

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

| | | | | | | |
|---|--|---|--|--|----------------------------------|----------|
| The JC/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00085281 | 2 Total pages filed: 50 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Maria F. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Aceves | SUFFIX | Date Received ELECTRONICALLY FILED 01/11/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOVT CODE | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Paul I. | MI | | | |
| | NICKNAME | LAST Wingo | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | REDACTED PER 254.0313, GOVT CODE | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (214) | PHONE NUMBER 234-7949 | EXTENSION | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month Day Year 11/03/2026 | | | ELECTION TYPE | | |
| | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 192 Dallas | | | 12 OFFICE SOUGHT (if known) District Judge District 192 | | |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

2 of 50

| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Aceves, Maria F. (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00085281 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 | | | | | | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 63,049.26 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 52,437.92 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 128,220.70 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> | | | | | | | | | | | | | | | |
| <p>The Honorable Maria F. Aceves _____ Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| Signature of officer administering oath | | Printed name of officer administering oath | | | | | | | | | | | | | |
| | | Title of officer administering oath | | | | | | | | | | | | | |

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 50

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|--|--|
| 18 FILER NAME | 19 Filer ID (Ethics Commission Filers) 00085281 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 57,694.96 | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 5,354.30 | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 52,437.92 | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/21 Rpt: 4/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott, Ben 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Ben Abbott & Associates | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Ashish Contributor address; City; State; Zip Code Sugar Land, TX 77479 | | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation CTO | | Contributor's Job Title CTO |
| Contributor's employer/law firm Eudia | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Garima Contributor address; City; State; Zip Code Sugar Land, TX 77479 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Not Employed | | Contributor's Job Title Not Employed |
| Contributor's employer/law firm Not Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/21 Rpt: 5/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sue N 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of N Sue Allen | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aulsbrook Car & Truck Wreck Injury Lawyers Contributor address; City; State; Zip Code Arlington, TX 76011 | | |
| Contributor's Principal Occupation Contributor's employer/law firm | | Contributor's Job Title Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Thomas Contributor address; City; State; Zip Code Dallas, TX 75204 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Thomas Barron | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/21 Rpt: 6/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Wade 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Barrow Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brame, Frank Contributor address; City; State; Zip Code Dallas, TX 75204 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm The Brame Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauer, Alex Contributor address; City; State; Zip Code Dallas, TX 75254 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Bailey Brauer PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/21 Rpt: 7/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Terrie 6 Contributor address; City; State; Zip Code Dallas, TX 75225 | 7 Amount of Contribution (\$) \$156.89 |
| | 8 Contributor's Principal Occupation Attorney | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Terrie Bryan Attorney at Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Alison Contributor address; City; State; Zip Code Dallas, TX 75204 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Battiste Clement PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Jason Contributor address; City; State; Zip Code Dallas, TX 75225 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Lynn Pinker Hurst Schwegmann LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|--------------------|---|---|------------------------------------|--|-------------------------|---------------------------------|--|---|---|--|---|------------------------|--|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/21 Rpt: 8/50 | | | | | | | | | | | | | | | | | | |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 | | | | | | | | | | | | | | | | | | |
| 4 Date 10/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Gossett 6 Contributor address; City; State; Zip Code Detroit, MI 48226 | 7 Amount of Contribution (\$) \$500.00 | | | | | | | | | | | | | | | | | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title | | | | | | | | | | | | | | | | | | |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) | | | | | | | | | | | | | | | | | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 09/09/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes Thorne Ewing & Payne PLLC Contributor address; City; State; Zip Code Dallas, TX 75219</td> <td>Amount of Contribution (\$) \$1,044.16</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes Thorne Ewing & Payne PLLC Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$1,044.16 | Contributor's Principal Occupation | | Contributor's Job Title | Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) | | | | | | | | |
| Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes Thorne Ewing & Payne PLLC Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$1,044.16 | | | | | | | | | | | | | | | | | | |
