JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Comm 00065750	,	2 Total pages fi	led: 25
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	h	JSE ONLY
OFFICEHOLDER	The Honorable	Julia A.				JSE UNL I
NAME	The Honorabic	ound / t.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX		
		Maldonado				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P. O. Box 2804					-
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77252					
	110031011, 17 11232				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Dennis M.				
NAME						
	NICKNAME	LAST			SUFFIX	
		Slate				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	112 E. Forrest					
ADDRESS						
(Residence or Business)						
	Deer Park, TX 77536					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(281) 476-9447					
8 REPORT				_	_	
TYPE	X January 15	30th day before	e election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	- 1.4. 4F		alaatian 🗖		-	
	July 15	8th day before	election	Exceeded \$500 limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2019	TI	HROUGH	12/31/201	9	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	03/03/2020					
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	District Judge District 50	7 Harris		Family District C		ct 507th
					Elisterage Bioth	
		60.	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	hics.state.tx.u	S	Ve	rsion V1.1.3a6aaf7c

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 75

13 C / OH NAME	Maldonado, Julia A. (The Honorable)	14 Filer ID 00065750	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS	COMMITTEE ADDRESS				
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00			
	2. TOTAL POLIT	CAL CONTRIBUTIONS	NS)	\$ 72,174.92			
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.0						
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 26,808.91			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 152,054			\$ 152,054.30			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00						
17 AFFADAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required				
		The Hono	rable Julia A. Maldon	ado			
		Signature	of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the sa	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
-	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath			
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SUBTOTALS - JC/OH

FORM JC/OH COV 3 **'**5

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				2	of	7

				3 01 7 5
18 FILER NAM Maldonad	1E o, Julia A. (The Honorable)	19 Filer ID 00065750	(Ethic	s Commission Filers)
	E SUBTOTALS SCHEDULE	•	Ś	SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	64,635.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,539.92
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	26,749.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	59.52
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/75
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 5 Full name of contributor out-of-state PAC (ID#: 11/06/2019 Abrams, Laurence (Dr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$400.00
Houston, TX 77057		
8 Contributor's Principal Occupation Psychologist	9 Contributor's Job Title Psychologistt	
10 Contributor's employer/law firm Self-employed	11 Law firm of contributor's sp None	oouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 07/28/2019 Anunobi, Chidi (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
Houston, TX 77008 Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney At Law	
Contributor's employer/law firm AnunobiLaw PLLC	Law firm of contributor's sp None	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 07/25/2019 Arteaga, Laura (Ms.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
Houston, TX 77036		
Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney At Law	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)
Law Office Of Laura Arteaga If contributor is a child, law firm of parent(s) (if any)	None	
Forms provided by Texas Ethics Commission www.ethic	:s.state.tx.us	Version V1.1.3a6aaf7c

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/75
2 FILER NAME Maldonado, 3	Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/27/2019	te 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$10.00
	Houston, TX 77008		
	rincipal Occupation	9 Contributor's Job Title	1
Political assis		Political assistant	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
-	, Candidate for City of Houston City Council 1	None	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2019	Boler, Nancy (Ms.)		\$250.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
Contributor's P	rincipal Occupation	Contributor's Job Title	1
Attorney		Attorney At Law	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Law Office O	f Nancy H. Boler	None	
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/06/2019	Boler, Nancy (Ms.)		\$250.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
Contributor's P	rincipal Occupation	Contributor's Job Title	1
Attorney Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Law Office Of Nancy H. Boler None			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/75	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Maldonado,	Julia A. (The Honorable)		00065750	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/06/2019	Burford Perry, LLP		\$250.00	
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77010-1003			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
	and the set of the set of the set			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/09/2019	Burgower Law LLP)	\$1,500.00	
00/00/2020	Contributor address; City; State; Zip Code			
	Houston, TX 77098-1875			
Contributor's F	I Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/22/2019	C.B. Sullivan Law Firm, P.C.		\$100.00	
	Contributor address; City; State; Zip Code			
	Angelton, TX 77515			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)	
Contributor 5 C				
If contributor is a child, law firm of parent(s) (if any)				
L	hy Tayon Ethion Commission		Version VII 1 2060057	

The Instruction Guide explains how to comp	1 Total pages Schedule A(J)1: Sch: 4/25 Rpt: 7/75
2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 5 Full name of contributor out-of-s 07/05/2019 Cantu, David (Mr.)	tate PAC (ID#:) 7 Amount of Contribution (\$) \$2,500.00
Houston, TX 77017	
8 Contributor's Principal Occupation	9 Contributor's Job Title
Restaurant Management	Manager
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Cyclone Anaya's Tex-Mex Kitchen	None
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-s	tate PAC (ID#:) Amount of Contribution (\$)
12/31/2019 Cerf, Lawrence F. (Mr.)	\$250.00
Contributor address; City; State; Zip Co Houston, TX 77008	ue
Contributor's Principal Occupation	Contributor's Job Title
Attorney	Attorney At Law
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Law Office Of Lawrene F. Cerff	None
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-s	tate PAC (ID#:) Amount of Contribution (\$)
11/04/2019 Chavana, Hector (Mr.)	\$500.00
Contributor address; City; State; Zip Co Houston, TX 77093	de
Contributor's Principal Occupation	Contributor's Job Title
Attorney	Attorney At Law
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Hector A. Chavana, Attorney At Law	None
If contributor is a child, law firm of parent(s) (if any)	
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The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/75		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Maldonado,	Julia A. (The Honorable)		00065750		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
11/06/2019	Chavez, Angelica		\$500.00		
	6 Contributor address; City; State; Zip Code				
	South Houston, TX 77587				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Attorney		Attorney At Law			
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)		
	of Angelica M. Chavez	None			
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
11/06/2019	Clevenger Law Firm, PC		\$250.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77069				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
lf contributor i	s a child, law firm of parent(s) (if any)				
	s a child, law lifth of parent(s) (if any)				
Data					
Date 11/06/2019	Full name of contributor out-of-state PAC (ID#: Cortes, Eddie)	Amount of Contribution (\$) \$100.00		
11/00/2013	Contributor address; City; State; Zip Code				
	Contributor address, City, State, Zip Code				
	Houston, TX 77001				
Contributor's F	I Principal Occupation	Contributor's Job Title			
Attorney Attorney					
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)			
Eddie Cortes, Attorney At Law None					
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
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The Instruction Guide ex	plains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/75	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750		
			7 Amount of Contribution (\$) \$50.00	
Kingwood, TX	< 77346			
8 Contributor's Principal Occupation Teacher	1	9 Contributor's Job Title Teacher		
10 Contributor's employer/law firm Humble ISD		11 Law firm of contributor's sp None	ouse (if any)	
12 If contributor is a child, law firm o	parent(s) (if any)			
Date Full name of co 12/31/2019 Eqwuatu, Pat Contributor add			Amount of Contribution (\$) \$100.00	
Houston, TX Contributor's Principal Occupatio		Contributor's Job Title		
Attorney	1	Attorney At Law		
Contributor's employer/law firm Law Office Of Patricia Egwua	tu	Law firm of contributor's sp None	ouse (if any)	
If contributor is a child, law firm o	parent(s) (if any)			
			Amount of Contribution (\$) \$5,000.00	
Houston, TX	77006			
Contributor's Principal Occupation	1	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		ouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Forms provided by Toyas Ethics		es stata ty us	Version V1 1 2262277	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/75		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Maldonado, Julia A. (The Honorable)		00065750		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
10/29/2019 Gary Reed & McGraw		\$1,500.00		
6 Contributor address; City; State; Zip Code				
Houston, TX 77056				
8 Contributor's Principal Occupation 9	Contributor's Job Title			
10 Contributor's employer/law firm1	L1 Law firm of contributor's spo	ouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor Out-of-state PAC (ID#:	, , ,	Amount of Contribution (\$)		
11/06/2019 Golda R. Jacob & Associates, P.C.	,	\$1,000.00		
Contributor address; City; State; Zip Code				
Houston, TX 77002				
Contributor's Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm	Law firm of contributor's spo	ouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
in contributor is a child, law little of parent(s) (in any)				
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/20/2019 Gonzalez, Marco (Mr.))	\$3,000.00		
Contributor address; City; State; Zip Code				
Houston, TX 77017				
Contributor's Principal Occupation	Contributor's Job Title			
Attorney	Attorney At Law			
Contributor's employer/law firm	Law firm of contributor's spo	ouse (if any)		
Gonzalez Law Group None None				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided by Texas Ethics Commission www.ethics		Version V1 1 3a6aaf7		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/75
2 FILER NAME Maldonado,	Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/06/2019	 5 Full name of contributor out-of-state PAC (ID#: out-of-state PAC (ID#:) Gray, Daniel (Mr.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$300.00
	Bellaire, TX 77401		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney At Law	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
	of Daniel Gray	None	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 08/26/2019	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/20/2019	Gregory Law PLLC		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008-1757		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/15/2019	Hal D. Hale & Associates, P.C.		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor 3 P			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	
	by Toyog Ethiog Commission		Version V/1 1 2262057c

