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) 00083992 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Maggie NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Ellis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 104 Saddle Trail MAILING Receipt # Amount **ADDRESS** Change of Address Georgetown, TX 78633 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Maggie NAME NICKNAME LAST **SUFFIX** Ellis **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 104 Saddle Trail **ADDRESS** (Residence or Business) Georgetown, TX 78633 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 587-8644 **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** 10/27/2024 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Ellis, Maggie (Ms.)		14 Filer ID 00083992	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 7,979.90
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 738.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 15,598.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			der penalty of perjury, that the ac includes all information required ion Code.	
			Ms. Maggie Ellis	
		S	ignature of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	DVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of	f office.	
Signature of offic	er administering oath	Printed name of officer administeri	ng oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 8								
18 FILER NAME19 Filer ID(Ethics Commission FEllis, Maggie (Ms.)00083992									
20 SCHE NAMI	EDULE E OF S	SUBT	OTAL AMOUNT						
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,979.90				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	738.96				
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.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS								
10.	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 FOR TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/8	
2	FILER NAME Ellis, Maggie	e (Ms.)			3	Filer ID (Ethics Commission Filers) 00083992
4	Date 12/12/2024 5 Full name of contributor out-of-state PAC (ID#:) Baker Botts Amicus Fund 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77002				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/01/2024 Manning, Sam Contributor address; City; State; Zip Code					\$37.16
		Round Rock, TX 78664		T		
	Contributor's Principal Occupation Contributor's Job Title Retired Retired					
		employer/law firm		Retired Law firm of contributor's sp	20110	o (if any)
	Retired	employernaw mm		Law IIIII of Contributor 3 Sp	Jous	e (ii ariy)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/27/2024	Stonewall Dems	_			\$300.00
Contributor address; City; State; Zip Code						
-	Contributor's F	Austin, TX 78704 Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	ee (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/8
2	FILER NAME Ellis, Maggie	e (Ms.)			1	Filer ID (Ethics Commission Filers) 00083992
4	Date 11/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Thomas J Henry Law PLLC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$2,500.00	
		San Antonio, TX 78269				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	ī	Amount of Contribution (\$)
	10/29/2024 Torres, Richard Contributor address; City; State; Zip Code					\$105.58
		Pflugerville, TX 78660				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
-	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	10/28/2024	Wager, James	U dui-di-state FAC (ID#.			\$37.16
	Contributor address; City; State; Zip Code Philadelphia, PA 19147					
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>	
	N/A			N/A		
	Contributor's employer/law firm Law firm of contributor's s				oous	e (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (i	fany)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

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

	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: 1/3 Rpt: 6/8	Ellis, Maggie (Ms.) 00083992						
4	Date	5 Payee name						
	12/31/2024	Donateway						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$9.90	P.O. Box 301267						
		Austin, TX 78703						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Credit card donation fees						
		Credit dard doridatori rees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI	the state of the s						
H	Date	Payee name						
	10/28/2024	DreamHost						
┝	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.99	417 Associated Rd.						
	Ψ1.99	417 Associated Nd.						
		Brea, CA 92821						
L	DUDDOOF	I						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Webhosting						
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
F	Date	Payee name						
	11/27/2024	DreamHost						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.99	417 Associated Rd.						
	72.00	12.7.0000.0000						
		Brea, CA 92821						
H	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Webhosting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
ı								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot 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: 2/3 Rpt: 7/8	Ellis, Maggie (Ms.) 00083992
4	Date	5 Payee name
	12/27/2024	DreamHost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.99	417 Associated Rd.
		Brea, CA 92821
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Webhosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/13/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.50	225 Varick St
		12th floor
		New York, NY 10014
	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
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/12/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.59	225 Varick St
		12th floor
		New York, NY 10014
	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 Website
		1100010
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 3/3 Rpt: 8/8	Ellis, Mago						00083992		
4	Date	5 Payee name	е							
	12/30/2024	Squarespa	ace							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$12.00	225 Varick	St							
		12th floor								
		New York,	NY 10014							
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		=		ide of Texas. Com		
						Website	, TX	, officeholder living	g expense	
						website				
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	eld	
	expenditure to benefit C/O				9					
F	Date	Payee name	e							
	12/10/2024	The Mail d	rop							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$180.00	2970 Willia	ams Dr							
		Georgetov	vn, TX 78628							
	PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Mailing				=		ide of Texas. Com , officeholder living		
						Stamps	, 17	, omeenolder hving	у схренас	
						•				
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	Н								
Г	Date	Payee name	e							
	10/30/2024	University	of Texas Democrat	ts						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$500.00	2400 San	Gabriel							
		#107								
		Austin, TX	78795							
Г	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ons/Donations Mad	е Ву				ide of Texas. Com		
	EXI ENDITORE	Candidate.	Officeholder/Politic	cal Committee				, officeholder living	j expense	
						Fundraising (Jal	a		
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O			223 00	J					
\vdash										
ᆫ										- 1 10