CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	,	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
(00041208		23			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Julie H.			07/07/2025	
	V) (IVIE	NICKNAME	LAST		SUFFIX		
			Kocurek				
4 (ORIGINAL	January 15	Runoff	Other ((specify)	Date Hand-delivere	d or Date Postmarked
ı	REPORT TYPE	X July 15	Exceeded modified			Receipt #	Amount
		30th day before election		· • —		-	
			appointment (office	holder only)		Date Processed	·
		8th day before election	Final Report (Attac	n C/OH-FR)		_	
	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	01/01/2025	THROUGH	06/30/2025			
ا ز	EXPLANATION OF C	CORRECTION					
	AFFIDAVIT						
, ,	AFFIDAVIT			ear, or affirm, under p	penalty of perjui	y, that this correc	ted report is true
, ,	AFFIDAVIT		and	correct.			ted report is true
, ,	AFFIDAVIT		and				ted report is true
, ,	AFFIDAVIT		and Che	correct. ck the box next to an	y and all applica	able statements:	
•	AFFIDAVIT		and	correct.	y and all applica	able statements: r affirm that the or	riginal report
,	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report	y and all applica ts: I swear, o faith and withou	able statements: r affirm that the or t an intent to misle	riginal report ead or to
7	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good to misrepresent the in-	y and all applica ts: I swear, o faith and withou formation conta	able statements: r affirm that the or t an intent to misk ined in the report.	riginal report ead or to
· ,	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good to misrepresent the interpretation.	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing th	riginal report ead or to nis corrected
, ,	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good to misrepresent the in-	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin	able statements: r affirm that the or t an intent to misle ined in the report. t, that I am filing thess day after the o	riginal report ead or to nis corrected date I learned
	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good t misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o	able statements: r affirm that the or t an intent to misle ined in the report. t, that I am filing thess day after the or naccurate or income	riginal report ead or to nis corrected date I learned mplete. I
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· ,	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good t misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o	able statements: r affirm that the or t an intent to misle ined in the report. t, that I am filing thess day after the or naccurate or income	riginal report ead or to nis corrected date I learned mplete. I
,	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g	y and all applicates: I swear, of faith and without formation contates swear, or affirm the 14th businginally filed is it any error or ood faith.	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the rep	riginal report ead or to nis corrected date I learned mplete. I
7	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, tha filed was made in g	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju	r affirm that the or t an intent to misle ined in the report. In that I am filing thess day after the conaccurate or incomission in the report.	riginal report ead or to nis corrected date I learned mplete. I
• ,		AMD / SEAL ABOVE	and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, tha filed was made in g	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the rep	riginal report ead or to nis corrected date I learned mplete. I
•		AMP / SEAL ABOVE	and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, tha filed was made in g	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju	r affirm that the or t an intent to misle ined in the report. In that I am filing thess day after the conaccurate or incomission in the report.	riginal report ead or to nis corrected date I learned mplete. I
• ,	AFFIX NOTARY ST		And Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g The Signat	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin- riginally filed is i at any error or o ood faith. Honorable Ju ure of Candidat	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the report. lie H. Kocurek e or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g The Signat	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju ure of Candidat, this	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the report. lie H. Kocurek e or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
7 ,	AFFIX NOTARY ST Sworn to and subsc		and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g The Signat	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju ure of Candidat, this	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the report. lie H. Kocurek e or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g The Signat	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju ure of Candidat, this	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the report. lie H. Kocurek e or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
•	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to an Semiannual report was made in good f misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g The Signat	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busin riginally filed is i at any error or o ood faith. Honorable Ju ure of Candidat, this	able statements: r affirm that the or t an intent to misle ined in the report. n, that I am filing the ess day after the or naccurate or inco- mission in the report. lie H. Kocurek e or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00041208 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Julie H. NAME Date Received **ELECTRONICALLY FILED** 07/07/2025 NICKNAME LAST **SUFFIX** Kocurek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Boone NAME NICKNAME LAST **SUFFIX** Almanza **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-9486 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2028 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 390 Travis Criminal District Court Judge Place Austin District 390

GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Kocurek, Julie H. (Th	e Honorable)	14 Filer ID 00041208	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 11,280.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 58,618.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pen- true and correct and includes under Title 15, Election Code	all information required	
		The Ho	norable Julie H. Kocur	ek
		Signature	of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			4 of 23
18 FILER NA Kocurek,	ME Julie H. (The Honorable)	19 Filer ID 00041208	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF 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 CONTRIBUTION:	S	\$ 6,028.16
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		\$ 5,252.54
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
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 TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

1 Total pages Schedule F1: Sch: 1/10 Rpt: 5/232 FILER NAME Kocurek, Julie H. (The Honorable)3 Filer ID 00041208(Ethics Commiss 000412084 Date5 Payee name	
·	on Filers)
4 Date 5 Payee name	
03/11/2025 Allsafe Inc.	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$489.39 PO Box 203488	
Austin, TX 78720-3488	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Security Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Security	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	
Date Payee name	
02/18/2025 Allsafe Security LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$106.09 PO Box 203488	
Austin, TX 78720-3488	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Judicial Security Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Judicial Security	
Judicial Security	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/21/2025 Allsafe Security Ltd	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/21/2025 Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/21/2025 Allsafe Security Ltd	
Complete ONLY if direct expenditure to benefit C/OH Date 01/21/2025 Amount (\$) Payee name Allsafe Security Ltd Payee address; City; State; Zip Code PO Box 203488	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code PO Box 203488 Austin, TX 78720-3488	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/21/2025 Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code PO Box 203488 Austin, TX 78720-3488 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code PO Box 203488 PURPOSE (a) Category (See Categories listed at the top of this schedule) Office sought Office held Office held Office sought Office held Office held Office sought Office held Office held Office held Office held Office sought Office held Office held Office sought Office held Office sought Office held Office	
Complete ONLY if direct expenditure to benefit C/OH Date 01/21/2025 Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code PO Box 203488 Austin, TX 78720-3488 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Security Candidate/Officeholder name Office sought Office held Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH Date 01/21/2025 Allsafe Security Ltd Amount (\$) Payee address; City; State; Zip Code PO Box 203488 Austin, TX 78720-3488 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Security (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Date	
Complete ONLY if direct expenditure to benefit C/OH Date	
Complete ONLY if direct expenditure to benefit C/OH Date	

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: 2/10 Rpt: 6/23	Kocurek, Julie H. (The Honorable)	00041208
4	Date	5 Payee name	
	01/27/2025	Chase Credit Card	
6	Amount (\$) \$74.35	7 Payee address; City; State; Zip Code P.O. Box 6294	
		Carol Stream, IL 60197-6294	
8	PURPOSE OF EXPENDITURE	1 coarbeverage Expense	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/11/2025	Chase Credit Card	
	Amount (\$) \$57.25	Payee address; City; State; Zip Code P.O. Box 6294	
		Carol Stream, IL 60197-6294	
	PURPOSE OF EXPENDITURE	Check if Austi	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense er from Amazon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/25/2025	Payee name Chase Credit Card	
	Amount (\$) \$90.18	Payee address; City; State; Zip Code P.O. Box 6294	
		Carol Stream, IL 60197-6294	
	PURPOSE OF EXPENDITURE	Check if Austi	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ready Refresh
	Complete ONLY if direct expenditure to benefit C/O	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 -Candidate/Officeholder/Political Commit

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	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: 3/10 Rpt: 7/23	Kocurek, Julie H. (The Honorable) 00041208
4	Date	5 Payee name
	04/03/2025	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.95	P.O. Box 6294
		Carol Stream, IL 60197-6294
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.
