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) 00083532 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria C. NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Hexsel 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. Jay NAME NICKNAME LAST **SUFFIX** Harvey **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) 420-0037 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 53 Travis District Judge District 53

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Hexsel, Maria C. (The	Honorable)	14 Filer ID 00083532	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with officeholders are required to report this informa-	out the candidate's or offic	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAM	E					
		COMMITTEE CAMPAIGN TREASURER ADD	RESS					
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER T	HAN PLEDGES, LOANS,					
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE E	ELECTRONICALLY)	\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 1,000.00				
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES	,	\$ 0.00				
	\$ 7,872.36							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH	E LAST DAY OF THE	\$ 37,727.66				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	es all information required	ccompanying report is to be reported by me				
		The H	onorable Maria C. Hexs	sel				
		Signatur	e of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid		day				
of	, 20, to co	rtify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK SHLL	3 of 19
l	ER NAN	(Ethics Commission	on Filers)		
I	HEDULI ME OF	SUBTOTAL A	√MOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	1,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	7,872.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE 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	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1	ages Schedule A(J)1: /1 Rpt: 4/19	
2	FILER NAME	ia C. (The Honorable)	3 Filer ID 00083	(Ethics Commission Filers)	
4	Date 02/03/2025	5 Full name of contributor out-of-state PAC (ID#: Baker Botts Amicus Fund 6 Contributor address; City; State; Zip Code			t of Contribution (\$) \$1,000.00
		Houston, TX 77024			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any	()

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 1/15 Rpt: 5/19	Hexsel, Maria C. (The Honorable) 00083532	
4	Date	5 Payee name	
	05/08/2025	ABLA Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	P.O. Box 13321	
		A C TV 70744	
_		Austin, TX 78711	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	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	
		Donation	
L			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2025	АВОТА	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	2001 Bryan St.	
		#3000	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee 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	H	
	Date	Payee name	
	06/30/2025	ADT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.04	452 Sable Blvd.	
		Unit G	
		Aurora, CO 80011	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense 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 Comn

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 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: 2/15 Rpt: 6/19	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	06/05/2025	ADT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.39	452 Sable Blvd.
		Unit G
		Aurora, CO 80011
_	DUDDOGE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
	Data	
	Date	Payee name
	05/05/2025	ADT
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.64	452 Sable Blvd.
		Unit G
		Aurora, CO 80011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7
	Date	Payee name
	04/07/2025	ADT
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.64	452 Sable Blvd.
		Unit G
		Aurora, CO 80011
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security
		33339
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	·		/ages	/Contract Labor		OTHER (enter a	category not listed above)	
					uide explains in	OW to co	ilipic	te this form.	-			,
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission File	ers)
	Sch: 3/15 Rpt: 7/19		Hexsel, Mar	ia C. (The Hon	orable)					00083532		
4	Date	5	Payee name									
	03/05/2025		ADT									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$61.64	ľ	452 Sable B		Ototio,	p 00						
	401.01		Unit G									
				00044								
			Aurora, CO	80011								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			브			plete Schedule T.	
								_	, IX,	officeholder living	g expense	
								Security				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	experience to benefit of or											
	Date		Payee name									
	02/05/2025		ADT									
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de					
	\$61.64		452 Sable B	Blvd.								
			Unit G									
			Aurora, CO	90011								
		ļ.,										
	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description		d4.T O	olata Cabadula T	
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			=		officeholder living	plete Schedule T.	
								Security	,,		,,	
								,				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name	Of	fice sou	aht			Office h	əld	
	expenditure to benefit C/OI		Sariaraato/ Sint	seriolaer riarrie	O.	1100 000	9			Omoc m	Siu -	
		1										
	Date		Payee name									
	01/06/2025		ADT									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$61.64		452 Sable B	Blvd.								
			Unit G									
			Aurora, CO	80011								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)		e Categories listed at nead/Rental Ex		dule)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	ieaa/iteiliai Ex	репве			므		officeholder living		
								Security				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	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 Committee

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total names Schodule F1:	1
_	Total pages Schedule F1: Sch: 4/15 Rpt: 8/19	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	04/28/2025	American Inn of Courts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	225 Reinekers Ln.
		Suite 770
		Alexandria, VA 22314
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.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Inn of Court Dues
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	Austin Black Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 170007
		Austin, TX 78717
	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
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	100 W. Houston Street
L		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Dankie
	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
Conditate/Officebolder/Political

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

ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/15 Rpt: 9/19 Hexsel, Maria C. (The Honorable) 00083532 4 Date Payee name 03/07/2025 GoDaddy 6 Amount (\$) Payee address; City; State; Zip Code \$22.17 100 S. Mill Ave. Suite 1600 Tempe, AZ 85281 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Domain Renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 Google LLC Amount (\$) Payee address; City; State; Zip Code \$7.68 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2025 Google LLC Amount (\$) Payee address; City: State; Zip Code \$7.68 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