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/25 Rpt: 12/75	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Julia A. (The Honorable)		00065750
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/25/2019	Halachian-Kritzer, Elena (Mrs.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston TV 77015		
9 Contributorio [Houston, TX 77015	9 Contributor's Job Title	
Attorney	Principal Occupation	Attorney At Law	
10 Contributor's e	amolover/law firm	11 Law firm of contributor's sp	
	hian-Kritzer Esq., Attorney At Law	Elena Halachian-Kritzer	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/19/2019	Harrison, Ronnie (Ms.)		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Harrison Lav	v Office, P.C.	Harrison Law Ofice, P.C	C.
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/06/2019	Harrison, Ronnie (Ms.)		\$100.00
	Contributor address; City; State; Zip Code		
	Heusten TV 77000		
Contributorio	Houston, TX 77002	Contributor's Job Title	
	Principal Occupation		
Attorney Attorney At Law Contributor's employer/law firm Law firm of contributor's sp			
Harrison Law Office, P.C. Harrison Law Office, P.C.			
If contributor is a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.3a6aaf7d

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/75
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
08/09/2019 Jenkins & Kamin, LP	9/2019 5 Full name of contributor Image: out-of-state PAC (ID#:)	
Houston, TX 77046		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
11/06/2019 Johnson-Todd, Sheryl B. (Ms.)		\$200.00
Contributor address; City; State; Zip Code Houston, TX 77098-1117		
Contributor's Principal Occupation	Contributor's Job Title	I
Attorney	Attorney At Law	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Sheryl B. Johnson-Todd, Attorney At Law	None	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (IDate) 08/22/2019 Krone, Yanine Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
Katy , TX 77494		
Contributor's Principal Occupation	Contributor's Job Title	1
Attorney	Attorney At Law	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Hunt Law Firm, PLLC None		
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.eth	ics.state.tx.us	Version V1.1.3a6aaf7c

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/75	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
	f contributor out-of-state PAC (ID#:_ gelica (Ms.) address; City; State; Zip Code		7 Amount of Contribution (\$) \$200.00
Houston,			
8 Contributor's Principal Occupa		9 Contributor's Job Title	
Attorney		Attorney At Law	
10 Contributor's employer/law firr	n	11 Law firm of contributor's sp	oouse (if any)
Law Office Of Angelica Lar		None	
12 If contributor is a child, law firm	n of parent(s) (if any)		
Date Full name o	f contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/06/2019 Laura Dale	e & Associates, PC	/	\$500.00
Contributor	address; City; State; Zip Code		
Houston,	FX 77056		
Contributor's Principal Occupa	ation	Contributor's Job Title	
Contributor's employer/law firr	n	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firr	n of parent(s) (if any)	•	
Date Full name o	f contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/09/2019 Law Office	Of Robert S. Hoffman, P.L.L.C.		\$1,000.00
Contributor	address; City; State; Zip Code		
Houston,	FX 77019		
Contributor's Principal Occupa	ation	Contributor's Job Title	L
Contributor's employer/law firr	n	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firr	n of parent(s) (if any)		
Forme provided by Toyoo Ethi			Varaian VII 1 20600570

The Instruction Guid	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/25 Rpt: 15/75
2 FILER NAME Maldonado, Julia A. (Th	2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
08/09/2019 Law Of	e of contributor in out-of-state PAC (ID#: fice of Sam M. Yates III tor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,500.00
Housto 8 Contributor's Principal Occ	n, TX 77027	9 Contributor's Job Title	
	upation		
10 Contributor's employer/law	firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is a child, law	firm of parent(s) (if any)	1	
07/25/2019 Law Of	e of contributor out-of-state PAC (ID#: fices Of Chaunte Steling, PLLC tor address; City; State; Zip Code)	Amount of Contribution (\$) \$125.00
Housto	n, TX 77073 upation	Contributor's Job Title	
Contributor's employer/law	firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law	firm of parent(s) (if any)	1	
08/19/2019 Law Of	e of contributor out-of-state PAC (ID#: fices Of Stacey A Lafitte PC tor address; City; State; Zip Code)	Amount of Contribution (\$) \$200.00
Housto Contributor's Principal Occ	n, TX 77098 upation	Contributor's Job Title	
Contributor's employer/law	firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/75
2 FILER NAME Maldonado, Julia A. (The Honorable)		
4 Date 5 Full name of contributor out-of-state PAC (II Law Offices of Joel A. Nass, PC 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$1,500.00
Houston, TX 77057 8 Contributor's Principal Occupation	9 Contributor's Job Title	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (It 11/06/2019 Lawal, Ajibade O. (Mr.) Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$250.00
Houston, TX 77056 Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney At Law	
Contributor's employer/law firm Law Firm Of Bade Lawal If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's sp None	oouse (if any)
Date Full name of contributor out-of-state PAC (II 08/12/2019 Mark R. Thiessen PC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,500.00
Houston, TX 77008 Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
			Sch: 14/25 Rpt: 17/75
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
	, , 		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/15/2019	McClure, Virginia Lee (Ms.)		\$1,500.00
	6 Contributor address; City; State; Zip Code		
	Humble, TX 77396-3768		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Business Va	luator	Business Valuator	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
The McClure	e Firm	None	
12 If contributor is	s a child, law firm of parent(s) (if any)	L	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/12/2019	McKamie, Reginald (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77019		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Law Office C	of Reginald E. McKamie, Sr., PC	None	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2019	McNamara Law Office PLLC		\$100.00
	Contributor address; City; State; Zip Code		
	Kingwood, TX 77339		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
If contributor is	If contributor is a child, law firm of parent(s) (if any)		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/75	
2 FILER NAME Maldonado, J	2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
09/16/2019	 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$100.00
	Houston, TX 77023		
	rincipal Occupation	9 Contributor's Job Title	
Organizing C		Organizing Coordinator	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
	oast Area Labor Federation	None	
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/09/2019	Nancy L. Rommelmann PLLC		\$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77024		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 07/01/2019	Full name of contributor out-of-state PAC (ID#:_ National Screening Center LLC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
	Houston, TX 77002-2017		
Contributor's P	rincipal Occupation	Contributor's Job Title	I
Contributor's e	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	I	
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/75	
2 FILER NAME Maldonado,	2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/06/2019	 5 Full name of contributor out-of-state PAC (ID#: Pilgrim, Rocky Le Ann (Ms.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$500.00
	Tomball, TX 77377		
8 Contributor's R	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney At Law	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Pilgrim Law	Office	None	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/06/2019	Radford, Tiffany (Ms.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Contributor's I	l Principal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
	bb & Associates	none	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/16/2019	Rainwater & Asssociates PLLC		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	1	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/75
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
11/06/2019 Ramirez, Karina	5 Full name of contributor ^{out-of-state PAC (ID#:)} Ramirez, Karina	
Houston, TX 77066		
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Attorney At Law	
 10 Contributor's employer/law firm Karina A. Ramirez, Attorney At Law 12 If contributor is a child, law firm of parent(s) (if any) 	11 Law firm of contributor's sp None	oouse (if any)
Date Full name of contributor out-of-state PAC (IE 07/25/2019 Ray-Welsh, Florita (Ms.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
Humble, TX 77339		
Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney At Law	
Contributor's employer/law firm Law Office Of Florita Ray-Welsh	Contributor's employer/law firm Law firm of contributor's spouse	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (IE 12/20/2019 Razavi Zand, Sara (Mrs.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5,000.00
Houston, TX 77098		
Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney At Law	
Contributor's employer/law firm Law firm of contributor's st		bouse (if any)
Sara Razavi Zand Attorney At Law If contributor is a child, law firm of parent(s) (if any)	None	
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/25 Rpt: 21/75	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Maldonado, S	Julia A. (The Honorable)		00065750
4 Date 12/30/2019	5 Full name of contributor out-of-state PAC (ID#:_ Reed, Marsha (Mrs.))	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
0 Contributorio D	Houston, TX 77006	0 Contributorio Job Title	
Attorney	rincipal Occupation	9 Contributor's Job Title Attorney At Law	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Law office Of	Marsha Reed	None	
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/24/2019	Ricks, A Tousha (Ms.)		\$150.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Tasha Ricks		Tasha Ricks Law Firm	
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2019	Ricks, A Tousha (Ms.)		\$150.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Tasha Ricks Law FirmTasha Ricks Law Firm			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided b	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.3a6aaf7c
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/75	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Maldonado, .	Julia A. (The Honorable)		00065750
4 Date 11/06/2019	 5 Full name of contributor out-of-state PAC (ID#: Saldivar Jr., Israel (Mr.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$250.00
	Houston, TX 77001		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney At Law	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Israel Saldiva	ar Jr., Attorney At Law	None	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/22/2019	Sibrian, Hilda (Ms.)		\$2,500.00
	Contributor address; City; State; Zip Code		
	Humble, TX 77396		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
	employer/law firm of Hilda Sibrian	Law firm of contributor's sp Law Offices of Hilda Sib	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2019	Skillern, Matthew (Mr.)		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney At Law	
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Skillern Law PLLC Skillern Law PLLC			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.3a6aaf7c

