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) 00020155 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Nathan L. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Hecht CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 2012 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78768 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Nathan L. NAME NICKNAME LAST **SUFFIX** Hecht STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4703 Laguna Lane **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 637-7033 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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 Supreme Court Chief Justice Supreme Court Chief Justice

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	DH NAME Hecht, Nathan L. (The Honorable) 14 Filer ID 00020155										
15 NOTICE FROM POLITICAL COMMITTEE(S)	candida	te / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or officeh	nolder's knowledge	or					
Additional Pages	COM	MITTEE TYPE	COMMITTEE NAME								
	 □ G	ENERAL	Chief Justice Nathan Hecht Campaign								
		Ì	COMMITTEE ADDRESS								
	X SI	PECIFIC	1005 Congress Ave., Ste. 400								
			Austin, TX 78701								
		İ	COMMITTEE CAMPAIGN TREASURER NAME								
			Rennaker, Nancy								
		ľ	COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
			PO Box 91061								
			Austin, TX 78709								
16 CONTRIBUTION TOTALS			ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00					
	2.	TOTAL POLITI	CAL CONTRIBUTIONS		\$	0.00					
		1	PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	ļ*						
EXPENDITURE TOTALS			ZED POLITICAL EXPENDITURES		\$	0.00					
	4.	TOTAL POLITI	CAL EXPENDITURES		\$ 11,4	166.73					
CONTRIBUTION BALANCE		TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00					
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPA OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS FING PERIOD	OF THE LAST DAY	\$	0.00					
17 AFFIDAVIT											
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.								
			The Hono	orable Nathan L. Hech	t						
			Signature of	Candidate or Officehold	er	_					
AFFIX NOT	ΓARY ST.	AMP / SEAL ABO	OVE								
Sworn to and subso	ribed bef	fore me, by the sa	iid	, this the	day						
			rtify which, witness my hand and seal of office.								
Signature of office	er admin	istering oath	Printed name of officer administering oath	Title of officer	administering oath						

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 26 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Hecht, Nathan L. (The Honorable) 00020155 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3.

SCHEDULE E(J): LOANS (JUDICIAL)

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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SCHEDULE G

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 Gilt/Awards/Memorials Expense Printing Expense Legal Services 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/23 Rpt: 4/26	Hecht, Nathan L. (The Honorable)	00020155
4	Date	5 Payee name	
	10/10/2024	34th St Catering	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,177.10	1005 W 34th St	
	Reimbursement from political contributions intended	Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	EXPENDITORE	Staff Dinner Food	d/Beverages
Ļ			
9	expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/29/2024	823 Congress Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	109 E 9th St	
	Reimbursement from political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District Parking	Check if Austin, TX, officeholder living expense
		Faiking	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/02/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.84	PO Box 537104	
	Reimbursement from political contributions intended	Atlanta, GA 30353	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Telephone & Inte	ernet Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	Childe Sought	Office field