| Contributor's Principal Occupation | | Contributor's Job Title | | | | | | | | | | | | | | | | | | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | | | | | | | | | | | | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 09/26/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteves, Maria Contributor address; City; State; Zip Code Irving, TX 75063</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Teacher</td> <td>Teacher</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">Christ the King School</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteves, Maria Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$100.00 | Contributor's Principal Occupation | | Contributor's Job Title | Teacher | | Teacher | Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | Christ the King School | | | If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteves, Maria Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$100.00 | | | | | | | | | | | | | | | | | | |
| Contributor's Principal Occupation | | Contributor's Job Title | | | | | | | | | | | | | | | | | | |
| Teacher | | Teacher | | | | | | | | | | | | | | | | | | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | | | | | | | | | | | | | | | | | | |
| Christ the King School | | | | | | | | | | | | | | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/21 Rpt: 9/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farago, Matt 6 Contributor address; City; State; Zip Code Dallas, TX 75206 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Contributor's Principal Occupation Assistant District Attorney | | 9 Contributor's Job Title Assistant District Attorney |
| 10 Contributor's employer/law firm Dallas County District Attorney | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/07/2025 Contributor address; City; State; Zip Code Dallas, TX 75205 | | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Contributor address; City; State; Zip Code Dallas, TX 75219 | | Amount of Contribution (\$) \$1,500.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/21 Rpt: 10/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin Bowman PC 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg Traurig PA Political Action Committee Contributor address; City; State; Zip Code Albany, NY 12207 | | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartline Barger LLP Contributor address; City; State; Zip Code Dallas, TX 75231 | | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/21 Rpt: 11/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Paige | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75254 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Friedman & Feiger LLP | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes and Boone Political Action Committee | Amount of Contribution (\$) \$3,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Shannon | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Allen, TX 75002 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Nadler Law PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/21 Rpt: 12/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herz, Jill 6 Contributor address; City; State; Zip Code Dallas, TX 75244 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Herz Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight PAC Contributor address; City; State; Zip Code Dallas, TX 75201 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jayaswal, Neerav Contributor address; City; State; Zip Code Prosper, TX 75078 | | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation Dentist | | Contributor's Job Title Dentist |
| Contributor's employer/law firm Medical Multifamily | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/21 Rpt: 13/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, John 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Jose & Vaughn PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juneau Boll & Stacy PLLC Contributor address; City; State; Zip Code Addison, TX 75001 | | |
| Contributor's Principal Occupation Contributor's employer/law firm | | Contributor's Job Title Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelso, Rhiannon Contributor address; City; State; Zip Code Dallas, TX 75251 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kelso Law PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/21 Rpt: 14/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsoe Khouri Rogers & Clark PC 6 Contributor address; City; State; Zip Code Dallas, TX 75254 | 7 Amount of Contribution (\$) \$500.00 |
| | | |
| 8 Contributor's Principal Occupation 10 Contributor's employer/law firm | | 9 Contributor's Job Title 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jennifer Contributor address; City; State; Zip Code Dallas, TX 75251 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kershaw Anderson King PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korn, Andrew Contributor address; City; State; Zip Code Dallas, TX 75219 | | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Andrew R Korn PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | | |
|---|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/21 Rpt: 15/50 | |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 | |
| 4 Date 10/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauten, Brian 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$250.00 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm Brian Lauten PC | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 08/20/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Cecilia H Morgan Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation | | Contributor's Job Title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10/23/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Cynthia F Solls Contributor address; City; State; Zip Code Dallas, TX 75230 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation | | Contributor's Job Title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/21 Rpt: 16/50 | |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 | |