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/25 Rpt: 23/75	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Maldonado,	Julia A. (The Honorable)		00065750
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/06/2019	Slate, Dennis (Mr.)		\$1,000.00
	6 Contributor address; City; State; Zip Code		
• Contributorio [Deer Park, TX 77536	9 Contributor's Job Title	
Attorney	Principal Occupation	Attorney At Law	
10 Contributor's e	molover/law firm	11 Law firm of contributor's sp	nouse (if any)
	ate Attorney At Law	Dennis M Slate Attorney	
	s a child, law firm of parent(s) (if any)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/13/2019	Spencer Fane LLP		\$1,500.00
	Kansas City, MO 64106-2140		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/22/2019	Stabell, Richard N. (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77042		
Contributor's F	Principal Occupation	Contributor's Job Title	
Educational		Educational Consultant	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Self-employed None			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V1 1 3a6aaf7d

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 21/25 Rpt: 24/75			
2 FILER NAME Maldonado,	Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750			
4 Date 08/19/2019	 5 Full name of contributor out-of-state PAC (ID#: Stocker, Michael (Mr.) 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$1,500.00			
	Houston, TX 77007				
	Principal Occupation	9 Contributor's Job Title			
Attorney		Attorney At Law			
10 Contributor's e		11 Law firm of contributor's sp	ouse (if any)		
	tocker, Attorney At Law	None			
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/07/2019	Teresa J. Waldrop, P.C.		\$1,500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77002				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date 08/07/2019	Full name of contributor out-of-state PAC (ID#: The Cusic Law Firm, P.C. Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,500.00		
	Houston, TX 77060-5915				
Contributor's F	I Principal Occupation	Contributor's Job Title	I		
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
	hy Texas Ethics Commission www.ethic	s state ty us	Version V1 1 3a6aaf7c		

The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/75			
2 FILER NAME Maldonado, J	ulia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750			
08/15/2019	 Full name of contributor out-of-state PAC (ID#:_ The Herrington Law Firm, P.C. 		7 Amount of Contribution (\$) \$1,500.00		
	6 Contributor address; City; State; Zip Code				
8 Contributor's Pr	Houston, TX 77043	9 Contributor's Job Title			
10 Contributor's er	nployer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	a child, law firm of parent(s) (if any)	I			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
11/06/2019	The Kuehm Law Firm PLLC		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77017				
Contributor's Pr	rincipal Occupation	Contributor's Job Title	I		
Contributor's er	nployer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
08/16/2019	The Stout Law Firm, PLLC		\$1,500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77008				
Contributor's Pr	rincipal Occupation	Contributor's Job Title			
Contributor's er	nployer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				

The Instruc	tion Guide explains how to complete this fo	1 Total pages Schedule A(J)1: Sch: 23/25 Rpt: 26/75			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Maldonado, S	ulia A. (The Honorable)	00065750			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
08/20/2019	The Torres Law Group, PC		\$1,500.00		
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77018				
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title			
10 Contributor's e	nployer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/09/2019	Valdez, Stacey Holley (Ms.)		\$1,500.00		
	Contributor address; City; State; Zip Code				
	Webster, TX 77598				
	rincipal Occupation	Contributor's Job Title			
Attorney		Attorney At Law			
	nployer/law firm	Law firm of contributor's sp	oouse (if any)		
	Valdez, Attorney and Counselor at Law	None			
II CONTIDUTOR IS	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
07/28/2019	Vargas, Omar		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77063				
Contributor's P	rincipal Occupation	Contributor's Job Title			
Attorney		Attorney At Law			
	nployer/law firm	oouse (if any)			
	f Omar O. Vargas, P.C.				
	a child, law firm of parent(s) (if any)				
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The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 24/25 Rpt: 27/75			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Maldonado, .	Julia A. (The Honorable)	00065750			
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of Contribution (\$)			
11/06/2019	Villagomez, Vanessa (Ms.)		\$250.00		
	6 Contributor address; City; State; Zip Code		1		
	Houston, TX 77002				
	Principal Occupation	9 Contributor's Job Title			
Manager		Office Manager			
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)		
C.Y. Lee Leg	•	None			
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
11/07/2019	Walters Gilbreath, PLLC		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77002				
Contributor's P	Principal Occupation	Contributor's Job Title			
Caratzilautarila	and a sealland fina				
Contributors e	mployer/law firm	Law firm of contributor's sp	Jouse (II any)		
If contributor is	s a child, law firm of parent(s) (if any)				
in continuator le					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
11/06/2019	Wilkins, Ralphaell (Mr.))	\$200.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77288				
Contributor's F	Principal Occupation	Contributor's Job Title	I		
Attorney		Attorney At Law			
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)		
The Wilkins I	_aw Firm, PC				
If contributor is	s a child, law firm of parent(s) (if any)				
Forms provided I	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V1.1.3a6aaf7d		

The Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1: Sch: 25/25 Rpt: 28/75				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Maldonado, Julia A. (The Honorable)		00065750			
4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 11/06/2019 Zimmerman, Gary (Mr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00				
Texas , TX 77019					
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Attorney At Law				
10 Contributor's employer/law firm Spence Fane LLP	11 Law firm of contributor's sp None	ouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)	None				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 29/75				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Julia A. (The Honorable)	00065750				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
07/25/2019	, "tougu, Luuru (mor)	contribution (\$) description \$383.21 I Cost of fundraiser at				
	7 Contributor address; City; State; Zip Code		Amadeos			
	Houston, TX 77036		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
Attorney		Attorney At Law				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Laura Artea	ga, Attorney At Law	None				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
07/25/2019	Billings, Patricia. (Mrs.)		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$383.21 Cost of fundraiser at Amadeos			
	Humble, TX 77338		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Employer (FOR NON-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Attorney		Attorney At Law				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Law Office of	of Patricia Billings	None				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of In-kind contribution			
08/20/2019)	contribution (\$) description			
	Contributor address; City; State; Zip Code		\$3,248.88 cost of fundraiser			
	Houston, TX 77007	Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Attorney		Attorney At Law	· · · ·			
	employer/law firm (FOR JUDICIAL)	-	utor's spouse (if any) (FOR JUDICIAL)			
	ggs & Sadler	None				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 30/75				
2 FILER NAME Maldonado,	Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 11/06/2019	 6 Full name of contributor out-of-state PAC (ID#: Indelicato Jr., Joseph (Mr.) 7 Contributor address; City; State; Zip Code)	8 Amount of solution (\$) 9 In-kind contribution contribution (\$) 6 description \$2,341.65 expense for fundraiser at La Griglia's			
10 Principal occu	Houston, TX 77098 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)			
Attorney	principal occupation (FOR JUDICIAL)	13 Contributor's job title Attorney At law				
	employer/law firm (FOR JUDICIAL) elicato, Jr., P.C.	15 Law firm of contributo None	or's spouse (if any) (FOR JUDICIAL)			
-	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	None				
Date 08/20/2019	Full name of contributor out-of-state PAC (ID#: Peeples, Tesha (Ms.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$433.19 her share of cost for the fundraiser			
	Houston, TX 77007		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title Attorney At Law				
Holmes, Dig	employer/law firm (FOR JUDICIAL) Jgs, & Sadler	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 08/20/2019	Full name of contributor out-of-state PAC (ID#: Sadler, Judith (Ms.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$649.78 I her share of cost of the fundraiser			
	Houston, TX 77007		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	OR NON-JUDICIAL) (See instructions)			
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law				
Holmes, Dig	employer/law firm (FOR JUDICIAL) ggs & Sadler	Law firm of contributor's spouse (if any) (FOR JUDICIAL) none				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ution Cuido ovaloino hourto comalete this f	1	1 Total pages Schedule A2: Sch: 3/3 Rpt: 31/75				
	The instru	iction Guide explains how to complete this f						
2	FILER NAME		3	Filer ID (Ethics Commission Filers)				
	Maldonado	, Julia A. (The Honorable)			00065750			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5	Date 12/13/2019	 6 Full name of contributor out-of-state PAC (ID#: Villa, Randall (Mr.) 7 Contributor address; City; State; Zip Code 	8	Amount of contribution (\$) 9 In-kind contribution (\$) 4 description \$100.00 copies				
		Houston, TX 77011			Check if travel outside of Texas. Complete Schedule T.			
10) Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	DICIAL) (See instructions)			
12	2 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	R JUDICIAL) (See instructions)			
	Paralegal		Paralegal					
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	Law Office	Of Silvia Mintz	None					
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
				_				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/42 Rpt: 32/75		Maldonado, Julia A. (The Honorable) 00065750							
4	Date	5	Payee name							
	09/20/2019			Women Attorne	eys					
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Coo	le			
	\$35.00		2450 Louisian	a, Ste. 400-301						
			Houston, TX 7	7006						
8	PURPOSE	(a)	Category (See C	ategories listed at the t	an of this och	odulo)	(b) Description			
	OF		Fees	alegones listed at the t	op of this sch	iedule)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE								, officeholder living	expense
							membership	due	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	C	Office soug	lht		Office he	ld
	•									
	Date		Payee name							
	10/17/2019		Aubrey R. Tay	lor Communica	tions					
	Amount (\$)	mount (\$) Payee address; City; State; Zip Code								
	\$4,000.00	957 Nasa Parkway #251								
			Housotn, TX 7	7000						
	PURPOSE	(a)	Category (See C	ategories listed at the t	op of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Advertising Ex	pense					ide of Texas. Comp	
							advertising	1, IX,	, officeholder living	expense
							auventising			
-	Complete ONLY if direct		Candidate/Office	older name		Office souc	iht		Office he	ld
	expenditure to benefit C/OI								01100110	
⊢	Date		Payee name							
	09/10/2019		Avenida South	Garage						
	Amount (\$)		Payee address;	City;	Stato:	; Zip Coo	10			
	\$18.00		1600 Lamar S	-	Siale,	, zip cot	ie			
	\$10.00			L .						
	BUBB665		Housotn, TX 7				<u> </u>			
	PURPOSE OF	(a)		ategories listed at the t		iedule)	(b) Description	Outei	ide of Texas. Comp	lete Schedule T
	EXPENDITURE		Office Overnea	ad/Rental Expe	nse				, officeholder living	
							Parking at Hi	ltor	n American F	or Breakfast event with
	Saied Alavi with Marek Brothers									
	Complete ONLY if direct		Candidate/Office	older name	C	Office soug	ht		Office he	ld
	expenditure to benefit C/OI	Н								