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	· 		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)			
	Sch: 2/23 Rpt: 5/26	Hecht, Natl	han L. (The Honorable)				000201	.55			
4	Date	5 Payee name)								
	08/01/2024	AT&T									
6	Amount (\$)	7 Pavee addre	Payee address; City; State; Zip Code								
ľ	\$101.87	PO Box 53	, ,,,	,p =.							
		1 0 200 00	7104								
	X Reimbursement from political contributions										
	intended	Atlanta, GA	A 30353								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	=		I outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	rhead/Rental Expense		L	_		n, TX, officeholder living expense			
					Telephone & Inte	ernet	t Servic	e			
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
	Date	Payee name)								
	08/31/2024	AT&T									
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode						
	\$133.71	PO Box 53	7104								
	Reimbursement from										
	x political contributions intended	Atlanta, GA	7 30323								
		_			I	_					
	PURPOSE OF		See Categories listed at the top of this sch	iedule)	Description	_		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	EXPENDITURE	Office Over	rhead/Rental Expense		L						
					Telephone & Inte	eme	Servic	e			
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	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										
	Data										
	Date 10/03/2024	Payee name)								
		AT&T									
	Amount (\$)	Payee addre	* **	; Zip Co	ode						
	\$122.09	PO Box 53	7104								
	Reimbursement from political contributions										
	intended	Atlanta, GA	A 30353								
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Che	eck if travel	l outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	rhead/Rental Expense			Che	eck if Austir	n, TX, officeholder living expense			
	EXPENDITORE				Telephone & Inte	ernet	t Servic	e			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit				-						
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Constitution Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee L	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
			ine instruction Guide explains	now to co	omplete this form.							
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID ((Ethics Commission Filers)				
	Sch: 3/23 Rpt: 6/26	Hecht, Natha	n L. (The Honorable)			(00020155	5				
4	Date	5 Payee name										
	10/31/2024	AT&T										
6	Amount (\$)	7 Payee address	s; City; State	; Zip Co	ode							
	\$122.13	-	PO Box 537104									
	Reimbursement from		1 O DOV 201104									
	X political contributions intended	Atlanta, GA 3	30353									
					(b) Description -	7 05	ack if traval ac-	teido of Toyas Complete Cabadula T				
8	PURPOSE OF		Categories listed at the top of this sch	nedule)	(b) Description	╛		tside of Texas. Complete Schedule T. "X, officeholder living expense				
	EXPENDITURE	Office Overn	ead/Rental Expense		Telephone & Inte	_		, serveres many oxponer				
					i elephone a inte	mel	. Sei vice					
_	Complete ONLY if direct	Candidata/Office !-	older name		Office acress			Office hold				
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeho	oluei Haitie		Office sought			Office held				
	C/OH											
	Date	Payee name										
	12/02/2024	AT&T										
\vdash	Amount (\$)	Payee address	s; City; State	; Zip Co	ode							
	\$122.13	PO Box 5371		, <u>-</u> ip CC	,40							
		1 0 000 0371	LOT									
	Reimbursement from political contributions	A41-111 0 0 0	20252									
	intended	Atlanta, GA 3	30353									
	PURPOSE OF		Categories listed at the top of this sch	nedule)	Description	ᅼ		tside of Texas. Complete Schedule T.				
	EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense Telephone & Internet Service							
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	Complete ONLY if direct expenditure to benefit	Candidate/Officeho	older name		Office sought			Office held				
	C/OH											
H	Date	Dayon name										
	10/16/2024	Payee name American Air	lines									
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	Amount (\$)	Payee address		; Zip Co	oae							
	\$21.00	4333 Amon (-arter									
	Reimbursement from political contributions											
L	intended	Fort Worth, T	X 76155									
	PURPOSE	• • • • • • • • • • • • • • • • • • • •	Categories listed at the top of this sch	nedule)	Description	=		tside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overh	ead/Rental Expense			_		X, officeholder living expense				
					Travel Internet A	cces	SS					
		Candidate/Officeho	older name		Office sought			Office held				
	expenditure to benefit C/OH											