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: 6/15 Rpt: 10/19	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	04/01/2025	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Compaign Fmail Account
		Campaign Email Account
_	Operation ONE V. C.	On didn't 10 ff a balden name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Account
		Campaign Email / toodant
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date	Payee name
	02/03/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compairs Frail Account
		Campaign Email Account
_	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/15 Rpt: 11/19 Hexsel, Maria C. (The Honorable) 00083532 4 Date Payee name 01/02/2025 Google LLC 6 Amount (\$) Payee address; City; State; Zip Code \$7.68 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2025 **HABLA Austin** Amount (\$) Payee address; City; State; Zip Code \$263.47 P.O. Box 19712 Austin, TX 78760 **PURPOSE** (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 Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2025 Hispanic Bar Asscoation of Austin Amount (\$) Payee address: City: State; Zip Code \$50.00 2020 Pennsylvania Ave. NW Ste. 279 Washington, DC 20006 **PURPOSE** (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 Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Travel in I xpense Travel Ou Vages/Contract Labor OTHER (6

	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:		
	Sch: 8/15 Rpt: 12/19		_
4	Date 02/28/2025	5 Payee name Hispanic Bar Association of Austin	
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 2020 Pennsylvania Ave. NW Ste. 279 Washington, DC 20006	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket Fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/03/2025	Hispanic Womens Network of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$257.25	P.O. Box 152278	
		Austin, TX 78715	
	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 Membership Dues	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/03/2025	Hispanic Womens Network of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$75.00	P.O. Box 152278	
		Austin, TX 78715	
	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 Donation	
	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 9/15 Rpt: 13/19	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	01/03/2025	Juliet italian Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$678.96	1500 Barton Springs Rd.
		Austin, TX 78704
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
		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/14/2025	Life Reimagined for Children
	Amount (\$)	Payee address; City; State; Zip Code
	\$262.50	816 Congress Avenue
		#1200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Vendor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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: 10/15 Rpt: 14/19	Hexsel, Maria C. (The Honorable) 00083532
4	Date	5 Payee name
	05/13/2025	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Email Vendor
		Campaigh Email Vendoi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/14/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Email Vendor
		Campaigh Email Vendor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Email Vendor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Printing Expense Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
Greuit Caru Fayinent				The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Commi	ssion Filers)	
	Sch: 11/15 Rpt: 15/19		Hexsel, Mai	ria C. (The Hond	orable)					00083532			
4	Date	5	Payee name										
	02/13/2025		MailChimp										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$79.95		675 Ponce	De Leon Ave N	<u> </u>								
			Suite 5000										
			Atlanta, GA	30308									
8	PURPOSE	(2)					(h)	Description					
0	OF	(a)		ee Categories listed at t head/Rental Exp		dule)	(D)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Office Over	neau/Nentai Ex	Jense			느		officeholder living			
								Campaign En	nai	l Vendor			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	01/13/2025		MailChimp										
	Amount (\$)	Т	Payee addres	ss; City;	State;	Zip Co	de						
	\$79.95		675 Ponce	De Leon Ave Ni	<u> </u>								
			Suite 5000										
			Atlanta, GA	30308									
	PURPOSE	(2)					(h)	Description					
	OF	(a)		ee Categories listed at t head/Rental Exp		dule)	(5)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Office Over	neau/Nentai Exp	Jense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								Campaign En	nai	l Vendor			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	02/25/2025		National As	sociation of Wo	men Judges								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$255.00		P.O. Box 33	363									
			Warrenton,	VA 20188									
	PURPOSE	(a)	Category (Sa	ee Categories listed at t	ne ton of this scho	dule)	(b)	Description					
	OF	<u> </u> `		ns/Donations Ma		uuic)	` ,		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			Officeholder/Poli		ttee				officeholder living	g expense		
								Membership	Du	es			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office he	eld		
	expenditure to benefit C/OI	1											
									_				

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 12/15 Rpt: 16/19	Hexsel, Maria C. (The Honorable) 00083532								
4	Date	5 Payee name								
	05/07/2025	Roarking Fork								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$105.77	701 Congress Ave.								
	1									
		Austin, TX 78701								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	!	Staff Lunch								
	1									
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
_	Date	Payee name								
	06/05/2025	State Bar of Texas								
_	Amount (\$)	Payee address; City; State; Zip Code								
	\$145.00	P.O. Box 13007								
	Ψ140.00	F.O. BOX 13007								
		Austin, TX 78711								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE		Contributions/Donations Made By								
		Candidate/Officeholder/Political Committee								
		Donation								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH										
_	Date	Davide name								
	03/12/2025	Payee name Texans Care for Children								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$153.00	1016 La Posada Dr.								
	!	#240								
		Austin, TX 78752								
	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								
	1	Donation								
	!									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OF	н								

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	rict category not listed above)	
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Filers)	
L	Sch: 13/15 Rpt: 17/19	Hexse	el, Maria C. (The Hono	orable)					00083532		
4	Date	5 Payee	name								
	05/21/2025	Texas	s Access to Justice Fo	undation							
6	Amount (\$)	7 Payee	address; City;	State;	Zip Co	ode					
	\$200.00	1601	Rio Grande St.								
		#351									
		Austir	n, TX 78701								
8	PURPOSE	(a) Categ	Ory (See Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Contr	ibutions/Donations Ma	ide By			=		de of Texas. Comp		
	_/	Cand	idate/Officeholder/Poli	tical Comm	ittee		Check if Austin	, TX,	officeholder living	expense	
							וייסטומנוטוו				
9	Complete ONLY if direct	Candid	ate/Officeholder name		Office sou	labt			Office he	Id	
9	Complete ONLY if direct expenditure to benefit C/O		ale/OniceHolder Halfle		ZIIICE SOL	agril			Onice ne	iu	
	Date	Payee	name								
L	03/26/2025	Travis	S County Democratic F	Party							
	Amount (\$)	Payee	address; City;	State;	Zip Co	ode					
	\$2,500.00	1611-	B E. 6th St.								
		Austir	n, TX 78702								
	PURPOSE	(a) Categ	Ory (See Categories listed at th	ne top of this sch	edule)	(b)	Description				
OF EXPENDITURE		Contr	ibutions/Donations Ma	ide By			_		de of Texas. Comp		
		Cand	idate/Officeholder/Poli	tıcal Comm	ıittee		Check if Austin	, TX,	officeholder living	expense	
							Donadon				
_	Complete ONLY if direct	Candida	ate/Officeholder name		Office sou	laht			Office he	ld	_
	expenditure to benefit C/O		ac, omocnoider name		J.1100 300	agrit			Chiec He	···	
⊨	Data	Darri	nama								-
	Date 01/15/2025		name S County Women Lawy	var's Assoc	iation						
				•		1					
	Amount (\$)	,	address; City;	State;	Zip Co	ode					
	\$200.00	P.O. I	Box 160334								
		Austir	n, TX 78716								
	PURPOSE	(a) Categ	Ory (See Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		ibutions/Donations Ma		•				de of Texas. Comp		
		Cand	idate/Officeholder/Poli	tical Comm	iittee		Check if Austin	, TX,	officeholder living	expense	
							Donation				
	Complete ONLY if direct	Candida	ate/Officeholder name		Office sou	laht			Office he	ld	
	expenditure to benefit C/O		ac, Smoonoider name			~9·11			Cinic iic	•••	

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

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/15 Rpt: 18/19 Hexsel, Maria C. (The Honorable) 00083532 4 Date Payee name 01/14/2025 Travis County Women Lawyer's Association 6 Amount (\$) Payee address; City; State; Zip Code \$60.00 P.O. Box 160334 Austin, TX 78716 8 **PURPOSE** (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 Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2025 Travis County Women Lawyers Association Amount (\$) Payee address; City; State; Zip Code \$256.00 P.O. Box 684683 Austin, TX 78768 **PURPOSE** (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 Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2025 Volunteer Legal Services of Central Texas Amount (\$) Payee address: City: State: Zip Code \$500.00 8001 Centre Park Dr. #120 Austin, TX 78754 **PURPOSE** (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 Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expens Printing Expen	ad/Rental Expense se se ss/Contract Labor		Travel in District Travel Out of Di				
	Credit Card Payment			The Instruction Guid	e explains	how to compl	ete this form.						
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	٦		
	Sch: 15/15 Rpt: 19/19		Hexsel, Ma	aria C. (The Honora	able)			l	00083532				
4	Date	5	Payee name	<u> </u>				_			\exists		
	06/16/2025		Wix										
-	Amount (\$)	7	Payee addre	ess; City;	State:	; Zip Code					\dashv		
ľ	\$220.83	ľ			Otato,	, Zip Couc							
	Ψ220.03	\$220.83 100 Gansevoort St.											
	Now York NV 10014												
8	New York, NY 10014 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									4			
ľ	OF	الما		See Categories listed at the rhead/Rental Expe		edule)	Description Check if travel	outs	ide of Texas. Con	nplete Schedule T.			
	EXPENDITURE		Office Over	тпеац/кептаг шхре	1130		_	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							Campaign W	/eb	site Fee				
9	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sought			Office h	eld			
	expenditure to benefit C/OI	7											