FORM JSPAC JUDICIAL SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The JSPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069578 3 COMMITTEE NAME **OFFICE USE ONLY** Chief Justice Nathan Hecht Campaign Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1005 Congress Ave., Ste. 400 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Nancy NAME NICKNAME LAST **SUFFIX** Rennaker STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1005 Congress Ave, Ste. 400 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 91061 MAILING **ADDRESS** Austin, TX 78709-1061 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 348-6680 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach JSPAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Day Year Month Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other **ELECTION** General Special **GO TO PAGE 2**

JUDICIAL SPECIFIC - PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Chief Justice Nathan He				
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE		The Honorable Nathan Hecht		
(Attach lists on plain paper to complete this	X Candidate			
report if necessary.)	Candidate			
X SUPPORT				
(Candidate)		OFFICE SOUGHT (candidate) / OFFICE HE	LD (officeholder)	
OPPOSE		Supreme Court Chief Justice		
(Candidate)	Officeholder			
ASSIST (Officeholder)				
(Officeholder)				
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE		\$ \$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED		\$0.00
	2. TOTAL POLITICAL C			\$ \$0.00
	OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		
TOTALS				\$ \$0.00
	4. TOTAL POLITICAL E	XPENDITURES		
				\$ \$12,648.38
CONTRIBUTION		TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	
BALANCE	REPORTING PERIOD			\$ \$7,795.12
OUTSTANDING		UNT OF ALL OUTSTANDING LOANS AS OF	THE LAST	
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$ \$0.00
10 AFFIDAVIT				
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe and correct and includes all information Title 15, Election Code.		
		Ms Nan	cy Rennaker	
			ampaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	hefore me, by the said		this the	day
		n, witness my hand and seal of office.		
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administering oath
g 31 0111001 441		and the same state of the same	31 31100	

SUBTOTALS - JSPAC

FORM JSPAC COVER SHEET PG 3

			3 of 13									
	17 COMMITTEE NAME18 Filer IDChief Justice Nathan Hecht Campaign00069578											
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT											
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)											
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$									
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$									
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$									
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 12,648.38									
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$									
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$									
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$									
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$									
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$									
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$									

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
•	Sch: 1/10 Rpt: 4/13	Chief Justice Nathan Hecht Campaign 00069578	
4	Date	5 Payee name	
	09/12/2024	Chateau Bellevue	
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 509 W 8th Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Venue Rental	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/05/2024	Cogency Global Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$139.00	P.O. Box 3168	
		Hicksville, NY 11802	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Registered Agent Fee	
		Negistered Agent 1 ce	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/04/2024	Corinne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$331.69	555 S. Alamo St.	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Court Staff Dinner	
		Court Stall Dilliel	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/10 Rpt: 5/13	Chief Justice Nathan Hecht Campaign O0069578
4 Date	5 Payee name
07/31/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.00	P.O. Box 16509
, , , ,	
	Fort Worth, TX 76162
a puppose	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Service Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	Davis vers
Date	Payee name
08/31/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	P.O. Box 16509
	Fort Worth, TX 76162
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAI LADITURE	Check if Austin, TX, officeholder living expense
	Bank Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Exponence to bottom O/O/	
Date	Payee name
09/30/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	P.O. Box 16509
	Fort Worth, TX 76162
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Service Fee
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission I	-ilers)
	Sch: 3/10 Rpt: 6/13		ce Nathan Hecht Cai	mpaign				00069578		
4	Date	5 Payee name								
	10/31/2024	Frost Bank								
6	Amount (\$)	7 Payee addre	•	State; Zip Co	ode					
	\$5.00	P.O. Box 1	6509							
		E. a.Mr. ali	TV 70400							
L		Fort Worth								
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description	outoi	do of Toyon Com	aloto Cobodulo T	
	EXPENDITURE	Accounting	/Banking			므		de of Texas. Comp officeholder living		
						Bank Service			•	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experialitare to benefit C/Oi	·								
	Date	Payee name								
	11/30/2024	Frost Bank								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$5.00	P.O. Box 1	6509							
		Fort Worth	TX 76162							
	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting	/Banking			=		de of Texas. Comp officeholder living		
						Bank Service			expense	
						Barin Gorvioo		,,,		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OH	4								
	Date	Payee name								
	12/31/2024	Frost Bank								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$5.00	P.O. Box 1	6509							
		Fort Worth	TX 76162							
	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting	/Banking					de of Texas. Com		
	_					Bank Service		officeholder living	expense	
						Dailk Jeivice				
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıaht			Office he	eld	
	expenditure to benefit C/O			311100 000				211100 110	·· ·	

SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Be Contributions/ Donations Made By - Gift/Awa

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 4/10 Rpt: 7/13	Chief Justice Nathan Hecht Campaign 00069578
4	Date	5 Payee name
	07/11/2024	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$152.91	221 W. 6th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		Miceting Pood/Beverages
_	Operation ONLY if all part	Our stide to 10 ff as had done as one
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/13/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$636.82	221 W. 6th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		Miceting Podu/Beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	09/11/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.89	221 W. 6th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 8/13	Chief Justice Nathan Hecht Campaign 00069578
4	Date	5 Payee name
	11/13/2024	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.85	221 W. 6th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
		Weeting Food/Developes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/11/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.93	221 W. 6th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	12/31/2024	Hecht, Nathan (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,227.77	P.O. Box 12248
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement of Schedule G Expenditures
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	•		Vages	/Contract Labor		OTHER (enter	a category not liste	d above)
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ľ	Total pages Schedule F1:								3	Filer ID	(Ethics Comn	iission Filers)
	Sch: 6/10 Rpt: 9/13		Chief Justic	ce Nathan Hech	it Campaign					00069578		
4	Date	5	Payee name									
	09/12/2024		Limelight C									
٦	Amount (¢)	7			Stato:	Zip Co	do					
ľ	Amount (\$)	 ′	Payee addre	ess; City;	Siale,	Zip Co	ue					
	\$784.89		509 W 8th									
			Austin, TX	78701								
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	expenditure to benefit C/O	П										
F	Date		Payee name									
	07/08/2024		RightSide (
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	Amount (\$)		Payee addre		State;	Zip Co	de					
	\$30.00		P.O. Box 3	41027								
			Austin, TX	78734								
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F	Date		Payee name									
	08/04/2024		RightSide (
L												
	Amount (\$)		Payee addre	-	State;	Zip Co	ae					
	\$420.00		P.O. Box 3	41027								
			Austin, TX	78734								
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		aries/Wa		e /Contract Labor		OTHER (enter	a category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/10 Rpt: 10/13		Chief Justic	e Nathan Hecht	Campaign					00069578		
4	Date	5	Payee name									
	09/30/2024		RightSide C	Compliance								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le					
	\$90.00		P.O. Box 34	11027								
			Austin, TX 7	78734								
8	PURPOSE	(a)	Category (se	ee Categories listed at t	he ton of this schedule	, ((b)	Description				
	OF EVENDITURE	ľ	Consulting I		ne top of this scriedule			_ `	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		J	•				_		officeholder livin	ig expense	
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9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office	e soug	ht			Office h	ield	
	Date		Payee name									
	12/04/2024		RightSide C	Compliance								
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$180.00		P.O. Box 34	11027								
			Austin, TX 7	78734								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Consulting I					=			nplete Schedule T.	
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_	D-4-	_										
	Date		Payee name	con								
	11/04/2024	_	Scholz Gart									
	Amount (\$)		Payee addres	, , ,	State; Zi	p Cod	le					
	\$319.50		1607 San Ja	acinto Biva.								
			Austin, TX 7	78701								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this schedule	e) ((b)	Description				
	EXPENDITURE		Food/Bever	age Expense				ш		officeholder livin	nplete Schedule T.	
								Court Staff D			ig expense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e soug	ht			Office h	ield	
	expenditure to benefit C/O					3						
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 8/10 Rpt: 11/13	Chief Justice Nathan Hecht Campaign 00069578
4	Date	5 Payee name
	07/12/2024	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	110 E. 9th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		meeting 1 oou beverages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dougo nama
	08/12/2024	Payee name The Austin Club
		The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 E. 9th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		Micetally 1 oour Developes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 09/12/2024	Payee name The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 E. 9th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		iviceting Food/beverages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 12/13	Chief Justice Nathan Hecht Campaign 00069578
4	Date	5 Payee name
	10/09/2024	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$260.00	110 E. 9th St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/12/2024	The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 E. 9th St.
	Ψ103.00	110 2. 301 30.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		Wieeting Pood/beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies wares
	12/10/2024	Payee name The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.00	110 E. 9th St.
		A., A., T.V. 70704
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction			ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 13/13	ı		e Nathan Hec	ht Campaign					00069578	,
4	Date	5	Payee name								
	11/04/2024	ı	The Palm								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$331.52		233 E Hous	ton St., Ste. 1	00						
			San Antonio	o, TX 78205							
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				ш		de of Texas. Com	
								_		officeholder living	expense
								Court Staff D	11111	ег	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	С	Office sou	ght			Office he	eld
	Date	Π	Payee name								
	09/12/2024	ı	Total Wine								
_		_		City	Ctoto	Zin Co	d o				
	Amount (\$)	ı	Payee addres	-	State,	Zip Co	ue				
	\$34.61		2001 BLOOLE	e Lane #800							
			Sunset Valle	ey, TX 78745							
	PURPOSE	(a)	Category (Sr	ee Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense	·	ĺ		Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							—		officeholder living	expense
								Court Staff D	inn	er	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	П									