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment			nittee L	ood/Beverage Expense ift/Awards/Memorials E egal Services The Instruction Gu i	Expense		kpense /ages/Contract Labor		Travel in Dis Travel Out o OTHER (ent		
1	Total pages Schedule G:	2 🖂	ILER NAME					3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 4/23 Rpt: 7/26	l		ın L. (The Hono	rable)			1	0002015	•	J.J)
4	Date	5 Pá	ayee name								
	07/03/2024	Aı	merican Ba	r Association							
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	de				
	\$50.00	32	21 N Clark	St							
	Reimbursement from political contributions intended	C	Chicago, IL 60654								
8	PURPOSE	(a) Ca	ategory (See	Categories listed at the	e top of this sche	edule)	(b) Description	Che	eck if travel o	utside of Texas. Complete Sch	edule T.
	OF EXPENDITURE	0	Office Overh	ead/Rental Exp	ense		L		eck if Austin,	TX, officeholder living expense	
			Membership Dues								
_	Complete ONLY if direct	Condi	idata/Offical-	ldor nama			Office cought			Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	Candid	idate/Officeho	oluer hame			Office sought			Office held	
	Date	Pá	ayee name								
	07/31/2024	Aı	American Law Institute								
	Amount (\$)	Pá	ayee address	s; City;	State;	Zip Co	de				
	\$207.00	40	025 Chestn	ut Street							
	X Reimbursement from political contributions intended	PI	hiladelphia,	PA 19104							
	PURPOSE	Ca							utside of Texas. Complete Sch	edule T.	
	OF EXPENDITURE	0	ffice Overhead/Rental Expense					Check if Austin, TX, officeholder living expense			
							Membership Due	es			
		Candi	idate/Officeho	older name			Office sought			Office held	
	expenditure to benefit C/OH										
	Date	Pa	ayee name								
	07/04/2024	A	pple								
	Amount (\$)	Pá	ayee address	s; City;	State;	Zip Co	de				
	\$10.81	0	ne Apple P	kwy							
	X Reimbursement from political contributions intended	C	Cupertino, C.	A 95014							
	PURPOSE	Ca	ategory (See	Categories listed at the	e top of this sche	edule)	Description	=		outside of Texas. Complete Sch	edule T.
	OF EXPENDITURE	0	Office Overh	ead/Rental Exp	ense			Che	eck if Austin,	TX, officeholder living expense	
							Subscription				
	Complete ONLY if direct expenditure to benefit C/OH	Candi	idate/Officeho	older name			Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card F dyment		The Instruction Guide explains	how to co	mplete this form.						
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filers)			
	Sch: 5/23 Rpt: 8/26	Hecht, Nath	nan L. (The Honorable)				0002015	55			
4	Date	5 Payee name									
	08/03/2024	Apple									
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode						
	\$10.81	1	One Apple Pkwy								
	Reimbursement from		•								
	x political contributions intended	Cupertino,	CΔ 0501 <i>1</i>								
_						7.0	1.77				
8	PURPOSE OF	' ' ' '	ee Categories listed at the top of this scho	edule)	(b) Description	=		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	EXPENDITURE	Oπice Over	head/Rental Expense		L		on ii 7 taotii 1,	, m, omeoneder ming expense			
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_	Opening the ONE Wife disease	0	h-l-l		0#:			Office heald			
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought			Office held			
	C/OH										
	Date	Payee name									
	09/03/2024	Apple									
_	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde						
	\$10.81	One Apple	•	2.ip 00	, ac						
		Опе дрріє	i Kwy								
	Reimbursement from political contributions		0.4.0504.4								
	intended	Cupertino,	CA 95014								
	PURPOSE OF		ee Categories listed at the top of this scho	edule)	Description	=		outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Over	head/Rental Expense		L	Che	CK IT AUSTIN,	, TX, officeholder living expense			
					Subscription						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										
	Date	Dayoo nama									
	10/04/2024	Payee name Apple									
			oo: City: State:	Zin Co	ndo.						
	Amount (\$) \$10.81	Payee addre	•	Zip Co	oue						
		One Apple	PKWY								
	X Reimbursement from political contributions										
	intended	Cupertino,	CA 95014								
	PURPOSE OF		ee Categories listed at the top of this scho	edule)	Description	_		outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Over	head/Rental Expense		L L	Che	ck if Austin,	, TX, officeholder living expense			
					Subscription						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										
\vdash											

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense Printing Expense Pr		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to co		o a category not noted abovey
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/23 Rpt: 9/26	Hecht, Nathan L. (The Honorable)		00020155
4	Date	5 Payee name		
	11/03/2024	Apple		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$10.81	One Apple Pkwy		
	X Reimbursement from political contributions intended	Cupertino, CA 95014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense
			Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
J	expenditure to benefit C/OH	Candidate/Onicerolder name	Office 30ugni	Office field
	Date	Payee name		
	11/24/2024	Apple		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$10.81	One Apple Pkwy		
	Reimbursement from political contributions intended	Cupertino, CA 95014		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense
			Subscription	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	07/15/2024	Austin American Statesman		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$21.07	305 S Congress Ave		
	Reimbursement from political contributions intended	Austin, TX 78704		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Subscription	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 7/23 Rpt: 10/26		Hecht, Nathan L. (The Honorable)			00020155
4	Date	5	Payee name			
	08/14/2024		Austin American Statesman			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$21.07		305 S Congress Ave			
	Reimbursement from political contributions intended		Austin, TX 78704			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	l` <i>`</i>	Office Overhead/Rental Expense	,	l`´	Check if Austin, TX, officeholder living expense
	EXPENDITURE				Subscription	_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	09/16/2024		Austin American Statesman			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$21.07		305 S Congress Ave			
	Reimbursement from political contributions intended		Austin, TX 78704			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		Subscription	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	10/14/2024		Austin American Statesman			
	Amount (\$)	Γ	Payee address; City; State;	Zip Co	ode	
	\$21.07		305 S Congress Ave			
	Reimbursement from political contributions intended		Austin, TX 78704			
	PURPOSE	Г	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		[Check if Austin, TX, officeholder living expense
					Subscription	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