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Edgal Services The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schodule E1:	2							2	Filer ID	(Ethics Commiss	cion Eilers)
1	1 Total pages Schedule F1: 2 FILER NAM Sch: 2/42 Rpt: 33/75 Maldonado									00065750		Son Filers)
4	Date	5	Payee name									
	11/15/2019		BBVA									
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A										
			Houston, TX 770	11								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense monthly paper statement fee				expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	O	ffice soug	ght			Office he	eld	
	Date		Payee name									
	12/16/2019		BBVA									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$3.00		7047 Harrisburg Houston, TX 770	-								
	PURPOSE OF EXPENDITURE	(a)	Category (See Category Accounting/Bank		this sche	edule)			, TX,	de of Texas. Com officeholder living tatement fee	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	O	office soug	ght			Office he	eld	
	Date		Payee name									
	07/15/2019		BBVA Compass									
	Amount (\$) \$3.00		Payee address; 7047 Harrisburg	3 ·	State;	Zip Coo	de					
			Houston, TX 770	11								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Accounting/Bank		this sche	edule)			, TX,	de of Texas. Com officeholder living tatement fee	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	O	office soug	ght			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	(F S	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
1	Sch: 3/42 Rpt: 34/75	Maldonado, Julia A. (The Honorable						
4	Date	5	Payee name					
	08/15/2019		BBVA Compass					
6	Amount (\$) \$3.00	7	Payee address; City; Sta 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	ate;	Zip Cod	le		
8	PURPOSE	(a)	Category (See Categories listed at the top of this	sched	lule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking Accoun					, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	Jht		Office held
	Date		Payee name					
	09/16/2019		BBVA					
	Amount (\$)		Payee address; City; Sta	ate;	Zip Cod	le		
	\$3.00		7047 Harrisburg Blvd., Bldg. A Houston, TX 77011					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Accounting/Banking	sched	lule) (Check if Aus	tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense statement fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	Jht		Office held
	Date		Payee name					
	10/15/2019		BBVA					
	Amount (\$) \$3.00		Payee address; City; Sta 7047 Harrisburg Bvd., Bldg. A	ate;	Zip Cod	le		
			Houston, TX 77020					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Accounting/Banking	sched	lule) (Check if Aus	tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense statement fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	Jht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:							
1	1 0							
	Sch: 4/42 Rpt: 35/75	Maldonado, Julia A. (The Honorable) 00065750						
4	Date	5 Payee name						
	12/11/2019	Bayou Blue Democrats						
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 3051 Locke Ln.						
		Houston, TX 77019						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership due						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/09/2019	Bellaire Braeswood Democrats						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.00	5116 Huisache St. Bellaire, TX 77401-4930						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/03/2019	Benihana Houston I						
	Amount (\$) \$41.34	Payee address;City;State; Zip Code1318 Louisiana St.						
		Houston, TX 77002						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Birthday lunch for Officer Johnson 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services State Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 5/42 Rpt: 36/75						
4	Date 12/10/2019	 Payee name Blackburn Photography 					
6	Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 1260 Blalock Rd # 110 Houston, TX 77055					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense photograph				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/23/2019	Braes Oaks Democrats					
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 5116 Huisache St.					
		Bellaire, TX 77401-4930					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IueS				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/30/2019	China Garden Restaurant					
	Amount (\$) \$42.83	Payee address; City; State; Zip Code 1602 Leeland St.					
		Houston, TX 77003					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense cheon with 507th law intern				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 6/42 Rpt: 37/75		Maldonado, Julia A. (The Honorable)				00065750		
4	Date 11/22/2019		Payee name Cleburne Cafeteria						
6	Amount (\$) \$173.25		Payee address; City; State; 3606 Bissonnet St. Houston, TX 77005	Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense nksgiving lunch.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	11/22/2019		Cleburne Cafeteria						
	Amount (\$) \$26.52		Payee address; City; State; 3606 Bissonnet St.	Zip Co	de				
	PURPOSE		Houston, TX 77005						
	OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense hksgiving lunch		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	07/01/2019		Constant Contact						
	Amount (\$) \$47.97		Payee address; City; State; 1601 Trapelo Road	Zip Co	de				
			Waltham, MA 02451						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense nass emails		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 7/42 Rpt: 38/75		Maldonado, Julia A. (The Honorable)				00065750		
4	Date	5	Payee name						
	08/31/2019		Constant Contact						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$47.97		1601 Trapelo Road						
			Waltham, MA 02451						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	Judioj		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					monthly fee f	or i	mass emails		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Jht		Office held		
	Date		Payee name						
	09/30/2019		Constant Contact						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$47.97		1601 Trapelo Road						
			Waltham, MA 02451						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					monthly fee f				
					2				
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Jht		Office held		
	expenditure to benefit C/OF	H							
	Date		Payee name						
	10/31/2019		Constant Contact						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$47.97		1601 Trapelo Road						
			Waltham, MA 02451						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
					monthly fee f		, officeholder living expense		
						511			
-	Complete ONLY if direct		Candidate/Officeholder name O	office sour	iht		Office held		
	expenditure to benefit C/OF				jin				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 8/42 Rpt: 39/75		Maldonado, Julia A. (The Honorable)					00065750	
4	Date	5	Payee name						
	11/30/2019		Constant Contact						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$47.97		1601 Trapelo Road						
			Waltham MA 02451						
_		<u> </u>	Waltham, MA 02451	r					
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) D	escription			
	EXPENDITURE		Advertising Expense		Ļ			de of Texas. Compl officeholder living e	
					L m			mass emails	
9	Complete ONLY if direct		candidate/Officeholder name C)ffice sou	abt			Office hel	d
5	expenditure to benefit C/OI			nice sou	JII			Oncerter	u
	Date		Payee name						
	12/31/2019		Constant Contact						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$47.97		1601 Trapelo Road						
			Waltham, MA 02451						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) D	escription			
	OF		Advertising Expense	euule)	Γ		outsic	de of Texas. Compl	lete Schedule T.
	EXPENDITURE				Ē	Check if Austin,	TX,	officeholder living e	expense
					m	nonthly fee fo	or n	nass emails	
	Complete ONLY if direct		candidate/Officeholder name C	Office sou	ght			Office hel	d
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/11/2019		Democratic Senate District 17						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$250.00		C/O Alan Guttman						
			5839 Wigton Dr.						
			Houston, TX 77096						
	PURPOSE			i	(h) D				
	OF		Category (See Categories listed at the top of this sche	edule)	(0) D	escription Check if travel o	outsio	de of Texas. Compl	lete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee	-	4		officeholder living e	
					a	dvertising			
						-			
-	Complete ONLY if direct		candidate/Officeholder name C)ffice sou	aht			Office hel	d
	expenditure to benefit C/Oł								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transportation Travel in Distrie Travel Out of D		
1	Total pages Schedule F1:	FII FR NAME	:				3 Filer ID	(Ethics Commission Filers)	
-	Sch: 9/42 Rpt: 40/75	Maldonado, Julia A. (The Honorable) 00065750							
4	Date	Payee name							
	08/27/2019	Doneraki							
6	Amount (\$)	Payee addre	ss; City;	State;	; Zip Co	de			
	\$37.37	300 Gulfgag	ate Mall						
		Houston, T	x 77087						
_	DUDDOCE				r	(b) =			
8	PURPOSE OF		ee Categories listed at the t	op of this sch	edule)	(b) Description	outside of Texas. Co	mploto Schodulo T	
	EXPENDITURE	Food/Bever	age Expense				n, TX, officeholder livir		
							political consu	• •	
						5			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	C	Dffice sou	Jht	Office h	neld	
⊨	Date	Payee name							
	10/17/2019		on Democrats						
				Otata	7: 0	1-			
	Amount (\$)	Payee addre		State;	; Zip Co	de			
	\$250.00	P. O. Box 2	4082						
		Houston, TX	X 77229						
	PURPOSE OF	Category (Se	ee Categories listed at the t	top of this sch	edule)	(b) Description			
	EXPENDITURE		s/Donations Made				outside of Texas. Co		
		Candidate/0	Officeholder/Politic	al Comm	littee		n, TX, officeholder livir		
						CONTIDUCION	o democratic o	JIYaIIIZalloII	
							01		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	C	Office sou	int	Office h	heid	
	Date	Payee name							
	09/03/2019	Evergreen	Clearers LLC						
	Amount (\$)	Payee addre	ss; City;	State;	; Zip Co	de			
	\$8.27	5428 Almed	la Rd.						
		Houston, T	× 77004						
	PURPOSE		ee Categories listed at the t	on of this och	odulo)	(b) Description			
	OF		head/Rental Expe		euule)	•	outside of Texas. Co	mplete Schedule T.	
	EXPENDITURE			1130		Check if Austin	n, TX, officeholder livir	ng expense	
						dry cleaning	of black robe ι	used in court.	
	Complete ONLY if direct	Candidate/Offi	ceholder name	C	Office sou	jht	Office h	neld	
	expenditure to benefit C/OI								
-									