| 4 Date 07/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Cynthia F Solls 6 Contributor address; City; State; Zip Code Dallas, TX 75230 | 7 Amount of Contribution (\$) \$100.00 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title | |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 09/24/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logie, Katelyn Contributor address; City; State; Zip Code Farmers Branch, TX 75234 | Amount of Contribution (\$) \$52.51 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Logie Law Firm PLLC | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10/09/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Jay Contributor address; City; State; Zip Code Dallas, TX 75231 | Amount of Contribution (\$) \$1,044.16 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Dorsey & Whitney LLP | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 14/21 Rpt: 17/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ben 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Ben Martin Law Group | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/02/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayer, Zach Contributor address; City; State; Zip Code Dallas, TX 75201 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Mayer LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Seth Contributor address; City; State; Zip Code Ovilla, TX 75154 | | Amount of Contribution (\$) \$150.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Offices of Laid & McCloskey | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|---|--------------------|---|---|---|--|--|---|--|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 15/21 Rpt: 18/50 | | | | | | | | | | | | |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 | | | | | | | | | | | | |
| 4 Date 09/26/2025 | 5 Full name of contributor McCullough Mediation 6 Contributor address; City; State; Zip Code Dallas, TX 75251 | 7 Amount of Contribution (\$) \$500.00 | | | | | | | | | | | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title | | | | | | | | | | | | |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) | | | | | | | | | | | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 10/13/2025</td> <td>Full name of contributor Meeks, Tamar Contributor address; City; State; Zip Code Dallas, TX 75225</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Attorney</td> <td>Contributor's Job Title Attorney</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Tamar L Meeks PC</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date 10/13/2025 | Full name of contributor Meeks, Tamar Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$100.00 | Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | Contributor's employer/law firm Tamar L Meeks PC | | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/13/2025 | Full name of contributor Meeks, Tamar Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$100.00 | | | | | | | | | | | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | | | | | | | | | | | | |
| Contributor's employer/law firm Tamar L Meeks PC | | Law firm of contributor's spouse (if any) | | | | | | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 08/06/2025</td> <td>Full name of contributor Moayedi, Mehrdad Contributor address; City; State; Zip Code Dallas, TX 75205</td> <td>Amount of Contribution (\$) \$5,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Real Estate</td> <td>Contributor's Job Title Real Estate</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Centurion American</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date 08/06/2025 | Full name of contributor Moayedi, Mehrdad Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$5,000.00 | Contributor's Principal Occupation Real Estate | | Contributor's Job Title Real Estate | Contributor's employer/law firm Centurion American | | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/06/2025 | Full name of contributor Moayedi, Mehrdad Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$5,000.00 | | | | | | | | | | | | |
| Contributor's Principal Occupation Real Estate | | Contributor's Job Title Real Estate | | | | | | | | | | | | |
| Contributor's employer/law firm Centurion American | | Law firm of contributor's spouse (if any) | | | | | | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 16/21 Rpt: 19/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom, Tim 6 Contributor address; City; State; Zip Code Plano, TX 75093 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Offices of Frank Branson | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Mary Contributor address; City; State; Zip Code Dallas, TX 75205 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Lynn Pinker Hurst Schwegmann LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Debrah Contributor address; City; State; Zip Code DeSoto, TX 75115 | | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation Not Employed | | Contributor's Job Title Not Employed |
| Contributor's employer/law firm Not Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 17/21 Rpt: 20/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 07/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton Rose Fulbright US LLP Texas Committee 6 Contributor address; City; State; Zip Code Houston, TX 77010 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nosnik, Pedro Contributor address; City; State; Zip Code Dallas, TX 75219 | | Amount of Contribution (\$) \$200.00 |
| Contributor's Principal Occupation Physician | | Contributor's Job Title Physician |
| Contributor's employer/law firm Pedro Nosnik MD PA | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, William Contributor address; City; State; Zip Code Fort Worth, TX 76110 | | Amount of Contribution (\$) \$200.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Patterson Law Group | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 18/21 Rpt: 21/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 07/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pullman, Richard 6 Contributor address; City; State; Zip Code Dallas, TX 75230 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Richard Pullman | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasansky, Jeffrey Contributor address; City; State; Zip Code Dallas, TX 75201 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Rasansky McKenzie | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/06/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawson, Brian Contributor address; City; State; Zip Code Dallas, TX 75209 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Rawson Law PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 19/21 Rpt: 22/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruback, Chad 6 Contributor address; City; State; Zip Code Dallas, TX 75225 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Chad Ruback | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples Ames Contributor address; City; State; Zip Code Hurst, TX 76054 | | Amount of Contribution (\$) \$2,500.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, Brian Contributor address; City; State; Zip Code Dallas, TX 75212 | | Amount of Contribution (\$) \$522.24 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Sanford Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 20/21 Rpt: 23/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayles, Richard 6 Contributor address; City; State; Zip Code Dallas, TX 75209 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Sayles Law Firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/23/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shackelford McKinley & Norton LLP Contributor address; City; State; Zip Code Dallas, TX 75231 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Offices of Jason Smith | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A(J)1**

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 21/21 Rpt: 24/50 |
| 2 FILER NAME Aceves, Maria F. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Jason 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Stephens Law Firm PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 25/50</p> |
| <p>2 FILER NAME Aceves, Maria F. (The Honorable)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00085281</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | <p>\$</p> |
| <p>5 Date 10/16/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason Payne, Holly</p> | <p>8 Amount of contribution (\$) \$4,334.00</p> <p>9 In-kind contribution description Catering for event</p> |
| | <p>7 Contributor address; City; State; Zip Code Dallas, TX 75209</p> | |
| <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> | | |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL) Public Relations</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions) President</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL) MasonBaronet</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Payne Mitchell Ramsey</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |
| <p>Date 10/16/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettit, Julie</p> | <p>Amount of contribution (\$) \$1,020.30</p> <p>In-kind contribution description Catering for event</p> |
| | <p>Contributor address; City; State; Zip Code Dallas, TX 75201</p> | |
| <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL) The Pettit Law Firm</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

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|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/25 Rpt: 26/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 12/18/2025 | 5 Payee name Al Biernats Oak Lawn | |
| 6 Amount (\$) \$400.39 | 7 Payee address; City; 4217 Oak Lawn Dallas, TX 75219 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff holiday meal |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Allianz Travel Insurance | Office sought Office held |
| Date 07/31/2025 | Payee name Allianz Travel Insurance | |
| Amount (\$) \$36.30 | Payee address; City; 9950 Mayland Drive Richmond, VA 23233 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel insurance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name American Airlines | Office sought Office held |
| Date 07/31/2025 | Payee name American Airlines | |
| Amount (\$) \$604.97 | Payee address; City; 1 Skyview Drive Fort Worth, TX 76155 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Texas Latinx Judges Board Retreat |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 2/25 Rpt: 27/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/11/2025 | 5 Payee name American Inns of Court | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 225 Reinekers Ln Ste 770 Alexandria, VA 22314 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/07/2025 | Payee name Beyond the Slogan Consulting | |
| Amount (\$) \$185.00 | Payee address; City; State; Zip Code 2710 Routh Creek #1102 Richardson, TX 75082 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/21/2025 | Payee name Branch, Cassandra | |
| Amount (\$) \$140.00 | Payee address; City; State; Zip Code 5335 Marvin D Love Frwy Apt 243 Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 3/25 Rpt: 28/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/19/2025 | 5 Payee name Branch, Cassandra | |
| 6 Amount (\$) \$280.00 | 7 Payee address; City; State; Zip Code 5335 Marvin D Love Frwy Apt 243 Dallas, TX 75232 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/18/2025 | Payee name Branch, Cassandra | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 5335 Marvin D Love Frwy Apt 243 Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/07/2025 | Payee name Cassandra Hernandez Campaign | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code P.O. Box 1289 Addison, TX 75001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 4/25 Rpt: 29/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/15/2025 | 5 Payee name Church of Christ Marsalis | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; 2431 S Marsalis Ave Dallas, TX 75216 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift offering |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office held |
| Date 12/09/2025 | Payee name Coco Donut Shop | |
| Amount (\$) \$42.33 | Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office held |
| Date 11/20/2025 | Payee name Coco Donut Shop | |
| Amount (\$) \$42.33 | Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 5/25 Rpt: 30/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/27/2025 | 5 Payee name Coco Donut Shop | |
| 6 Amount (\$) \$42.33 | 7 Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/16/2025 | Payee name Coco Donut Shop | |
| Amount (\$) \$42.33 | Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/02/2025 | Payee name Coco Donut Shop | |
| Amount (\$) \$51.53 | Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 6/25 Rpt: 31/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/29/2025 | 5 Payee name Coco Donut Shop | |
| 6 Amount (\$) \$51.53 | 7 Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/26/2025 | Payee name Coco Donut Shop | |
| Amount (\$) \$43.41 | Payee address; City; 10909 Webb Chapel Rd Dallas, TX 75229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/07/2025 | Payee name Cooking with Lacy | |
| Amount (\$) \$700.00 | Payee address; City; 407 W Tenth St Suite 140 Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for High School Students |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 7/25 Rpt: 32/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 11/13/2025 | 5 Payee name Dallas Alumnae Club of Pi Beta Phi | |
| 6 Amount (\$) \$80.00 | 7 Payee address; City; State; Zip Code 1154 Town and Country Commons Dr Chesterfield, MO 63017 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/23/2025 | Payee name Dallas Bar Association | |
| Amount (\$) \$155.00 | Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/03/2025 | Payee name Dallas Bar Association | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bench Bar event fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 8/25 Rpt: 33/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 11/25/2025 | 5 Payee name Dallas County Democratic Party | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for 2026 Democratic Primary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/11/2025 | Payee name Dallas Hispanic Bar Foundation | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 2101 Ross Avenue Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/13/2025 | Payee name Dallas LGBT Bar Association | |
| Amount (\$) \$268.61 | Payee address; City; State; Zip Code 1717 Main St Ste 4200 Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 9/25 Rpt: 34/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/19/2025 | 5 Payee name Dallas Women Lawyers Association | |
| 6 Amount (\$) \$800.00 | 7 Payee address; City; State; Zip Code PO Box 700353 Dallas, TX 75370 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/09/2025 | Payee name Democracy Toolbox | |
| Amount (\$) \$4,270.00 | Payee address; City; State; Zip Code PO Box 6250 McKinney, TX 75071 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/21/2025 | Payee name Democracy Toolbox | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO Box 6250 McKinney, TX 75071 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 10/25 Rpt: 35/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/16/2025 | 5 Payee name Democracy Toolbox | |
| 6 Amount (\$) \$5,350.00 | 7 Payee address; City; PO Box 6250 McKinney, TX 75071 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/14/2025 | Payee name Democracy Toolbox | |
| Amount (\$) \$4,541.03 | Payee address; City; PO Box 6250 McKinney, TX 75071 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/09/2025 | Payee name Democratic Monthly | |
| Amount (\$) \$5,000.00 | Payee address; City; 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 11/25 Rpt: 36/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 11/12/2025 | 5 Payee name Democratic Monthly | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Democratic Monthly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Democratic Monthly | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 12/25 Rpt: 37/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/22/2025 | 5 Payee name Democratic Monthly | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/21/2025 | Payee name Democratic Monthly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/21/2025 | Payee name Democratic Monthly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 13/25 Rpt: 38/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 12/31/2025 | 5 Payee name Donorbox | |
| 6 Amount (\$) \$1,219.29 | 7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fees for online donations during the reporting period |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/11/2025 | Payee name Edwards and Patterson Signs | |
| Amount (\$) \$1,327.66 | Payee address; City; State; Zip Code 203 S Belt Line Rd Irving, TX 75060 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign yard signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/09/2025 | Payee name Green and Green Co | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 14/25 Rpt: 39/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/04/2025 | 5 Payee name Hyatt Resort San Antonio | |
| 6 Amount (\$) \$322.11 | 7 Payee address; City; State; Zip Code 9800 Hyatt Resort Drive San Antonio, TX 78251 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room for Texas LatinX Judges retreat |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/19/2025 | Payee name JL Turner Legal Association | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code PO Box 130987 Dallas, TX 75313 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/20/2025 | Payee name Jackson, Monteal | |
| Amount (\$) \$710.00 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|-------------------------------|--------------------------------|--|--|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense | | |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense | | |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District | | |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District | | |
| Credit Card Payment | 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: 15/25 Rpt: 40/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 | |
| 4 Date 10/20/2025 | 5 Payee name Jackson, Montea | | |
| 6 Amount (\$) \$362.50 | 7 Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |
| Date 10/17/2025 | Payee name Jackson, Nethel | | |
| Amount (\$) \$260.00 | Payee address; City; State; Zip Code 2851 Toluca Dallas, TX 75224 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |
| Date 09/10/2025 | Payee name Jackson, Nethel | | |
| Amount (\$) \$720.00 | Payee address; City; State; Zip Code 2851 Toluca Dallas, TX 75224 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 16/25 Rpt: 41/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/20/2025 | 5 Payee name Johnson, Montea | |
| 6 Amount (\$) \$555.00 | 7 Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 10/14/2025 | Payee name Johnson, Montea | |
| Amount (\$) \$677.50 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 10/14/2025 | Payee name Johnson, Montea | |
| Amount (\$) \$342.50 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 17/25 Rpt: 42/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/14/2025 | 5 Payee name Johnson, Montea | |
| 6 Amount (\$) \$195.00 | 7 Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 10/10/2025 | Payee name Johnson, Montea | |
| Amount (\$) \$890.00 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 10/09/2025 | Payee name Johnson, Montea | |
| Amount (\$) \$360.00 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 18/25 Rpt: 43/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 10/06/2025 | 5 Payee name Johnson, Montea | |
| 6 Amount (\$) \$355.00 | 7 Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 10/06/2025 | Payee name Johnson, Montea | |
| Amount (\$) \$550.00 | Payee address; City; State; Zip Code 5015 Mark Trail Way Apt 18F Dallas, TX 75232 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |
| Date 12/05/2025 | Payee name Lagos, Sylvia | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 131 N Montclair Ave Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Montea | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 19/25 Rpt: 44/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/27/2025 | 5 Payee name Mexican American Bar Association | |
| 6 Amount (\$) \$140.00 | 7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/30/2025 | Payee name North Texas Asian Democrats | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 7735 Mullrany Dr Dallas, TX 75248 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/29/2025 | Payee name Reilly Echols Printing Inc | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 1710 S Harwood St Dallas, TX 75215 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 20/25 Rpt: 45/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 08/20/2025 | 5 Payee name Reilly Echols Printing Inc | |
| 6 Amount (\$) \$750.00 | 7 Payee address; City; 1710 S Harwood St Dallas, TX 75215 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name Sam's Club | |
| Amount (\$) \$365.75 | Payee address; City; 4062 Lyndon B Johnson Fwy Dallas, TX 75244 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury and staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/25/2025 | Payee name Sam's Club | |
| Amount (\$) \$527.00 | Payee address; City; 4062 Lyndon B Johnson Fwy Dallas, TX 75244 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury and staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 21/25 Rpt: 46/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 09/23/2025 | 5 Payee name Sams Club | |
| 6 Amount (\$) \$435.07 | 7 Payee address; City; State; Zip Code 9461 Webb Chapel Rd Dallas, TX 75220 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for jury and staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/01/2025 | Payee name Silveriogroup | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd Suite 178 Dallas, TX 75244 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/15/2025 | Payee name State Bar of Texas | |
| Amount (\$) \$75.00 | Payee address; City; State; Zip Code 1414 Colorado St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 22/25 Rpt: 47/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 12/15/2025 | 5 Payee name Stonewall Democrats of Dallas | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; PO Box 192305 Dallas, TX 75219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Stonewall Democrats of Dallas | Office sought Office held |
| Date 11/14/2025 | Payee name Stonewall Democrats of Dallas | |
| Amount (\$) \$100.00 | Payee address; City; PO Box 192305 Dallas, TX 75219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Target | Office sought Office held |
| Date 08/07/2025 | Payee name Target | |
| Amount (\$) \$434.00 | Payee address; City; 8335 Westchester Drive Dallas, TX 75225 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Target | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 23/25 Rpt: 48/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 07/21/2025 | 5 Payee name Texas Board of Legal Specialization | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 505 E Huntland Dr Ste 400 Austin, TX 78752 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for specialization |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/04/2025 | Payee name Texas Latinx Judges | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 90683 San Antonio, TX 78209 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/05/2025 | Payee name The 23rd Senatorial District Tejano Democrats | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO Box 226534 Dallas, TX 75222 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 24/25 Rpt: 49/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 | |
| 4 Date 11/06/2025 | 5 Payee name Uber Technologies Inc | | |
| 6 Amount (\$) \$106.07 | 7 Payee address; City; 1725 3rd Street San Francisco, CA 94158 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber eats for staff | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/08/2025 | Payee name Uber Technologies Inc | | |
| Amount (\$) \$7.78 | Payee address; City; 1725 3rd Street San Francisco, CA 94158 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber eats for staff | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/04/2025 | Payee name Uber Technologies Inc | | |
| Amount (\$) \$139.26 | Payee address; City; 1725 3rd Street San Francisco, CA 94158 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ground transportation for Texas LatinX Judges retreat | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 25/25 Rpt: 50/50 | 2 FILER NAME Aceves, Maria F. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085281 |
| 4 Date 07/30/2025 | 5 Payee name Uber Technologies Inc | |
| 6 Amount (\$) \$101.23 | 7 Payee address; City; 1725 3rd Street San Francisco, CA 94158 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber eats for staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Williams Chicken Partners in Education | Office sought Office held |
| Date 11/06/2025 | Payee name Williams Chicken Partners in Education | |
| Amount (\$) \$383.11 | Payee address; City; 5050 Quorum Dr Ste 140 Dallas, TX 75254 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising sponsorship of event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Williams Chicken Partners in Education | Office sought Office held |