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 Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transporta Travel in Di Travel Out	
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1	Total pages Schedule G: Sch: 8/23 Rpt: 11/26	2 FILER NAM Hecht, Na	1E than L. (The Honorable)			ı	=iler ID 000201	(Ethics Commission Filers) 55
4	Date	5 Payee nam	e.			<u> </u>		
	11/15/2024	1 -	erican Statesman					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode			
	\$21.31	305 S Cor	igress Ave					
	Reimbursement from political contributions intended	Austin, TX	78704					
8	PURPOSE	(a) Category	See Categories listed at the top of this scl	nedule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			Che	ck if Austir	n, TX, officeholder living expense
	EXPENDITORE				Subscription			
9	Complete ONLY if direct	L Candidate/Offic	oholder name		Office sought			Office held
9	expenditure to benefit C/OH	Candidate/Onic	enoluei name		Office Sought			Office field
	Date	Payee nam	e					
	12/15/2024	Austin Am	erican Statesman					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode			
	\$21.31	305 S Cor	igress Ave					
	X Reimbursement from political contributions intended	Austin, TX	78704					
	PURPOSE	Category (See Categories listed at the top of this scl	nedule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense		Subscription	Che	eck if Austir	n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought			Office held
	Date	Payee nam	e					
	09/05/2024	City Park						
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode			
	\$18.00	114 W 7th						
	X Reimbursement from political contributions intended	Austin, TX	78701					
	PURPOSE	Category	See Categories listed at the top of this scl	nedule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In [District			Che	ck if Austir	n, TX, officeholder living expense
	EXPENDITORE				Parking			
\vdash	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held
	expenditure to benefit C/OH	Canadate/Offic	CHOIDE HAITE		Onice Sought			Gilice Helu

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	mmittee 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 G:	FILER NAME	3	Filer ID (Ethics Commission Filers)
_	Sch: 9/23 Rpt: 12/26	Hecht, Nathan L. (The Honorable)	1	00020155
4	Date	Payee name		
	07/10/2024	Cool River		
6	Amount (\$)	Payee address; City; State; Zip Code		
	\$81.87	8091 Cedar Springs Rd		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75235		
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	므	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Ch	eck if Austin, TX, officeholder living expense
		Meeting Food/B	3ever	ages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	didate/Officeholder name Office sought		Office held
	Date	Payee name		
	07/24/2024	Dallas Morning News		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$40.01	508 Young St.		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75202		
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Ch	eck if Austin, TX, officeholder living expense
		Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sought		Office held
	Date	Payee name		
	08/21/2024	Dallas Morning News		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$40.01	508 Young St.		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75202		
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	느	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Ch	eck if Austin, TX, officeholder living expense
	-	Subscription		
	Complete ONLY if direct expenditure to benefit C/OH	didate/Officeholder name Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor			Т	Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAM	E			3 F	iler ID	(Ethics Commission Filers)			
	Sch: 10/23 Rpt: 13/26	Hecht, Natl	han L. (The Honorable)			0	002015	5			
4	Date	5 Payee name	;								
	09/18/2024	Dallas Mor									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode						
	\$40.01	508 Young St.									
	Reimbursement from										
	x political contributions intended	Dallas, TX	75202								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Chec	k if travel ou	utside of Texas. Complete Schedule T.			
	OF	1	rhead/Rental Expense	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chec	k if Austin,	TX, officeholder living expense			
	EXPENDITURE		modern torned = Aponeo		Subscription						
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit				· ·						
	C/OH										
	Date	Payee name									
	10/16/2024	Dallas Mor	ning News								
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode						
	\$43.26	508 Young	St.								
	Reimbursement from										
	X political contributions intended	Dallas, TX	75202								
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Chec	ck if travel ou	utside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	rhead/Rental Expense			Chec	ck if Austin,	TX, officeholder living expense			
	EXI ENDITORE				Subscription						
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
		1									
	Date	Payee name									
	11/13/2024	Dallas Mor									
	Amount (\$)	Payee addre		; Zip Co	ode						
	\$43.26	508 Young	St.								
	Reimbursement from political contributions										
	intended	Dallas, TX	75202								
	PURPOSE OF	1	See Categories listed at the top of this sch	nedule)	Description	=		utside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Over	rhead/Rental Expense			Chec	ck if Austin,	TX, officeholder living expense			
					Subscription						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category					t listed above)
	Creak Gard r dyment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI				3 F	Filer ID (Ethics Con	nmission Filers)
	Sch: 11/23 Rpt: 14/26	Hecht, Natl	nan L. (The Honorable)			(00020155	
4	Date	5 Payee name				1		
	12/11/2024	Dallas Mor						
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode			
	\$43.26	\$43.26 508 Young St.						
	Reimbursement from							
	X political contributions intended	Dallas, TX	75202					
8	PURPOSE OF		ee Categories listed at the top of this sc	hedule)	(b) Description	=	ck if travel outside of Texas.	·
	EXPENDITURE	Office Over	head/Rental Expense		L	Che	eck if Austin, TX, officeholder	living expense
					Subscription			
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	I
	C/OH							
H	Date	Payee name						
	07/20/2024	Houston Cl						
\vdash	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode			
	\$27.72	4747 South						
	Reimbursement from		,					
	x political contributions intended	Houston, T	X 77027					
_				la a alcola N	Description F	7 Cha	ck if travel outside of Texas.	Complete Schodule T
	PURPOSE OF	1	ee Categories listed at the top of this so	nedule)	Description _	=	ck if travel outside of Texas.	
	EXPENDITURE	Office Over	head/Rental Expense		Subscription			
\vdash	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	I
	expenditure to benefit				3			
L	C/OH							
	Date	Payee name						
L	08/17/2024	Houston Cl	nronicle					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode			
	\$27.72	4747 South	west Fwy					
	Reimbursement from							
	X political contributions intended	Houston, T	X 77027					
	PURPOSE	Category (S	ee Categories listed at the top of this sc	hedule)	Description	_	ck if travel outside of Texas.	
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, officeholder	living expense
					Subscription			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	I
	C/OH							

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ov Polling Ex Printing E Salaries/A	Expense 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 G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 12/23 Rpt: 15/26		Hecht, Nathan L. (The Honorable)			00020155
4	Date	5	Payee name			
	09/14/2024		Houston Chronicle			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$27.72		4747 Southwest Fwy			
	Reimbursement from political contributions intended		Houston, TX 77027			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	(")	Office Overhead/Rental Expense	au.o,	[[]	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Onice Overnead/Nental Expense		Subscription	_
_	Complete ONLY if direct		adidata/Officeholder name		Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	10/12/2024		Houston Chronicle			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$27.72		4747 Southwest Fwy			
	Reimbursement from political contributions intended		Houston, TX 77027			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		Subscription	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Cai	idiate officerolaer name		Office Sought	Office field
T	Date	$\bar{\Box}$	Payee name		 _	
	11/09/2024		Houston Chronicle			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$27.72		4747 Southwest Fwy			
	Reimbursement from political contributions intended		Houston, TX 77027			
	PURPOSE	Г	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE				Subscription	
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Jai	nadato Onicentide name		Onice sought	Office field

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Dis Travel Out o		
	Credit Card Fayment		The Instruction Guide explains	how to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3	iler ID	(Ethics Commission	n Filers)
	Sch: 13/23 Rpt: 16/26	Hecht, Natl	han L. (The Honorable)			(0002015	55	
4	Date	5 Payee name							
	12/07/2024	Houston Cl							
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode				
	\$27.72	4747 South		•					
	Reimbursement from		•						
	X political contributions intended	Houston, T	X 77027						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this scho	edule)	(b) Description	=		outside of Texas. Comple	
	OF EXPENDITURE	Office Over	rhead/Rental Expense		L	Che	ck if Austin,	ı, TX, officeholder living exp	pense
					Subscription				
9	expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name)						
	07/07/2024	Hyatt DC							
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode				
	\$76.60	1000 H St	•	•					
	Reimbursement from								
	x political contributions intended	Washington	n, DC 20001						
_	PURPOSE		See Categories listed at the top of this scho	odulo)	Description	☐ Che	ock if travel o	outside of Texas. Comple	te Schedule T.
	OF	1	rage Expense	euuie)		=		n, TX, officeholder living exp	
	EXPENDITURE	FOOG/Deve	raye Expense		Travel Meal	_			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit		notes name		ooo ooug.n			Cinec neid	
	C/OH								
	Date	Payee name	;						
	10/31/2024	JB Duke							
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode				
	\$57.30	230 Science	e Dr						
	Reimbursement from								
	X political contributions intended	Durham, N	C 27708						
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin,	n, TX, officeholder living exp	oense
					Travel Meal				
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 14/23 Rpt: 17/26	Hecht, Nat	han L. (The Honorable)			00020155
4	Date	5 Payee name	9			
	11/01/2024	JB Duke				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode	
	\$73.78	230 Science	ce Dr			
	Reimbursement from political contributions intended	Durham, N	IC 27708			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense
	EX. ENDITORE				Travel Meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	9			
	07/23/2024	London Tir	nes			
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode	
	\$12.93	1 London B	Bridge St			
	X Reimbursement from political contributions intended	London Uł	SE19GF United Kingdom			
	PURPOSE OF	1	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Ove	rhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Subscription	
	expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held
	C/OH					
	Date	Payee name	9			
	08/23/2024	London Tir	nes			
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode	
	\$13.12	1 London E	Bridge St			
	Reimbursement from political contributions intended	London Uł	SE19GF United Kingdom			
	PURPOSE	Category (See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment		Food/Beverage Expense Food/Memorials Expense	Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ntract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
		The Instruction Guide explains ho	w to complete	this form.					
1	Total pages Schedule G: Sch: 15/23 Rpt: 18/26	2 FILER NAME Hecht, Nathan L. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00020155				
4	Date 09/23/2024	5 Payee name London Times							
6	Amount (\$) \$13.33	7 Payee address; City; State; 1 London Bridge St	Zip Code						
	X political contributions intended	London UK SE19GF United Kingdom	1						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense		escription cription	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	÷Т.			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	ice sought	Office held				
	Date 10/23/2024	Payee name London Times							
	Amount (\$)		Zip Code						
	\$13.00	1 London Bridge St	Lip Codo						
	Reimbursement from political contributions intended	London UK SE19GF United Kingdom							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense		escription cription	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	T.			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	ice sought	Office held				
	Date 11/23/2024	Payee name London Times							
	Amount (\$) \$12.60	Payee address; City; State; 1 London Bridge St	Zip Code						
	X Reimbursement from political contributions intended	London UK SE19GF United Kingdom							
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) De	escription	Check if travel outside of Texas. Complete Schedule	: Т.			
	OF EXPENDITURE	Office Overhead/Rental Expense	Subso	cription	Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	ice sought	Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/23 Rpt: 19/26	Hecht, Nathan L. (The Honorable)		00020155
4	Date	5 Payee name		
	12/23/2024	London Times		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$12.58	1 London Bridge St		
	Reimbursement from			
	X political contributions intended	London UK SE19GF United Kingdom		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Subscription	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
H	Date	Payon namo		
	10/08/2024	Payee name National Center for State Courts		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$250.00	300 Newport Ave	Code	
		Job Newport/We		
	X Reimbursement from political contributions intended	Williamsburg, VA 23185		
			T Description F	1 Ober bill fatter and explaint of Travers Commission Cabradala T
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead/Rental Expense	Membership Dues	5
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	C/O11			
	Date	Payee name		
	12/17/2024	National Center for State Courts		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$600.00	300 Newport Ave		
	Reimbursement from political contributions			
L	intended	Williamsburg, VA 23185		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Membership Dues	S
	Operation Children	Overstide to 10ff and all		000
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
L	C/OH			

SCHEDULE G

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	al Co	mmittee Legal Services Salaries/A The Instruction Guide explains how to co	Vages/Contract Labor omplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 17/23 Rpt: 20/26		Hecht, Nathan L. (The Honorable)			00020155
4	Date	5	Payee name			
	07/18/2024		New York Times			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$29.79		620 8th Ave			
	Reimbursement from					
	X political contributions intended		New York, NY 10018			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	╡	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense	L	CI	neck if Austin, TX, officeholder living expense
				Subscription		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
ľ	expenditure to benefit	-	indicated and street in the st	ooo ooug		000
	C/OH					
	Date		Payee name			
	08/16/2024		New York Times			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$29.79		620 8th Ave			
	Reimbursement from					
	X political contributions intended		New York, NY 10018			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		CI	neck if Austin, TX, officeholder living expense
				Subscription		
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held
	C/OH					
	Date		Payee name			
	10/11/2024		New York Times			
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	nde		
	\$29.79		620 8th Ave			
	Reimbursement from					
	x political contributions intended		New York, NY 10018			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		CI	neck if Austin, TX, officeholder living expense
				Subscription		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
_						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)
_			<u> </u>	3 11011 10 00	implete tills form.		
1	Total pages Schedule G: Sch: 18/23 Rpt: 21/26	2 FILER NAM Hecht, Nat	than L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020155
4	Date	5 Payee name	e				
	11/08/2024	New York	Times				
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode		
	\$29.79	620 8th Av		-, [-			
	Reimbursement from political contributions intended	New York,	NY 10018				
8	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			С	heck if Austin, TX, officeholder living expense
	EXPENDITORE				Subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Offic	eholder name		Office sought		Office held
	Date	Payee nam	e				
	12/05/2024	New York	Times				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$29.79	620 8th Av	re				
	Reimbursement from political contributions intended	New York,	NY 10018				
	PURPOSE	Category (See Categories listed at the top of this so	chedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			С	heck if Austin, TX, officeholder living expense
	LAFENDITORE				Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held
	Date	Payee nam	e				
	09/05/2024	RightSide	Compliance				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$30.00	P.O. Box 3		•			
	Reimbursement from political contributions intended	Austin, TX	78734				
	PURPOSE	Category (See Categories listed at the top of this so	chedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting	Expense			С	heck if Austin, TX, officeholder living expense
					Compliance Co	nsul	ting
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Offic	eholder name		Office sought		Office held

SCHEDULE G

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commission File	ers)
	Sch: 19/23 Rpt: 22/26		Hecht, Nath	an L. (The Hono	rable)				00020155	
4	Date	5	Payee name							
	11/02/2024		Salsaritas							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$10.37		2400 John	Brantley Blvd						
	Reimbursement from political contributions intended		Morrisville,	NC 27560						
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Food/Bever	age Expense				Ch	eck if Austin, TX, officeholder living expense	
							Travel Meal			
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought		Office held	
	Date		Payee name							
	07/24/2024		Secret Simp	ole						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$600.00		2100 W Sla	ughter Lane						
	Reimbursement from									
	X political contributions intended		Austin, TX	78749						
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Office Over	head/Rental Exp	ense		[Ch	eck if Austin, TX, officeholder living expense	
							Computer Suppli	ies		
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	nolder name			Office sought		Office held	
	C/OH									
F	Date		Payee name							
	07/09/2024		Senate Cof	fee Shop						
\vdash	Amount (\$)	\vdash	Payee addre	ss; City;	State;	Zip Co	ode			
	\$3.00		U.S. Senate	-		•				
	Reimbursement from									
	X political contributions intended		Washington	, DC 20001						
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Food/Bever	age Expense				Ch	eck if Austin, TX, officeholder living expense	
							Travel Meal			
		<u>_</u>								
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office held	
l										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Tra Tra	vel in District vel Out of District HER (enter a category	·
	Credit Cara r ayment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3 File	er ID (Ethics C	Commission Filers)
	Sch: 20/23 Rpt: 23/26	Hecht, Nath	nan L. (The Honorable)			00	020155	
4	Date	5 Payee name						
	08/14/2024	State Bar o	f Texas					
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$150.00	1414 Color	ado St					
	Reimbursement from							
	X political contributions intended	Austin, TX	78701					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Check	if travel outside of Tex	as. Complete Schedule T.
	OF	Office Over	head/Rental Expense			Check	if Austin, TX, officehol	der living expense
	EXPENDITURE		·		Membership Due	es		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office he	eld
	expenditure to benefit C/OH							
		T						
	Date	Payee name						
	08/08/2024	Sunriver Re						
	Amount (\$)	Payee addre		Zip Co	ode			
	\$36.02	17600 Cen	ter Dr					
	X Reimbursement from political contributions							
	intended	Sunriver, O	R 97707					
	PURPOSE OF	1	ee Categories listed at the top of this sch	edule)	Description	_	if travel outside of Tex if Austin, TX, officehol	kas. Complete Schedule T.
	EXPENDITURE	Food/Bever	rage Expense		Travel Meal	Oncor	ii Addin, 17, onicenoi	der living expense
					Traveriviear			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office he	eld
	expenditure to benefit				eee eeug.n		5 55	0.0
	C/OH							
	Date	Payee name						
	08/22/2024	Supreme C	ourt Historical Society					
	Amount (\$)	Payee addre		Zip Co	ode			
	\$40.00	1414 Color	ado St					
	Reimbursement from political contributions							
	intended	Austin, TX	78701					
	PURPOSE OF	Category (S	ee Categories listed at the top of this sch	edule)	Description	_		as. Complete Schedule T.
	EXPENDITURE	Office Over	head/Rental Expense		L	_	if Austin, TX, officehol	der living expense
					Membership Due	es		
	Complete ONLY if alias -t	Condidate /Office	holder name		Office savekt		Office to	ald
	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		Office he	eia
L	C/OH							
ı								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	· ·		Office Over Polling Ex Printing Ex Salaries/V	kpense /ages/Contract Labor	T T T	Solicitation/Fullinatising Experience Transportation Equipment & Firansportation Equipment & Firansportation Travel in District Travel Out of District DTHER (enter a category not	Related Expense
1	Total pages Schedule G:	2	FILER NAME				3 F	Filer ID (Ethics Com	mission Filers)
	Sch: 21/23 Rpt: 24/26		Hecht, Nathan L. (The He	onorable)			0	00020155	
4	Date	5	Payee name				1		
	08/13/2024		UT Parking						
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de			
	\$4.00		1815 Trinity St	,	_,, -,-				
	Reimbursement from political contributions								
	intended		Austin, TX 78712						
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sche	dule)	(b) Description	Che	ck if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Travel In District				Che	ck if Austin, TX, officeholder I	iving expense
	EXI ENDITORE					Meeting Parking	l		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	
	Date		Payee name						
	11/20/2024		Vino Volo						
	Amount (\$)	T	Payee address; City;	State;	Zip Co	de			
	\$179.39		3600 Presidential Blvd						
	Reimbursement from								
	X political contributions intended		Austin, TX 78719						
	PURPOSE		Category (See Categories listed	at the top of this sche	dule)	Description	=	ck if travel outside of Texas.	
	OF EXPENDITURE		Food/Beverage Expense			L		ck if Austin, TX, officeholder I	iving expense
						Meeting Food/B	evera	ges	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	
	Date		Payee name						
	07/22/2024		Washington Post						
	Amount (\$)	\vdash	Payee address; City;	State:	Zip Co	de			
	\$4.26		1301 K St NW	,					
	Reimbursement from								
	political contributions intended		Washington, DC 20005						
	PURPOSE OF		Category (See Categories listed	•	dule)	Description	_	ck if travel outside of Texas.	
	EXPENDITURE		Office Overhead/Rental I	Expense		L	Che	ck if Austin, TX, officeholder I	iving expense
						Subscription			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhet Food/Beverage Expense Polling Expense Printing Expense Printing Expe	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/23 Rpt: 25/26	Hecht, Nathan L. (The Honorable)	00020155
4	Date	5 Payee name	
	08/20/2024	Washington Post	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.26	1301 K St NW	
	Reimbursement from political contributions intended	Washington, DC 20005	
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
		S	ubscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	09/16/2024	Washington Post	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1301 K St NW	
	Reimbursement from political contributions intended	Washington, DC 20005	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
		_	
	Date 10/14/2024	Payee name Washington Post	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1301 K St NW	
	Reimbursement from		
	X political contributions intended	Washington, DC 20005	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		S	ubscription
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 23/23 Rpt: 26/26		Hecht, Nathan L. (The Honorable)			00020155
4	Date	5	Payee name			
	11/11/2024		Washington Post			
6	Amount (\$)	7	Payee address; City; Sta	ite; Zip C	ode	
	\$12.79		1301 K St NW	•		
	Reimbursement from political contributions intended		Washington, DC 20005			
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	``	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE		Omoc Overnoud/Nemai Expense		Subscription	_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	12/09/2024		Washington Post			
	Amount (\$)		Payee address; City; Sta	ite; Zip C	code	
	\$12.79		1301 K St NW	•		
	Reimbursement from					
	political contributions intended		Washington, DC 20005			
	PURPOSE		Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Subscription	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	11/22/2024		Willard			
	Amount (\$)		Payee address; City; Sta	ite; Zip C	ode	
	\$181.80		1401 Pennsylvania Ave. NW			
	Reimbursement from political contributions intended		Washington, DC 20004			
	PURPOSE	Г	Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	LAFENDITORE		·		Travel Meal	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held