				EXPENDI	TURE CATEGO	RIES FOR	BC)X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	ER NAME 3 Filer ID (Ethics Commissio								Commission Filers)	
_	Sch: 10/42 Rpt: 41/75			Aldonado, Julia A. (The Honorable) 00065750									
4	Date 07/05/2019		Payee name Fannin Flow	vers									
6	Amount (\$) \$151.55		Payee addres 4803 Fannir Houston, T>	n	State	e; Zip Coo	Je						
8	PURPOSE OF EXPENDITURE			ee Categories liste head/Rental	ed at the top of this sch Expense	hedule)			, TX,	de of Texas. Comp officeholder living nent		tule T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	le (Office soug	jht			Office he	ld		
	Date	T	Payee name		<u> </u>				_				
	12/11/2019		FedEx Offic	е									
-	Amount (\$)	┼─	Payee addres	ss; City;	State	e; Zip Coo	de						
	\$50.67		2200 SW Fr Houston, T>	reeway		-							
	PURPOSE OF EXPENDITURE			ee Categories liste head/Rental	ed at the top of this sch Expense	hedule)				de of Texas. Comp officeholder living		dule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	e (Office soug	jht			Office he	ld		
	Date	Γ	Payee name										
	11/20/2019		Frank's Pizz	za									
	Amount (\$) \$30.75		Payee addres 314 Prairie	ss; City;	State	e; Zip Coo	de						
		-	Houston, T>										
	PURPOSE OF EXPENDITURE			ee Categories liste age Expens	ed at the top of this sch	hedule)		Check if Austin	, тх,	de of Texas. Comp officeholder living VE WORKED th	expense	ule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	e (Office soug	jht			Office he	ld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Sch: 11/42 Rpt: 42/75	Maldonado, Julia A. (The Honorable)	00065750
4	Date	Payee name	
	12/06/2019	Frank's Pizza	
6	Amount (\$) \$45.50	Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
_			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense •We worked through lunch on case
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/16/2019	Geater Heights Democratic Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	5640 Kiam St. Houston, TX 77007	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/10/2019	Gloria's Latin Cuisine	
	Amount (\$) \$41.79	Payee address;City;State;Zip Code2616 Louisian St.	
		Houston, TX 77006	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense political consultant
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Streamse Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 12/42 Rpt: 43/75	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 11/25/2019	Payee name Gonzalez, Marco (Mr.)							
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 8876 Gulf Fwy. Suite 1420 Houston, TX 77017							
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Olitical contribution to Marco Gonzalez						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/20/2019	Harris County Democratic Lawyer's Association							
	Amount (\$) \$75.00	Payee address;City;State;Zip Code1302 Waugh Dr.							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense)						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/02/2019	Harris County Democratic Party							
	Amount (\$) \$10.00	Payee address;City;State;Zip Code4619 Lyons Ave.							
		Houston, TX 77020							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense DP sustaining membership						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)
_	Sch: 13/42 Rpt: 44/75		ado, Julia A. (The Ho	onorable)			-	00065750	(
4	Date	Payee na	ame						
	08/01/2019	Harris C	County Democratic P	arty					
6	Amount (\$)	Payee a	dress; City;	State	; Zip Coo	е			
	\$10.00	4619 Ly	ons Ave.						
		-							
			n, TX 77020		r				
8	PURPOSE OF		(See Categories listed at th	e top of this sch	nedule)	b) Description			alata Oshadada T
	EXPENDITURE	Fees						officeholder living	plete Schedule T.
						monthly sust		-	
								0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	(Office soug	ht		Office he	eld
	Date	Payee na	ame						
	09/01/2019		county Democratic P	arty					
	Amount (\$)	Payee a	-	-	; Zip Coo	P			
	\$10.00			State	, zip cot				
	\$10.00	4019 Ly	ons Ave.						
		Houstor	n, TX 77020						
	PURPOSE	a) Category	(See Categories listed at th	e top of this sch	nedule)	b) Description			
	OF EXPENDITURE	Fees							plete Schedule T.
	-							officeholder living	ship dues to HCDP
						monuny sust	ann	ig members	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate	/Officeholder name	(Office soug	ht		Office he	eld
	expenditure to benefit e/or								
	Date	Payee na	ame						
	10/01/2019	Harris C	County Democratic P	arty					
	Amount (\$)	Payee a	ldress; City;	State	; Zip Coo	е			
	\$10.00	4619 Ly	ons Ave.						
		Houstor	n, TX 77020						
	PURPOSE OF	a) Category	(See Categories listed at th	e top of this sch	nedule)	b) Description			
	EXPENDITURE	Fees						le of Texas. Com officeholder living	plete Schedule T.
						monthly sust			
						montany sust		ig members	ч"т у
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate	/Officeholder name	C	Office soug	ht		Office he	eld
	Superioration to benefit 0/01								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 14/42 Rpt: 45/75	Maldonado, Julia A. (The Honorable) 00065750							
4	Date 10/12/2019	5 Payee name Harris County Democratic Party							
_									
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution for friendsgiving 							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	11/01/2019	Harris County Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.00	4619 Lyons Ave. Houston, TX 77020							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly sustaining membership 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Pavee name							
	11/08/2019	Harris County Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	4619 Lyons Ave.							
		Houston, TX 77020							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Filing fees to be on the ballot for March 2020 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			vent Expense ees ood/Beverage Expe Sift/Awards/Memoria egal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in Distri Travel Out of D	i Equi ct Distric	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 15/42 Rpt: 46/75			Julia A. (The	Honorable)					00065750	`	
4	Date	5	Payee name									
	11/04/2019		Harris Count	y Democratic	Party							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$3,000.00		4619 Lyons	Ave.								
			Houston, TX	77020								
_	DUDDOCE					r	(1-)					
8	PURPOSE OF			Categories listed a		nedule)	(a)	Description	outei	de of Texas. Co	mnlo	sto Schodulo T
	EXPENDITURE			s/Donations N fficeholder/Po		nittee				officeholder livi		
			Culturatero			intee					-	n coordinated
								campaign	•	2		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Dffice sou	ght			Office I	held	I
	Date		Payee name									
	12/01/2019		Harris Count	y Democratic	Party							
-	Amount (\$)		Payee addres	-		; Zip Co	do					
	\$10.00		4619 Lyons		State,	, zip co	ac					
	\$10.00		4019 Lyons /	чvе.								
			Houston, TX	77020								
	PURPOSE	(a)	Category (See	Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees							de of Texas. Co	•	
										officeholder livi		ip dues to HCDP
								MOTILITY SUST	ann	ng membe	1511	
L			Candidate/Offic							Office	امماط	1
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	enoluer name	(Office sou	ynt			Office I	neiu	1
	Date		Payee name									
	12/11/2019		Harris Count	y Democratic	Party							
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de					
	\$117.00		4619 Lyons			, , , , , ,						
	+											
			Houston, TX	77020								
	PURPOSE	(a)	Category (See	Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental E	xpense					de of Texas. Co	•	
	EXPENDITORE								, TX,	officeholder livi	ng ex	kpense
								copies				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office I	held	1
	expenditure to benefit C/OI	-1										

			EXPENDITURE C	ATEGO	RIES FOF	8 BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transportat Travel in Di Travel Out o		
1 Total pages Schedule F1: 2 FILER NAME						•	3 Filer ID	(Ethics Commission Filers)
-	Sch: 16/42 Rpt: 47/75		Maldonado, Julia A. (The Hond	orable)			000657	· · · · · · · · · · · · · · · · · · ·
4	Date 09/20/2019	5	Payee name Harris County Tejano Democra	ats				
6	Amount (\$)	7	Payee address; City;		; Zip Co			
Ū	\$1,000.00	,	502 Highland St. Houston, TX 77009	State,	, zip co			
_	BUBBAAF					()		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Advertising Expense	p of this sch	edule)		n, TX, officeholder	Complete Schedule T. living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght	Offic	e held
	Date		Payee name					
	09/21/2019		Heights Democratic Club					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$20.00		1703 Heights Blvd. Houston, TX 77008					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Fees	p of this sch	iedule)		n, TX, officeholder	Complete Schedule T. living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght	Offic	e held
	Date	Γ	Payee name					
	11/04/2019		Hobby Lobby					
	Amount (\$) \$74.64		Payee address; City; 8715 West Loop South	State;	; Zip Co	de		
			Houston, TX 77096					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expen		edule)	Check if Austin	n, TX, officeholder	Complete Schedule T. living expense NOTOS Of past judges
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght	Offic	e held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 17/42 Rpt: 48/75	Maldonado, Julia A. (The Honorable)	00065750					
4	Date 11/29/2019	5 Payee name Hobby Lobby						
6	Amount (\$) \$313.20	7 Payee address; City; State; Zip Code 8715 West Loop South						
		Houston, TX 77096						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense ificates/licenses					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/21/2019	Houston Black American Democrats						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	P.O. Box 21572						
		Houston, TX 77226						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense ring event					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Pavee name						
	08/21/2019	Houston Black American Democrats						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	P.O. Box 21572						
		Houston, TX 77226						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense event					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITU	IRE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa			Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	ent & Related Expense
1	Total pages Schedule F1:	2				•	3	Filer ID (Ethi	ics Commission Filers)
-	Sch: 18/42 Rpt: 49/75		Maldonado, Julia A. (The	Honorable)				00065750	
4	Date	5	Payee name						
	09/23/2019		Houston GLBT Political C	aucus					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$40.00		Post Office Box 66664						
			Houston, TX 77266						
8	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description			
	OF		Fees		icuaic)		outs	ide of Texas. Complete So	chedule T.
	EXPENDITURE							, officeholder living expens	se
						membership	due	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office soug	Jht		Office held	
	Date		Payee name						
	09/29/2019		Houston GLBT Political C	aucus					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le			
	\$600.00		Post Office Box 66664	etato,	, <u> </u>				
	\$000.00								
			Houston, TX 77266						
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete So	
	-							, officeholder living expens	se
						advertising a	u G	aia	
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	aht		Office held	
	expenditure to benefit C/Oł			C	Juice soug	JIIL		Onice neid	
╞	Date		Payee name						
	10/02/2019		Houston GLBT Political C	aucus					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	de			
	\$350.00		Post Office Box 66664						
	÷000.00								
			Houston, TX 77266						
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete So	
								, officeholder living expension	
	ſ					Auventising C	uuill	ng monuny meeti	ng in October 2019
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	yht		Office held	

				EXPENDITU	JRE CATEGOR	RIES FOR	во	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C ittee L	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	LER NAME						3	Filer ID	(Ethics Commis	sion Filers)		
	Sch: 19/42 Rpt: 50/75			Julia A. (The	Honorable)					00065750	`	ŕ		
4	Date 12/08/2019		ayee name ouston Gar	den Center										
6	Amount (\$)				Stata	; Zip Co	40							
0	\$25.92	1	ayee addres: 0010 S. Hw ugar Land,	y. 6	State,	, Ζιρ Ου	Je							
8	DUDDOCE		-				(h)	<u> </u>						
ð	PURPOSE OF EXPENDITURE			Categories listed a ead/Rental E	at the top of this sch Xpense	nedule)			, TX,	de of Texas. Com officeholder living ettias				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	C	Office sou	ght			Office he	ld			
	Date	P	ayee name											
	11/18/2019	J	ohnston Ca	mpaigns										
	Amount (\$)	P	ayee address	s; City;	State;	; Zip Co	de							
	\$1,200.00		415 S. Voss ouston, TX											
	PURPOSE						(h)	Decoription						
	OF		alegory _{(See}		at the top of this sch	nedule)			, TX,	de of Texas. Com officeholder living ing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	C	Office sou	ght			Office he	eld			
	Date	P	ayee name											
	12/18/2019		oshua Bullo	ck										
	Amount (\$)	P	ayee address	s; City;	State:	; Zip Co	de							
	\$1,500.00		. O. Box 66		,	, F								
		н	ouston, TX	77266										
	PURPOSE OF EXPENDITURE		ategory _{(See} dvertising E		at the top of this sch	nedule)				de of Texas. Com officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	C	Office sou	ght			Office he	eld			

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense bommittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME 3	B Filer ID (Ethics Commission Filers)									
	Sch: 20/42 Rpt: 51/75	Maldonado, Julia A. (The Honorable)	00065750									
4	Date	Payee name										
	11/27/2019	Kingdom Builders Cathedral										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$100.00	8011 W. Orem Dr.										
		Houston, TX 77085										
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Contributions/Donations Made By	tside of Texas. Complete Schedule T.									
			rX, officeholder living expense									
		Contribution to	r Thanksgiving Turkeys									
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
9	expenditure to benefit C/OF	Candidate/Onicenoider name Onice sought	Once held									
_	Date											
	11/27/2019	Payee name Kingdom Builders Cathedral										
L												
	Amount (\$)	Payee address; City; State; Zip Code 8011 W. Orem Dr.										
	\$100.00											
		Houston, TX 77085										
	PURPOSE	D) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE		Itside of Texas. Complete Schedule T.									
			FX, officeholder living expense church for Thanksgiving turkeys									
_	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held									
	expenditure to benefit C/OI	Ğ										
-	Date	Payee name										
	08/22/2019	Kroger										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$21.10	239 W. 20th St.										
		Houston, TX 77008										
	PURPOSE OF	(b) Category (See Categories listed at the top of this schedule)										
	EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense									
			ter for 507th district court									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
\vdash												

			EXPENDITURE C	ATEGO	RIES FOR	во	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Polling Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2						3	Filer ID (I	Ethics Commission Filers)			
1	Sch: 21/42 Rpt: 52/75		Maldonado, Julia A. (The Hono	rable)					00065750				
4	Date	5	Payee name										
	12/03/2019		Kroger										
6	Amount (\$) \$55.72		Payee address; City; 239 West 20th St. Houston, TX 77008	State	; Zip Co	de							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Office Overhead/Rental Expens		iculicy		Check if travel of Check if Austin,	TX,	de of Texas. Complei officeholder living ex ems needed fo				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office held				
	Date		Payee name										
	08/22/2019		Labor Council for Latin America	an Adva	ancement								
	Amount (\$)		Payee address; City;	State	; Zip Co	de							
	\$20.00		2506 Sutherland ST. Houston, TX 77023										
	PURPOSE				Т	(h)	Description						
	OF		Category (See Categories listed at the top FeeS	o of this sch	nedule)			TX,	de of Texas. Complei officeholder living ex IS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office held				
	Date		Payee name										
	10/19/2019		Labor Council for Latin America	an Adva	ancement								
	Amount (\$)		Payee address; City;	State	; Zip Co	de							
	\$25.00		2506 Sutherland St.										
			Houston, TX 77023										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	o of this sch	nedule)			тx,	le of Texas. Complei officeholder living ex .CLAA gala				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(Office sou	ght			Office held				

			EXPENDITURE	E CATEGOF	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 22/42 Rpt: 53/75		Maldonado, Julia A. (The Ho	onorable)			ľ	00065750				
4	Date	5	Payee name									
	08/27/2019		Lawton, Audrie (Ms.)									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le						
	\$350.00		4385 Harvest Ln.									
			Houston, TX 77004									
_		<u> </u>										
8	PURPOSE OF		Category (See Categories listed at the	e top of this sche	edule)	(b) Description	outo	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Consulting Expense					, officeholder living expense				
						Fees for con:						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name	C	Dffice soug	ht		Office held				
-	Date		Payee name									
	11/02/2019		Lawton, Audrie (Ms.)									
				Ctata	7:0 000							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le						
	\$350.00		4385 Harvest Ln.									
			Houston, TX 77004									
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						political cons	uiu	ng lees				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	С	Office souç	ht		Office held				
	Date		Payee name									
	08/29/2019		Lupe Tortillas									
	Amount (\$)		Payee address; City;	State:	Zip Co	le						
	\$34.15		1511 Shepherd Dr.	otatoj	, <u> </u>							
	\$6 H10											
			Houston, TX 77007									
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						meeting with	ро	litical consultant				
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	lht		Office held				
	expenditure to benefit C/OI	-1										

