2024	Payee name MailChimp
		·
	Amount (\$) \$79.95	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE
	Φ19.95	
		Suite 5000
		Atlanta, GA 30308
	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
		Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/15/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- p 2	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 15/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	09/13/2024	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Email Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date	Payee name MailChimp
	08/13/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	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
		Email Subscription
		<u> </u>
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/15/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
	,	Suite 5000
		Atlanta, GA 30308
	PURPOSE	land
	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
		Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 13/17 Rpt: 16/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	07/15/2024	Perla's Seafood and Oyster Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$267.00	1400 S. Congress Ave.
L		Austin, TX 78704
8	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 Staff
		1 333 13. 313
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	12/10/2024	State Bar of Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	P.O. Box 13007
		Austin, TX 78711
	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 MCLE Fee
		MOLE 1 cc
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/08/2024	Texas Association of District Judges
H	Amount (\$)	Payee address; City; State; Zip Code
	\$201.06	201 Caroline
	Ψ201.00	10th Floor
		Houston, TX 77002
	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
		Dues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con 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/Political Comr			nmittee Legal Services Printing Expense Printing Expense Salaries/Wages/Contract Labor		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: 14/17 Rpt: 17/20		Hexsel, Maria C. (The Honorable)		00083532		
4	Date	5	Payee name	_			_
	09/17/2024		Texas Association of District Judges				
6	Amount (\$)	7	Payee address; City; State; Zip Code				-
	\$51.06		201 Caroline				
			10th Floor				
			Houston, TX 77002				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description				-
•	OF	(")		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee	n, TX	, officeholder living	g expense	
			Donation				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office he	eld	
	experialitire to beliefit C/OI						
	Date		Payee name				
	12/09/2024		Texas Bar Foundation				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$272.50		515 Congress Ave.				
			Austin, TX 78701				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description				_
	OF EXPENDITURE		Contributions/Donations Made By		ide of Texas. Com		
			Candidate/Officeholder/Political Committee	ı, TX	, officeholder living	g expense	
			Donation				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought		Office he	JI4	_
	expenditure to benefit C/OI		onice sough		Omice ne	oru -	
	Date		Davisa nama				=
	10/28/2024		Payee name Texas Latinx Judges				
	Amount (\$)						_
	\$100.00		Payee address; City; State; Zip Code P.O. Box 90683				
	Ψ100.00		F.O. Box 90003				
			Can Antonia TV 79200				
		_	San Antonio, TX 78209				_
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule) (b) Description	outs	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		1 663		, officeholder living	•	
			Annual Dues	;			
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office he	eld	
	expenditure to benefit C/OI	H					
							_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 15/17 Rpt: 18/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	11/05/2024	Texas State Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.00	1414 Colorado St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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/Officerolder/Political Committee Crieck in Addition Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	11/01/2024	The Christi Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2306 Hancock Dr.
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Ticult Connections
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	08/15/2024	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1611-B E. 6th St.
		Austin, TX 78702
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		JBR Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense 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: 16/17 Rpt: 19/20	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	10/28/2024	Travis County Women Lawyer's Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	P.O. Box 684683
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$232.00	3903 Congress Ave.
	4202.00	coop congress / wo.
		Austin, TX 78704
	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
		P.O. Box Renewal
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/25/2024	University of Texas School of Law
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	727 Dean Keeton Blvd.
	4200.00	12. 200. 100.01 2.10.
		Austin, TX 78705
	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
		Donation
	Operation ONE VIII II	Open State Office health and a second state of the second state of
	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

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	/ - al Co	mmittee	Legal Services	emorials Expense		Expens /Wages	e /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	1E					3	Filer ID	(Ethics Commission Filers)
	Sch: 17/17 Rpt: 20/20				e Honorable)					00083532	
4	Date	5	Payee nam	e							
	07/09/2024		Wix.com								
6	Amount (\$)	7	Payee addr	ess; City	r; Sta	ite; Zip C	ode				
	\$207.84		100 Ganse	evoort St.							
			New York,	NY 10014							
8	PURPOSE	(a)			isted at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Office Ove	erhead/Rent	tal Expense			_		ide of Texas. Comp	
								Campaign W		, officeholder living site Hostina I	
								Campaign w	CD	one mosting i	
9	Complete ONLY if direct		Candidate/Of	fficeholder na	ame	Office so	l ught			Office he	ld
	expenditure to benefit C/OI	Н									