		Cipolina Lunch - DA Judge
		Cipolina Editor - DA Juage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/16/2025	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.18	P.O. Box 6294
		Carol Stream, IL 60197-6294
	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 Lunch for Judges Meeting Galaxy Cafe
		Eurori to Judges Meeting Julaxy Jule
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	04/22/2025	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.19	P.O. Box 6294
		Carol Stream, IL 60197-6294
	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 Lunch from Clay Pit through Uber Eats - Delivery for
		Staff
\vdash	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 Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 4/10 Rpt: 8/23	Kocurek, Julie H. (The Honorable)
4	Date	5 Payee name
	05/18/2025	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.99	P.O. Box 6294
		Carol Stream, IL 60197-6294
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Water from Primo for office. Primo is formerly ready
		fresh.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	05/18/2025	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	P.O. Box 6294
		Carol Stream, IL 60197-6294
	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 Water from Capitol Grill while testifying at Capitol on
		judicial issue.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/18/2025	Chase Credit Card
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2.75	P.O. Box 6294
	φ2.75	1 .O. DOX 0204
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Parking for Capitol when testifying about judicial issue.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioliture to beriefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 9/23	Kocurek, Julie H. (The Honorable)	00041208
4	Date	5 Payee name	
	05/18/2025	Chase Credit Card	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.00	P.O. Box 6294	
		Caral Stroom II 60107 6204	
Ļ	BUBBOOF	Carol Stream, IL 60197-6294	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		taco and coff capitol.	fee from taco shack while testifying at
	2	·	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_	Data	David and a second	
	Date 05/18/2025	Payee name Chase Credit Card	
L	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.08	P.O. Box 6294	
	Ψ12.00	1.0. 50% 0234	
		Carol Stream, IL 60197-6294	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			apitol while testifying
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi		
	Date	Payee name	
	05/18/2025	Chase Credit Card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.30	P.O. Box 6294	
		Carol Stream, IL 60197-6294	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		City of Austir testifying	n street parking near Capitol while
	Complete ONII V if allows		Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
l			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Filers	<u> </u>
-	Sch: 6/10 Rpt: 10/23	Kocurek, Julie H. (The Honorable) 00041208	,
4	Date	5 Payee name	
	05/18/2025	Chase Credit Card	
6	Amount (\$) \$9.22	7 Payee address; City; State; Zip Code P.O. Box 6294	
		Carol Stream, IL 60197-6294	
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 Payment to Primo (formerly ReadyFresh) for office water service	Э
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/22/2025	Chase Credit Card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.60	P.O. Box 6294	
		Carol Stream, IL 60197-6294	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking through City of Austin while testifying at the	16
		Capitol Capitol	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/22/2025	Chase Credit Card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.43	P.O. Box 6294	
		Carol Stream, IL 60197-6294	
	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	
		Meal while testifying at Capitol on judicial issues	
		wical write testilying at Capitol on judicial issues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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	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: 7/10 Rpt: 11/23	Kocurek, Julie H. (The Honorable) 00041208
4	Date	5 Payee name
	06/11/2025	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.99	P.O. Box 6294
		Carol Stream, IL 60197-6294
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 Lunch for bday from Pho Thaison
		Eulidition budy from the thiason
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	06/11/2025	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.91	P.O. Box 6294
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber from Capitol for judicial legislative issue
		Ober from Capitor for judicial regisiative issue
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/11/2025	Payee name Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	P.O. Box 6294
		Carol Stream, IL 60197-6294
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Wifi Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wifi during Southwest Airline flight for connection to
		work
\vdash	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	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: 12/23	Kocurek, Julie H. (The Honorable) 00041208
4	Date	5 Payee name
	06/23/2025	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.37	P.O. Box 6294
		Carol Stream, IL 60197-6294
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 WATER DELIVERY SERVICE FROM PRIMO FOR
		OFFICE OFFICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	06/24/2025	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.45	P.O. Box 6294
		Carol Stream, IL 60197-6294
	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 Judge business lunch at Snooze
		Judge business functi at Shooze
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/17/2025	Payee name
		CitiBank Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,375.00	PO Box 9001037
		Louisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment for Judicial Security Credit Card Payment for Judicial Security Check if travel outside of Texas. Complete Schedule T.
		Credit Card Payment for Judicial Security
		Credit Card Payment for Sudicial Security
_	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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 9/10 Rpt: 13/23	Kocurek, Julie H. (The Honorable) 00041208
4	Date	5 Payee name
	04/10/2025	CitiBank Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.75	PO Box 9001037
		Louisville, KY 40290
8	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
		Dues to Texas Association of District Judges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/10/2025	CitiBank Credit Card
	Amount (\$)	Payee address; City; State; Zip Code PO Box 9001037
	\$1,029.00	PO BOX 9001037
		Louisville, KY 40290
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Payes name
	04/16/2025	Payee name CitiBank Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.95	PO Box 9001037
		Louisville, KY 40290
	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
		Capitol Grill - Water, mints, breakfast taco
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Kocurek, Julie H. (The Honorable) 00041208
5 Payee name
CitiBank Credit Card
7 Payee address; City; State; Zip Code
PO Box 9001037
Louisville, KY 40290
(a) Category (See Categories listed at the top of this schedule) (b) Description
Credit Card Payment
Check if Austin, TX, officeholder living expense Bday dinner at Baretto Bistro for sign guy
Budy diffiler at baretto bistro for sign guy
Candidate/Officeholder name Office sought Office held H

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 Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 1/9 Rpt: 15/23	Kocurek, Julie H. (T	The Honorable)		00041208					
4 CREDIT CARD ISSUER	Name of financial institution CitiBank S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$17.95	04/16/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Capitol Grill	oitol Grill 1400 Congress Ave.							
	Austin, TX 78701								
8 PURPOSE OF EXPENDITURE	(a) Category	of this colored (Is)	(b) Description						
Food/Beverage Expense				d mints While test	ifying a	t Capitol			
X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				, officeholder living expen	se				
9 Complete ONLY if direct	e sought	Office held							
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$48.70	04/28/2025							
PAYEE (a) Payee name		L	(b) Payee address;	City,	State,	Zip Code			
	Baretto Bistro	1206B 38th St							
			Austin, TX 78705						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		bday dinner and cake for	sign guy					
X Political	Food/Beverage Exper	1136							
Non-Political	(c) Check if travel outside	, officeholder living expen	se						
Complete ONLY if direct	Candidate/Officeholder	e sought	Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$3,375.00	02/17/2025							
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
			PO Box 1045						
	Gate Specialties Inc	C.							
			Liberty Hill, TX 78642						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Judicial Security	of this schedule)	Judicial Security						
X Political	233333								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expen	se				
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	to complete this form.				
1	Total pages Schedule F4:	al pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 2/9 Rpt: 16/23	Kocurek, Julie H. (The Honorable)			00041208		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$51.75	04/08/2025				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Texas Association (of District	201 Caroline, 10th Floor 113 District Court Houston, TX 77019			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Dues 2025			
	X Political	1 000					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	e sought	Office held			
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$1,029.00	04/08/2025				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
Toyo		Toyon Apposintion	Texas Association of District				
l exas As		Texas Association (OI DISTRICT	113 District Court			
		(a) Cataman		Houston, TX 77019			
PURPOSE OF (a) Category (See Categories listed at the top of the		of this schedule)	(b) Description				
	X Political	Donation Donation Donation					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
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 Issue	er Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(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	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	Ü	ruction Guide explains how	to complete this		TIEN (enter a categor	y not listed a	bove)	
1	Total pages Schedule F4:	ule E4: 2 FII FR NAME				3 Filer ID (Ethics Commission Filer			
ľ	Sch: 3/9 Rpt: 17/23	Kocurek, Julie H. (1	The Honorable)	00041208					
4	CREDIT CARD ISSUER	Name of fina	ncial institution redit Cards	EXPENDI [*]	UNITEMIZED TURES O TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$140.19	04/22/2025						
7	PAYEE	(a) Payee name Uber Eats		(b) Payee add	treet	City,	State,	Zip Code	
Ļ	DUDDOOF OF	San Francisco, CA 94158 (a) Category (b) Description							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Lunch for st					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held				
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$8.99	05/18/2025						
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
	Primo Brands (Formerly Ready		merly Ready	PO Box 856	6680				
					(Y 40285-6680)			
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	X Political	Food/Beverage Expe		Water for of	ffice				
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austi				officeholder living exp	ense		
Complete ONLY if direct candidate/Officeholder name office sough expenditure to benefit C/OH				e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$2.75	04/23/2025						
	PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code	
		City of Austin		301 W 2nd	St.				
				Austin, TX	78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Parking	of this schedule)	(b) Description Parking for		ïed on Judicial	Issue.		
1	X Political								
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Office	e sought		Office held			
l									

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 (Eth	ics Commiss	sion Filers)
	Sch: 4/9 Rpt: 18/23	Kocurek, Julie H. (1	he Honorable)			00041208		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$8.03	05/01/2025					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Taco Shack		4002 N La	amar			
				Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Food/Beverage Expe		taco and	coffee for mornir	ng of testifying	at capitoi	
	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		
e	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$12.08	05/01/2025					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Uber Driver			Street			
				San Franc	cisco, CA 94158			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Uber from Capitol to house for testifying on judicial issue.				al issue.
	X Political							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living ex	pense	
e	Complete ONLY if direct Candidate/Officeholder name Office sough expenditure to benefit C/OH					Office held		
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Cre			Credit Card Issue	r Paid		
		\$4.30	05/01/2025					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Oit and Asserting		301 W 2n	d St.			
		City of Austin						
				Austin, T	< 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this echodula)	(b) Descrip				
	EXPENDITURE	Parking	or and soriculary	Parking fo	or Capitol while t	estifying on ju	aicial issu	е
	X Political							
	Non-Political	(*) 	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		
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 Insti	ruction Guide explains how	to complete thi	is form.	(.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 5/9 Rpt: 19/23	Kocurek, Julie H. (The Honorable)			00041208			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$9.22	05/25/2025					
7 PAYEE	(a) Payee name Primo Brands (Forn	nerly Ready	(b) Payee ac		City,	State,	Zip Code
			Louisville,	KY 40285-6680)		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Water serv	on rice of office			
Non-Political	(c) Check if travel outside	of Toyas, Campleta Schadula T		7 Chock if Austin TV	officeholder living exp	nonco	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T Check if Aus				Check if Austin, 17,	Office held	perise	
expenditure to benefit C/OH			J				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$3.00	04/23/2025					
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Capitol Grill		1400 Cong	ress Ave.			
			Austin, TX				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description	on e testifying at th	neh Capitol on	judicial is	ssue
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	7 Check if Austin, TX.	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$7.60	05/22/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
	Chase Credit Card		P.O. Box 6	294			
				am, IL 60197-62	294		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Parking while at Testit	•		on itin Parking whi	le testifying at	Capitol fo	or judicial
X Political	- same at room	.,g at expiter	issues.				
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
I							

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 Insti	ruction Guide explains how	to complete this form.		g,	,	
1 Total pages Schedule F4:		3 Filer ID (Et	thics Commiss	sion Filers)			
Sch: 6/9 Rpt: 20/23	Kocurek, Julie H. (1	The Honorable)	00041208				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid			
	\$12.43	05/22/2025					
7 PAYEE	(a) Payee name Chick Fil A		(b) Payee address; 503 W. MLK	City,	State,	Zip Code	
Austin, TX 7870							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
<u></u>	Meal while testifyin	g at Capitol on judio	ial issues				
X Political	Food/Beverage Expe						
Non-Political	Check if A	Austin, TX, officeholder living of	expense				
9 Complete ONLY if direct	e sought	Office held					
expenditure to benefit C/OH	_						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid			
	\$17.91	06/01/2025					
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code	
	Uber Driver						
			San Francisco, CA	94158			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Transportation	of this schedule)	Transportation from Capitol during session for legislative issues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Car	d Issuer Paid			
	\$8.00	05/30/2025					
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
		PO Box 36647-1CF					
	Southwest Airlines						
			Dallas, TX 75235				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Wifi for work while	on plane			
X Political	*****						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	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 Inst	ruction Guide explains how	to complete	this form.	(,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Fi			
Sch: 7/9 Rpt: 21/23	Kocurek, Julie H. (1	Γhe Honorable)			00041208			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$97.99	06/11/2025						
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	Pho Thaison		1908 Gua	auaiupe				
			Austin, T	X 78705				
8 PURPOSE OF	(a) Category (b) Description							
EXPENDITURE	(See Categories listed at the top		Bday lun	ch for bailiff				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held			
expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$97.37	06/12/2025						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
Primo Water Delivery Service		erv Service	200 Eagl	es Landing Blvd				
	Timo water Benve	ary Gervice		EL 22212				
PURPOSE OF	(a) Category		(b) Descrip	, FL 33810				
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	livery service for	office			
X Political	Food/Beverage Expe	nse		,				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living exp	ense		
Complete ONLY if direct					Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$41.45	06/16/2025						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Snooze		3800 N L	amar				
	3110020			v =0==0				
DI IDROSE OF	(a) Category		Austin, T.					
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	` ′ .	isiness meeting				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TX	officeholder living exp	nense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held			
expenditure to benefit C/OH			J					

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 Inst	ruction Guide explains how	to complete th	nis form.					
2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)		
Kocurek, Julie H. (1	Kocurek, Julie H. (The Honorable)			00041208				
Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			1 '					
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
\$57.52	03/07/2025							
(a) Payee name Amazon		410 Terry	Avenue North	City,	State,	Zip Code		
Seatle, WA 98109								
	of this schedule)	1 ` ′ '						
EXPENDITURE (See Categories listed at the top of this schedule) Ink for Printer			itei					
(c) Check if travel outside of Texas. Complete Schedule T			officeholder living ex	nense				
			Check ii / tastiii, 1/x,	Office held	фенос			
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
\$90.18	03/22/2025							
(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code		
Ready Refresh		PO Box 85	56680					
		Louisville,	KY 40285-6680)				
(a) Category	of this cahadula)							
	(See Categories listed at the top of this schedule) Food/Beverage Expense							
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			officeholder living ex	pense				
Y if direct Candidate/Officeholder name Office				Office held				
	T	1						
(a) Amount Charged \$74.95	(b) Date of Charge 03/25/2025	(c) Date(s)	Credit Card Issue	r Paid				
(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code		
Cipollina		1213 W Ly	ynn St					
Сіропіна								
(a) Oatawa								
	of this schedule)							
Food/Beverage Expe	nse	Di Cana se	lage Lanen					
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Candidate/Officeholder	name Offic	e sought		Office held				
	2 FILER NAME Kocurek, Julie H. (1) Name of final see pi (a) Amount Charged \$57.52 (a) Payee name Amazon (a) Category (See Categories listed at the top Ink for Printer (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$90.18 (a) Payee name Ready Refresh (a) Category (See Categories listed at the top Food/Beverage Experical Section of the company of the	2 FILER NAME Kocurek, Julie H. (The Honorable) Name of financial institution see previous (a) Amount Charged \$57.52 (b) Date of Charge \$57.52 (a) Payee name Amazon (a) Category (See Categories listed at the top of this schedule) Ink for Printer (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$90.18 (b) Date of Charge \$90.18 03/22/2025 (a) Payee name Ready Refresh (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$74.95 (b) Date of Charge \$74.95 03/25/2025 (a) Payee name Cipollina (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Cipollina	Rocurek, Julie H. (The Honorable) Name of financial institution See previous STOTAL CEXPENT CHARGE (CARD CHARGE)	Rocurek, Julie H. (The Honorable) Name of financial institution see previous S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged (b) Date of Charge \$57.52 03/07/2025 (c) Date(s) Credit Card Issue \$57.52 03/07/2025 (d) Payee address; 410 Terry Avenue North Amazon Seatle, WA 98109 (a) Category (see Categories listed at the top of this schedule) Ink for Printer Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Complete Schedule T. Check if Austin, TX. Candidate/Officeholder name Complete Schedule T. Check if Austin, TX. Candidate/Officeholder name Complete Schedule T. Candidate/Officeholder name Complete Schedule T. Check if Austin, TX. T8703 Complete Schedule T. Check if Austin, TX. Check if A	2 FILER NAME Kocurek, Julie H. (The Honorable) Name of financial institution see previous See previous (a) Amount Charged \$57.52 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, 410 Terry Avenue North Amazon (a) Category (a) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, 410 Terry Avenue North Seatle, WA 98109 (b) Description Ink for Printer (c) Check if Laustin, TX. officeholder Issuer Paid (a) Amount Charged \$90.18 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Amount Charged (e) Date of Charge (f) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name (b) Payee address; City, PO Box 856680 Louisville, KY 40285-6680 (a) Category (b) Description Water for office (c) Check if Laustin TX. officeholder Issuer Paid (a) Category (b) Description Water for office (b) Check if Laustin, TX. officeholder Issuer Paid (c) Check if Laustin amount Charged (d) Date of Charge (e) Check if Laustin amount Charged (d) Date of Charge (e) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Payee name (b) Payee address; City, 1213 W Lynn St Cipollina Austin, TX 78703 (d) Category (d) Category (d) Check if Laustin at the top of this schedule) Food/Beverage Expense (c) Check if Laustin at the top of this schedule) Food/Beverage Expense	2 FILER NAME Kocurek, Julie H. (The Honorable) Name of financial institution see previous See previous (a) Amount Charged \$57.52 (b) Date of Charge \$57.52 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, 410 Terry Avenue North Seatle, WA 98109 (a) Category (b) Pescription Ink for Printer (c) Check if travel outside of Toxas. Complete Schedule) Ink for Printer (a) Amount Charged \$90.18 (b) Date of Charge S90.18 (c) Date(s) Credit Card Issuer Paid (d) Description Ink for Printer (e) Check if travel outside of Toxas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (a) Amount Charged S90.18 (b) Date of Charge Ready Refresh Complete Schedule T. Candidate/Officeholder name Office Sought Office held (a) Amount Charged Calcategory Calcategor		

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

\$36.18 O4/16/2025 (a) Payee name Galaxy Cafe (b) Payee address; City, State, Zip Cod 1000 West Lynn Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Judges Meeting Lunch Check if Austin, TX, officeholder living expense		Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award:	s/Memorials Expense P	rinting Expense Tr	avel in District avel Out of District THER (enter a category r	not listed at	oove)
Sch: 9/9 Rpt: 23/23 Kocurek, Julie H. (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$36.18 (b) Date of Charge O4/16/2025 (c) Date(s) Credit Card Issuer Paid (a) Payee name (b) Payee address; City, State, Zip Code 1000 West Lynn Galaxy Cafe Austin, TX 78703 8 PURPOSE OF EXPENDITURE X Political			The Inst	ruction Guide explains ho	w to complete this form.			
A CREDIT CARD ISSUER Name of financial institution see previous See previous (a) Amount Charged \$36.18 (b) Date of Charge 04/16/2025 (c) Date(s) Credit Card Issuer Paid (a) Payee name (b) Payee address; City, State, Zip Code 1000 West Lynn Galaxy Cafe Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge D To A CREDIT (C) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 1000 West Lynn (b) Description Judges Meeting Lunch Check if Austin, TX, officeholder living expense	1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
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See previous See preve previous See previous See previous See previous See previo	4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED			
6 PAYMENT (a) Amount Charged \$36.18 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Galaxy Cafe (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (c) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (b) Payee address; City, State, Zip Cordit Card Issuer Paid (c) Cordit Card Issuer Paid (c) Payee address; City, State, Zip Cordit Card Issuer Paid (c) Cordit Card Issuer Paid (c) City, State, Zip Cordit Card Issuer Paid (c) Cordit Card Issuer Paid (c) City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Paid (d) Payee address; City, State, Zip Cordit Card Issuer Pa			see ni	revious		\$		
6 PAYMENT (a) Amount Charged \$36.18 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$36.18 (b) Payee address; City, State, Zip Cord 1000 West Lynn Galaxy Cafe Austin, TX 78703 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Non-Political Complete ONLY if direct (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Cord 1000 West Lynn Austin, TX 78703 (b) Description Judges Meeting Lunch Check if Austin, TX, officeholder living expense			σσσ μ.	01.000				
\$36.18 O4/16/2025 (a) Payee name Galaxy Cafe Galaxy Cafe (b) Payee address; City, State, Zip Coordinate C	6	PAYMENT	(a) Amount Charged	(b) Date of Charge		r Paid		
7 PAYEE (a) Payee name Galaxy Cafe (b) Payee address; City, State, Zip Coordinate (City) Austin, TX 78703 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Objective (Dity) City, State, Zip Coordinate, Zip	ľ				(4) = 3.00 (4) = 3.00.00			
Galaxy Cafe B PURPOSE OF EXPENDITURE Non-Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held			\$36.18	04/16/2025				
Galaxy Cafe B PURPOSE OF EXPENDITURE Non-Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held	Ļ	DAVEE	(a) Dayon nama		(h) Dayon addraga:	City	Ctoto	Zin Codo
Galaxy Cafe Austin, TX 78703 8 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Food/Beverage Expense (a) Category (See Categories listed at the top of this schedule) Judges Meeting Lunch Food/Beverage Expense (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 Office sought Office held	ľ	FAILL	(a) Payee name			City,	State,	Zip Code
Austin, TX 78703 8 PURPOSE OF EXPENDITURE X Political 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 Office sought Office held			Galaxy Cafe		1000 West Lynn			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Judges Meeting Lunch			,		A TV 70700			
EXPENDITURE See Categories listed at the top of this schedule) Judges Meeting Lunch	Ļ	DUDDOOF 05	(a) Catagoni					
Food/Beverage Expense Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	⁸			of this schedule)				
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 sought Office held					Judges Meeting Lunch			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
·			(c) Check if travel outside	·	<u> </u>		ise	
expenditure to benefit C/OH			Candidate/Officeholder	name Offi	ce sought	Office held		
	е	xpenditure to benefit C/OH						