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E: Printing E Salaries/	oayme verhea xpense Expense Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 23/42 Rpt: 54/75		Maldonado, Julia A. (The Honorab	le)				00065750
4	Date	5	Payee name					
	09/10/2019		Murphy Robes					
6	Amount (\$)	7	Payee address; City; S	State; Zip Co	ode			
	\$401.95		1000 N. Market					
			Champaign, IL 61820-9921					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel		de of Texas. Complete Schedule T.
								officeholder living expense
						Female Judic	lai	Robe
_	Complete ONIL V if direct	Ľ	2	Office cou	·~ht			Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jgrit			
	Date		Payee name					
	10/29/2019		Office Depot					
	Amount (\$)	\square	Payee address; City; S	State; Zip Co	ode			
	\$177.27		1401 N. Loop W.					
			Houston, TX 77008					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						cards	uhr	blies, ink, and labels to correct push
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	 Iaht			Office held
	expenditure to benefit C/OF			0				
-	Date	Γ	Payee name					
	08/09/2019		Pappas Barbeque					
-	Amount (\$)	┢	Payee address; City; S	State; Zip Co	ode			
	\$402.47		6396 Richmond Ave.					
			Houston, TX 77057		1			
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		de ef Teures, Oemelede Oekerdele T
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense
								thly meeting lunch for Presiding
								dges and Associate Judges
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held
\vdash								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Cabadula F1	1		explains	now to con		12	Filer ID	(Ethics Commission Filers)
L.	Total pages Schedule F1: Sch: 24/42 Rpt: 55/75		HILER NAME Maldonado, Julia A. (The Hon	orable)			3	00065750	(Eurics Commission Filers)
4	Date 07/24/2019		Payee name PayPal						
6	Amount (\$) \$4.65		Payee address; City; P. O. Box 45950 Omaha, NE 68145-0950	State;	; Zip Coc	e			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Accounting/Banking	op of this sch	edule)	Check if Austi	n, TX,	de of Texas. Compl officeholder living e - political cor	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d
	Date		Payee name						
	07/25/2019		PayPal						
	Amount (\$) \$1.75		Payee address; City; P. O. Box 45950	State;	; Zip Coc	e			
	PURPOSE OF EXPENDITURE	(a)	Omaha, NE 68145-0950 Category _{(See Categories listed at the to} Accounting/Banking	op of this sch	edule)	Check if Austi	n, TX,	de of Texas. Compl officeholder living e political cont	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d
	Date		Payee name						
	07/25/2019		PayPal						
	Amount (\$) \$3.93		Payee address; City; P. O. Box 45950	State;	; Zip Coc	e			
			Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Accounting/Banking	op of this sch	iedule)	Check if Austi	n, TX, ee -		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d

			EXPENDIT	URE CATEGOR	RIES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Relate	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commi	ssion Filers)
1	Sch: 25/42 Rpt: 56/75		Maldonado, Julia A. (The	e Honorable)				<u> </u>	00065750	(Eulies comm	
4	Date	5	Payee name								
	07/25/2019		PayPal								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$29.30		P. O. Box 45950								
			Omaha, NE 68145-0950								
8	PURPOSE	(a)	Category (See Categories listed			(b)	Description				
Ũ	OF	(~)	Accounting/Banking	at the top of this sch	edule)	()		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		/ looodinting/Danking				Check if Austin	ı, ТХ,	officeholder living	expense	
							processing fe	ee -	political cor	tribution from	n Laura
							Arteaga				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	e C	Dffice sou	ght			Office he	eld	
	Date		Payee name								
	07/26/2019		PayPal								
	Amount (\$)	-	Payee address; City;	State:	Zip Co	do					
	\$4.65		P. O. Box 45950	State,		ue					
	Φ4.05		P. O. DUX 45950								
			Omaha, NE 68145-0950								
	PURPOSE	(a)	Category (See Categories listed	I at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking						de of Texas. Com		
									officeholder living	-	
							processing fe Ricks	e -	political cor	itribution from	n A Tousha
							NICKS				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	e C	Office sou	ght			Office he	eld	
	Date		Payee name								
	07/28/2019		PayPal								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$7.55		P. O. Box 45950		•						
	÷										
			Omaha, NE 68145-0950	1	_						
	PURPOSE	(a)	Category (See Categories listed	l at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking						de of Texas. Com		
									officeholder living		
							processing fe Anunobi	e -	political cor	itribution from	n Chidi
	Complete ONLY if direct		Candidate/Officeholder name	e C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Η									

				EXPE		CATEGOR	RIES FOR	R BC	OX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards Legal Servio	age Expense 'Memorials Exp ces		Office Ove Polling Ex Printing Ex Salaries/M	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
_		1			uction Guide	explains	now to co	mpie	ete this form.			(=1)			
1	1 5				(7)					3	Filer ID	(Ethics	Commission Filers)		
	Sch: 26/42 Rpt: 57/75		Maldonado,	Julia A.	(The Hond	orable)					00065750				
4	Date 07/28/2019		Payee name PayPal												
6	Amount (\$)	7	Payee addres	ss; C	ty;	State;	Zip Co	ode							
	\$14.80		P. O. Box 4 Omaha, NE		950										
_	DUDDOCE							(1-)							
8	PURPOSE OF EXPENDITURE		Category (Se Accounting/		s listed at the to	op of this sch	edule)	(D)		, TX,	de of Texas. Com officeholder living political cor	g expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offi	ceholder	name	C	Office sou	ight			Office he	eld			
	Date		Payee name												
	08/16/2019		PayPal												
	Amount (\$)		Payee addres	ss; C	ty;	State;	Zip Co	ode							
	\$72.80		P. O. Box 4 Omaha, NE)950										
	PURPOSE		Category (Se				a duda)	(b)	Description						
	OF		Accounting/		s listed at the to	op of this sch	edule)	(5)	Check if travel	, TX,	de of Texas. Com officeholder living ion from Hil	g expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder	name	C	Office sou	ight			Office he	eld			
	Date		Payee name												
	08/19/2019		PayPal												
	Amount (\$)	\vdash	Payee addres	ss; C	ty;	State:	Zip Co	ode							
	\$43.80		P. O. Box 4				•								
			Omaha, NE												
	PURPOSE OF EXPENDITURE		Category (Se Accounting/		s listed at the to	op of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living ion from Ro	g expense			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder	name	C	Office sou	ight			Office he	eld			

			EXPENDITUR	E CATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers	;)
1	Sch: 27/42 Rpt: 58/75		Maldonado, Julia A. (The He	onorable)				00065750	,
4	Date	5	Payee name						
	08/20/2019		PayPal						
6	Amount (\$) \$87.30		Payee address; City; P. O. Box 45950 Omaha, NE 68145-0950	State;	; Zip Co	de			
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Accounting/Banking		cuuc)	Check if travel	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense tion from Marco Gonzalez	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	yht		Office held	
	Date		Payee name						
	08/24/2019		PayPal						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$6.10		P. O. Box 45950 Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Accounting/Banking	e top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense tion from Angelica Landa	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ŋht		Office held	
	Date		Payee name						
	09/12/2019		PayPal						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$14.80		P. O. Box 45950						
			Omaha, NE 68145-0950						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Accounting/Banking	e top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ttion from Reginald McKamie	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held	

			EXPENDITURE CATEGORIES FOR BOX 8	3(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Re Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete t	ntal Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula E1.		FILER NAME	i	Filer ID (Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 28/42 Rpt: 59/75		HILER NAME Maldonado, Julia A. (The Honorable)		Filer ID (Ethics Commission Filers) 00065750
4	Date	5	Payee name	•	
	09/27/2019		PayPal		
6	Amount (\$) \$0.59		Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) De	scription	
	OF EXPENDITURE		Accounting/Banking	Check if travel outside Check if Austin, TX, o	e of Texas. