

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | | |
|---|---|---|---------------------------------------|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00041364 | 2 Total pages filed: 10 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Darlene | MI MI | OFFICE USE ONLY | |
| | NICKNAME | LAST Byrne | SUFFIX | | Date Received ELECTRONICALLY FILED 01/15/2025 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 402 West 7th Street Austin, TX 78701 | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | |
| | | | | Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Diane | MI MI | | |
| | NICKNAME | LAST Land | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 210 Lavaca St. Austin, TX 78701 | | APT / SUITE #; | CITY; STATE; ZIP CODE | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (512) | 476-2020 | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month | |
| | 07 | 01 | 2024 | 12 | |
| | | THROUGH | 12/31/2024 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE | | |
| | | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Court of Appeals, Chief Justice District 3 | | 12 OFFICE SOUGHT (if known) | | |
| | | | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 10

| | |
|--|---|
| 13 C / OH NAME Byrne, Darlene (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00041364 |
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| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | |
|--------------------------------|--|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 550.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 22,178.87 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 93,365.39 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Darlene Byrne
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

| | |
|--|---|
| 18 FILER NAME Byrne, Darlene (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00041364 |
|--|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|--|--|------------------------|
| NAME OF SCHEDULE | | |
| 1. <input type="checkbox"/> | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ |
| 2. <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. <input type="checkbox"/> | SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 13,186.71 |
| 6. <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 8,992.16 |
| 10. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
|---|---|--|

| | |
|-----------------------------|---------------------------------------|
| 4 Date 11/11/2024 | 5 Payee name Byrne, Darlene |
|-----------------------------|---------------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$5,492.16 | 7 Payee address; City; State; Zip Code 402 West 7th Street Austin, TX 78701 |
|------------------------------------|--|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expenses |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 08/06/2024 | Payee name Byrne, Darlene |
|--------------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 402 West 7th Street Austin, TX 78701 |
|---------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expenses |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 07/16/2024 | Payee name Byrne, Darlene |
|--------------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 402 West 7th Street Austin, TX 78701 |
|---------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expenses |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
|---|---|--|

| | |
|-----------------------------|---------------------------------------|
| 4 Date 07/16/2024 | 5 Payee name Byrne, Darlene |
|-----------------------------|---------------------------------------|

| | |
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| 6 Amount (\$) \$1,644.55 | 7 Payee address; City; State; Zip Code 402 West 7th Street Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for campaign expenses |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 08/29/2024 | Payee name CASA of Travis County |
|--------------------|-------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,750.00 | Payee address; City; State; Zip Code 7600 Chevy Chase Dr, Ste 200 Austin, TX 78752 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 08/29/2024 | Payee name HBAA Charitable Foundation |
|--------------------|--|

| | |
|-------------------------|--|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code P.O. Box 12692 Austin, TX 78711 |
|-------------------------|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: Sch: 1/5 Rpt: 6/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
| 4 Date 10/01/2024 | 5 Payee name Austin Bar Association | |
| 6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 716 West 16th Street Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | |
| Date 10/01/2024 | Payee name Christi Center | |
| Amount (\$) \$156.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2306 Hancock Dr. Austin, TX 78756 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | |
| Date 10/31/2024 | Payee name Christi Center | |
| Amount (\$) \$105.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2306 Hancock Dr. Austin, TX 78756 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule G: Sch: 2/5 Rpt: 7/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
| 4 Date 10/14/2024 | 5 Payee name Custom Ink | |
| 6 Amount (\$) \$297.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 11821 Rock Rose Ave Suite 150 Austin, TX 78758 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday gifts for staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/12/2024 | Payee name Etsy.com | |
| Amount (\$) \$142.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 117 Adams Street Brooklyn, NY 11201 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday gifts for staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/21/2024 | Payee name Lizzylu | |
| Amount (\$) \$96.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 240 Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense birthday gifts for staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 3/5 Rpt: 8/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
| 4 Date 10/21/2024 | 5 Payee name Maudie's | |
| 6 Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2608 W 7th St Austin, TX 78703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lunch |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 10/21/2024 | Payee name Nothing Bundt Cakes | |
| Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2785 Bee Cave Rd. Ste. 333 Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense birthday cake for staff |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 10/24/2024 | Payee name Revolution Youth & Family Recovery | |
| Amount (\$) \$515.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2007 University Drive Austin, TX 78705 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: Sch: 4/5 Rpt: 9/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
| 4 Date 09/19/2024 | 5 Payee name Texas Center for the Judiciary | |
| 6 Amount (\$) \$1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1210 San Antonio, Ste. 800 Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/31/2024 | Payee name Travis County Democratic Party | |
| Amount (\$) \$2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/06/2024 | Payee name Travis County Democratic Party | |
| Amount (\$) \$2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: Sch: 5/5 Rpt: 10/10 | 2 FILER NAME Byrne, Darlene (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041364 |
| 4 Date 07/16/2024 | 5 Payee name Travis County Democratic Party | |
| 6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/01/2024 | Payee name Travis County Women Lawyers Foundation | |
| Amount (\$) \$103.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 160334 Austin, TX 78716 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/27/2024 | Payee name Via 313 | |
| Amount (\$) \$116.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1802 E 6th St Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office luncheon |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |