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) 00057807 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Salas-Mendoza CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3412 Glasgow Rd. MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79925 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Sonya NAME NICKNAME LAST **SUFFIX** Saunders **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 10201 Shipley Ave. **ADDRESS** (Residence or Business) El Paso, TX 79925 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 613-7211 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| 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** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 120 El Paso Court of Appeals, Chief Justice District 8

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME Salas-Mendoza, Maria (The Honorable) 14 Filer ID 00057807						nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without a quired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages						
Ш	GENERAL					
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUT PLEDGES, LOANS,	T IONS OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	10,032.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	12,441.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•					
		tı	swear, or affirm, under penalty rue and correct and includes a Inder Title 15, Election Code.	y of perjury, that the Il information require	accompanying d to be report	ı report is ed by me
			The Honoral	ole Maria Salas-Me	endoza	
		_	Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name o	of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 25
18 FILER NA Salas-M	AME endoza, Maria (The Honorable)	19 Filer ID 00057807	(Ethics Commission Filers)
	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 5,846.22
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,561.37
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 2,624.94
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 I TO FILER	RETURNED	\$

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

	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: 1/6 Rpt: 4/25	Salas-Mendoza, Maria (The Honorable) 00057807
4	Date	5 Payee name
	11/04/2024	American Foundation for Suicide Prevention
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	199 Water Street
		11th Floor
		New York, NY 10038
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Walk/contribution
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/13/2024	Art Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.09	3101 Yandell
		El Paso, TX 79903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Portrait framing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/10/2024	Centro San Vicente
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	8061 Alameda
	Ψ130.00	0001 Alameda
		El Paso, TX 79915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 5/25	Salas-Mendoza, Maria (The Honorable) 00057807
4	Date	5 Payee name
	12/06/2024	Council of Chiefs State Judges Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$495.00	300 Newport
		Williamsburg, VA 23185
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
		Annual meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/30/2024	El Paso Democratic Party
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	2509 Montana
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contained and
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/07/2024	El Paso Executive Women Lions Club
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 973242
		El Paso, TX 79997
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Con tournament
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee	Legal Services The Instruction Guide explains		/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: 3/6 Rpt: 6/25		loza, Maria (The Honorabl	e)				00057807	,
4	Date	5 Payee name							
	08/20/2024	El Paso Wo	men's Bar Association						
6	Amount (\$)	7 Payee address	ss; City; State	e; Zip Co	de				
	\$40.00	C/O Jenee I	Duran						
		5715 Cromo)						
		El Paso, TX	79912						
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						Annual Memb		officeholder living	expense
						7 tilliaal Wellik	JCI	Silip	
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	12/02/2024	El Paso You	ung Lawyers Association						
	Amount (\$)	Payee addres	ss; City; State	e; Zip Co	de				
	\$150.00	c/o Melissa Hjalmquist							
		201 E Main, Suite 1100							
		El Paso, TX	79901						
	PURPOSE		ee Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By			-		de of Texas. Comp	
		Candidate/C	Officeholder/Political Comn	nittee		Christmas of		officeholder living	expense
						Omisimas or	110	pc	
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	12/20/2024	Lamezze							
	Amount (\$)	Payee addres	ss; City; State	e; Zip Co	de				
	\$1,038.87	210 N Stant	on						
		El Paso, TX	79901						
	PURPOSE OF		ee Categories listed at the top of this sci	hedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			ш		de of Texas. Comp officeholder living	
						Service celeb			expense
						25.7.00 00100			
	Complete ONLY if direct	Candidate/Offic	 ceholder name	Office sou	ght			Office he	eld
	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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 7/25	Salas-Mendoza, Maria (The Honorable) 00057807
4	Date	5 Payee name
	09/12/2024	Las Americas Advocacy Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1500 Yandell
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	Legal Charitable Foundation of El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	5715 Cromo
	Ψ00.00	
		Suite One
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Para area
	Date	Payee name
	08/19/2024	NAWJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$649.00	1001 Connecticut Avenue
		Suite 1138
		Washington DC, DC 20036
	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
		Annual Meeting Fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/25	Salas-Mendoza, Maria (The Honorable) 00057807
4	Date	5 Payee name
	12/04/2024	Najera, Mike
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$320.00	10037 Foothills Drive
		El Paso , TX 79924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Courthouse event
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/23/2024	Rangel, Cosima
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	3730 McKinley
	Ψ103.00	3730 McKiney
		El Paso, TX 79930
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Portrait
		Folial
	Operation ONLY if allower	One districts (Office healths are seen
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	07/14/2024	Salas Mendoza, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$506.61	500 E. San Antonio
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political expenses from personal funds 1/1/2024-6/30/2024
		0/30/2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

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

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/6 Rpt: 9/25 Salas-Mendoza, Maria (The Honorable) 00057807 4 Date Payee name 07/23/2024 Texas Access to Justice Foundation 6 Amount (\$) Payee address; City; State; Zip Code \$510.65 1601 Rio Grande Suite 351 Austin, TX 78701 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee LawTeria donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 1/8 Rpt: 10/25	Salas-Mendoza, Ma			00057807					
4	CREDIT CARD ISSUER		ncial institution ECU	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$75.00	09/12/2024							
7	PAYEE	(a) Payee name			ddress;	City,	State,	Zip Code		
		Mexican American Bar)3					
				Houston, 7						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Descripti						
		Fees	of this schedule)	Membersh	nip					
	X Political									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH	()	T (1) 2	1,,,,,,,,						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$46.84	08/12/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		NIANA/3		1001 Connecticut Avenue						
		NAWJ		Suite 1138						
				Washington DC, DC 20036						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	X Political	Contributions/Donation Candidate/Officeholde	ns Made By	Contribution	וונ					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$26.84	10/29/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
l		Ctata Day of Taylor		1414 Colo	rado					
l		State Bar of Texas								
L				Austin, TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion					
		Fees	25 00.1000.0)	CLE fee						
	X Political			<u> </u>						
\vdash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	Cought	Check if Austin, TX,	Office hold	ense			
_ ا	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
L^{e}	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission File							
Sch: 2/8 Rpt: 11/25	Salas-Mendoza, Ma	aria (The Honorable)	00057807							
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$43.28	09/17/2024								
7 PAYEE	AYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code				
	Taco Cabana		6345 Gat	eway West						
			El Paso,							
8 PURPOSE OF	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			tion						
EXPENDITURE	Food/Beverage Exper		Jurors							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$76.05	09/16/2024								
PAYEE	PAYEE (a) Payee name			address;	City,	State,	Zip Code			
	FI Dana Bar Assasi	-4:	500 E. Sa	an Antonio						
	El Paso Bar Associ	ation	12th floor							
			El Paso,							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership							
X Political	Fees									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$51.06	09/10/2024								
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
	l		c/o Treas	urer						
	Texas Association	of District	P.O. Box	1748						
			Austin, T	X 78767						
PURPOSE OF	(a) Category	(d)	(b) Descrip							
EXPENDITURE —	(See Categories listed at the top	or triis schedule)	Members	hip						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Oniceriolde//Folitica	ű	ruction Guide explains how	to complete this form.	OTTLK (effer a categor	y not listed a	bove)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)			
Sch: 3/8 Rpt: 12/25		aria (The Honorable)		00057807					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$46.84	10/12/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	NAWJ 1001 Connecticut Avenue Suite 1138 Washington DC, DC 20038								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Contribution						
X Political	Contributions/Donation Candidate/Officeholde	,							
Non-Political	-	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$46.84	11/12/2024							
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code			
	NAWJ		1001 Connecticut Avenue Suite 1138						
DUDDOOF OF	(a) Catagony		Washington DC, DC 20036						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Contribution						
X Political	Contributions/Donatio Candidate/Officeholde		Contribution						
Non-Political	\ \(\frac{1}{2} \)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$46.84	12/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	NAWJ		1001 Connecticut Avenu	ne					
	INAVVS		Suite 1138						
	() 5 :		Washington DC, DC 200	036					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Contribution						
<u></u>	Contributions/Donatio	ns Made By	Contribution						
X Political	Candidate/Officeholde	er/Political Committee							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		X, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F					sion Filers)		
	Sch: 4/8 Rpt: 13/25	Salas-Mendoza, Ma	aria (The Honorable)				00057807				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN CHARG	DI	F UNITEMIZED TURES D TO A CREDIT	\$				
ہا	DAVMENT	(a) Amazumt Chavarad	(h) Data of Chause	CARD			Daid				
ľ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid				
		\$43.28	08/12/2024								
7	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code		
		Taco Cabana		6345 Gat	tev	way West					
L				El Paso,							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip	otic	on					
	X Political	Food/Beverage Expe		Jurors							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Γ	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		•	Office held				
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid				
		\$36.35	09/17/2024								
	PAYEE (a) Payee name				ad	dress;	City,	State,	Zip Code		
				c/o treasurer							
		Texas Women Law	yers	P.O. Box 720561							
L				McAllen, TX 78504							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership							
	X Political	Fees		Welliselship							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid				
		\$46.84	09/12/2024								
H	PAYEE	(a) Payee name	<u> </u>	(b) Payee	ad	dress;	City,	State,	Zip Code		
				1001 Cor	nn	ecticut Avenue					
		NAWJ		Suite 113	38						
						n DC, DC 2003	6				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip							
	EXPENDITURE	Contributions/Donatio		Contribut	tio	n					
	X Political	Candidate/Officeholde									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Ĺ	Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
е	xpenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 5/8 Rpt: 14/25	Salas-Mendoza, Ma	aria (The Honorable)			00057807				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$75.00	10/29/2024							
7	PAYEE	EE (a) Payee name			ddress;	City,	State,	Zip Code		
		Texas Bar College Suite 600 Austin, TX 78701								
8	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Membersh	nip					
	X Political	Fee5								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$25.98	10/29/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Dunkin Donuts		1105 N Ya	rborough					
				El Paso, TX 79925						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Jurors	ion					
	X Political	rees								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$250.00	08/16/2024							
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
				P.O. Box 9	90683					
		Texas Latinx Judge	?S							
L					io, TX 78209					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descript						
	EXPENDITURE	Event Expense	oi uiis scriedule)	San Wnto	nio law student	event				
	X Political	•								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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			alaries/Wages/Co		THER (enter a categ	ory not listed at	bove)
	The Inst	ruction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	nics Commiss	sion Filers)
Sch: 6/8 Rpt: 15/25	Salas-Mendoza, Ma	aria (The Honorable)			00057807		
4 CREDIT CARD	Name of final		OF UNITEMIZED				
ISSUER	see pi	revious		IDITURES SED TO A CREDIT	. \$		
			CARD	DED TO A CICEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$150.00	08/19/2024					
	,						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			321 N. C	lark Street			
	ABA		20th Floo	or			
			Chicago,	TX 68654			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Members	ship			
X Political	1 000						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$180.33	12/18/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Manhattan Haighte		2829 Mo	ntana			
	Manhattan Heights						
	() 0 :			TX 79903			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Food/Beverage Expe		Staff holiday dinner				
X Political							
Non-Political	·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH	(-) A	(h) Data at Ohama	(-) D -+- (-)	0	- D-14		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dale(s)	Credit Card Issue	rPalu		
	\$62.00	07/25/2024					
PAYEE	(a) Davis a same		(b) Davis	- d-l	O't	<u> </u>	7:- OI-
PAILE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	League of Women	Voters	1213 MO	rehead Street, S	uile 590		
			Charlotte	, NC 28208			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Members				
X Political	Fees			•			
Non-Political	(a) Chook if traval autoid-	of Toyon, Complete Cahadula T		Chook if Assatin TV	officeholder living		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Janaiaato, Jinterioidei	OIII	oo oougiit		Omoc Helu		
S. Politation to bollone 0/011							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)							
Sch: 7/8 Rpt: 16/25		00057807							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$22.00	09/30/2024							
7 PAYEE	(a) Payee name Eastside Democrat	(b) Payee address; City, State, Zip Code 8904 WH Burges							
			El Paso, TX 79925						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Fees	or and concadio,	Membership						
X Political									
Non-Political	\frac{1}{2} \frac{1}{2}	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living e	expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Data of Charge	(c) Date(s) Credit Card Issu	or Doid					
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card isst	iei Paiu					
	\$150.00	08/31/2024							
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code			
	US Postmaster		8401 Boeing Drive						
			El Paso, TX 79910						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		PO Box rental						
X Political	Office Overflead/Neri	iai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living e	expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description						
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
 	1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	s/Memorials Expense F	Printing Expense Tr	avel in District avel Out of District THER (enter a category not listed above)				
		The Insti	ruction Guide explains ho	w to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
l	Sch: 8/8 Rpt: 17/25	Salas-Mendoza, Ma	aria (The Honorable)	00057807					
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED					
l	ISSUER		n Express	EXPENDITURES	\$				
l		7 tilicileai	1 Express	CHARGED TO A CREDIT	CARD				
┢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
ľ	TATMENT			(c) Date(s) Credit Card Issue	T ald				
		\$60.00	09/05/2024						
Ļ	DAVEE								
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
l		ABA		321 N. Clark Street					
l		, LD/ (20th Floor					
ᆫ				Chicago, TX 68654					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description					
l	EXPENDITURE	Event Expense	or this scriedule)	ABA event attendance					
l	X Political								
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX,	officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought	Office held				
	xpenditure to benefit C/OH								
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SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	· ·	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fultifiating 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: 1/8 Rpt: 18/25		Salas-Mendoza, Maria (The Honorable))		00057807	
4	Date	5	Payee name				
	08/19/2024		ABA				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$150.00		321 N. Clark Street				
	Reimbursement from		20th Floor				
	X political contributions intended		Chicago, TX 68654				
_		ļ.,	<u> </u>		la	7	
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Fees		L Marabarahia	Check if Austin, 174, officeriolider living expense	
					Membership		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held	
	Date		Payee name				
	09/05/2024		ABA				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$60.00		321 N. Clark Street				
	Reimbursement from	20th Floor					
	X political contributions intended	Chicago, TX 68654					
	PURPOSE	┝	Category (See Categories listed at the top of this scher	dula)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF		Fees	uuie)		Check if Austin, TX, officeholder living expense	
	EXPENDITURE		1 663		Event attendance	=/ABA meeting	
						3	
_	Complete ONLY if direct	L Car	ndidate/Officeholder name		Office sought	Office held	
	expenditure to benefit						
	C/OH						
	Date		Payee name				
	10/29/2024		Dunkin Donuts				
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ode		
	\$25.98		1105 N Yarborough	•			
	Reimbursement from		ű				
	x political contributions intended		El Paso, TX 79925				
	PURPOSE		Category (See Categories listed at the top of this scheen	dule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense	
	LXI LINDITORL	Jurors: 20230D07549					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held	
\vdash							

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 Credit Card Payment		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: 2/8 Rpt: 19/25	Salas-Mendoza, Maria (The Honorable)	00057807				
4	Date	5 Payee name					
	09/30/2024	Eastside Democrats					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$22.00	8904 WH Burges					
	Reimbursement from						
	X political contributions intended	El Paso, TX 79925					
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	Fees	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Membership					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	expenditure to benefit	and coagni	555 1.5.6				
	C/OH						
	Date	Payee name					
	09/16/2024	El Paso Bar Association					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$76.05	500 E. San Antonio					
	Reimbursement from	12th floor					
	political contributions intended	political contributions					
		El Paso, TX 79901					
	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	Fees	Check if Adsum, 17, officerolider living expense				
		Membership					
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held				
	C/OH						
	Date	Davies mares					
	07/25/2024	Payee name League of Women Voters					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$62.00	1213 Morehead Street, Suite 590					
	X Reimbursement from political contributions						
	intended	Charlotte , NC 28208					
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense				
		Membership					
		Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
L							

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		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: 3/8 Rpt: 20/25		Salas-Mendoza, Maria (The Honorable))		00057807
4	Date	5	Payee name			
	12/18/2024		Manhattan Heights			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$180.33		2829 Montana			
	Reimbursement from political contributions intended		El Paso, TX 79903			
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 EXPENDITURE		Food/Beverage Expense		[Check if Austin, TX, officeholder living expense
	LAPENDITORE				Staff holiday lunc	ch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	09/12/2024		Mexican American Bar Association of H	louston	1	
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$75.00		PO Box 303			
	X Reimbursement from political contributions intended		Houston, TX 77001			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees		L L	Check if Austin, TX, officeholder living expense
					Membership	
		Ĺ				200
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	08/12/2024		National Association of Women Judges			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$46.84		c/o National Center for State Courts			
	Reimbursement from		300 Newport Avenue			
	X political contributions intended		Williamsburg, VA 23185			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By			Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Commi	ttee	Monthly donation	
	Complete ONLY if direct	L 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/8 Rpt: 21/25 Salas-Mendoza, Maria (The Honorable) 00057807 Date Payee name 09/12/2024 National Association of Women Judges Amount (\$) Payee address; City; State; Zip Code \$46.84 c/o National Center for State Courts 300 Newport Avenue Reimbursement from political contributions intended Williamsburg, VA 23185 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/2024 National Association of Women Judges Amount (\$) Payee address; City; State; Zip Code \$46.84 c/o National Center for State Courts 300 Newport Avenue Reimbursement from political contributions Χ Williamsburg, VA 23185 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2024 National Association of Women Judges Payee address; City; State; Zip Code Amount (\$) \$46.84 c/o National Center for State Courts 300 Newport Avenue Reimbursement from political contributions intended Williamsburg, VA 23185 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	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 in The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2	FILER NAME	<u> </u>				3	Filer ID (Eth	ics Commission Filers)	
	Sch: 5/8 Rpt: 22/25	L	Salas-Mend	doza, Maria (The F	Honorable))			00057807		
4	Date	5	Payee name								
	12/12/2024		National As	sociation of Wome	en Judges						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$46.84		c/o Nationa	l Center for State	Courts						
	Reimbursement from		300 Newpo	rt Avenue							
	political contributions intended		Williamsbu	rg, VA 23185							
8	PURPOSE	(a)	Category (s	ee Categories listed at the t	top of this sche	dule)	(b) Description	Ch	neck if travel outside	of Texas. Complete Schedule T.	
	OF EXPENDITURE			ns/Donations Made			[Ch	neck if Austin, TX, off	ficeholder living expense	
			Candidate/	Officeholder/Politic	al Commi	ttee	Contribution				
		L									
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Offi	ice held	
	C/OH										
F	Date	$\overline{}$	Payee name								
	10/17/2024		Omni San [
	Amount (\$)	\vdash	Payee addre		State	7in Co	ode.				
	Amount (\$) Payee address; City; State; Zip Code \$963.57 675 L Street										
	Reimbursement from										
	political contributions intended		San Diego,	CA 92101							
	PURPOSE OF		Category (S	ee Categories listed at the	top of this sche	dule)	Description	=		of Texas. Complete Schedule T.	
EXPENDITURE Travel Out of								_	Check if Austin, TX, officeholder living expense		
							NAWJ Annual M	eeti	ng		
H	Complete ONLY if direct	<u>I</u> Car	ndidate/Office	 nolder name			Office sought		Offi	ice held	
	expenditure to benefit C/OH						Ç				
		_									
	Date		Payee name								
	10/29/2024	$oxed{oxed}$	State Bar o	f Texas —————							
	Amount (\$)		Payee addre	•	State;	Zip Co	ode				
	\$26.84		1414 Colora	ado							
	Reimbursement from political contributions intended		Austin, TX	78701							
	PURPOSE	\vdash	Category (s	ee Categories listed at the t	top of this sche	dule)	Description	Ch	neck if travel outside	of Texas. Complete Schedule T.	
	OF EXPENDITURE		Fees					Ch	neck if Austin, TX, off	ficeholder living expense	
	LA LADITORE						CLE course				
		L									
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Offi	ice held	
		_									

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:		Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3	Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 23/25	Salas-Me	endoza, Maria (The Honorab	le)			00057807
4	Date	5 Payee na	 те			<u> </u>	
ľ	08/12/2024	Taco Cal					
<u>ــ</u>	Amount (\$)	7 Payee ad	dress; City; State	e; Zip C	ode		
ľ	\$43.28	1 -	teway West	с, др С	ouc		
	Reimbursement from	001000	ionay most				
	x political contributions intended	El Paso,	TX 79925				
8	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Be	verage Expense		L	_	neck if Austin, TX, officeholder living expense
					Jurors: 20220D0	029	00
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought		Office held
Г	Date	Payee na	me				
	09/17/2024	Taco Ca	bana				
Н	Amount (\$)	Payee ad					
	\$43.28		teway West				
	Reimbursement from		•				
	X political contributions intended	El Paso,	TX 79925				
H	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees		ŕ		Cr	neck if Austin, TX, officeholder living expense
	EXPENDITURE				Jurors: SOT v. B	atre	es
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought		Office held
	Date	Payee na	me				
	09/10/2024	1 1	ssociation of District Judges				
	Amount (\$)	Payee ad	dress; City; State	e; Zip C	ode		
	\$51.06	c/o Treas	surer				
	Reimbursement from political contributions	P.O. Box	1748				
	intended	Austin, T	X 78767				
Г	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Cł	neck if Austin, TX, officeholder living expense
	-				Membership		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought		Office held
\vdash							
ĺ							

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense ommittee Legal Services	Polling Expense Printing Expense Salaries/Wages/Co	Travel in District Travel Out of District OTHER (enter a category not listed above)			
		The Instruction Guide explains h	w to complete	this form.			
1	Total pages Schedule G:	FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/8 Rpt: 24/25	Salas-Mendoza, Maria (The Honorable)			0005780	07	
4	Date	Payee name		I			
	10/29/2024	Texas Bar College					
6	Amount (\$)	Payee address; City; State;	Zip Code				
	\$75.00	1414 Colorado					
	Reimbursement from	Suite 600					
	X political contributions intended	Austin, TX 78701					
_	DUDDOCE	·	(15) 5	Accomination	Chapte if traval	outside of Toyon, Complete Cahadula T	
8	PURPOSE OF	(See Categories listed at the top of this sched	ile) (D) D	escription		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
	EXPENDITURE	Fees	Mana	اللا	Oncok ii 7 kastin	, 177, officerolder living expense	
			Iviem	bership			
9	Complete ONLY if direct expenditure to benefit	ındidate/Officeholder name	Of	ffice sought		Office held	
	C/OH						
	Data						
	Date	Payee name					
	08/16/2024	Texas Latinx Judges					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$250.00	P.O. Box 90683					
	Reimbursement from						
	x political contributions intended	San Antonio, TX 78209					
	PURPOSE	Category (See Categories listed at the top of this sched	ıle) D	escription	Check if travel	outside of Texas. Complete Schedule T.	
	OF	Contributions/Donations Made By	,		Check if Austin	, TX, officeholder living expense	
	EXPENDITURE	Candidate/Officeholder/Political Commit	ee San /	Antonio law st	tudent sun	nmit	
	Complete ONLY if direct	andidate/Officeholder name	IOf	ffice sought		Office held	
	expenditure to benefit			· ·			
	C/OH						
	Date	Payee name					
	10/10/2024	Texas Latinx Judges					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$100.00	P.O. Box 90683					
	Reimbursement from political contributions intended	San Antonio, TX 78209					
	PURPOSE	Category (See Categories listed at the top of this sched	ıle) D	escription	Check if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Contributions/Donations Made By			Check if Austin	, TX, officeholder living expense	
	EXPENDITURE	Candidate/Officeholder/Political Commit	ee Dona	ation			
	Complete ONLY if direct	andidate/Officeholder name	I Of	ffice sought		Office held	
	expenditure to benefit			ū			
	C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 8/8 Rpt: 25/25 Salas-Mendoza, Maria (The Honorable) 00057807 Date Payee name 09/17/2024 **Texas Women Lawyers** State; Zip Code Amount (\$) Payee address; City; \$36.35 c/o treasurer P.O. Box 720561 Reimbursement from political contributions intended Х McAllen, TX 78504 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2024 **US Postmaster** Amount (\$) Payee address; City; State; Zip Code \$150.00 8401 Boeing Drive Reimbursement from political contributions El Paso, TX 79910 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** PO Box fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH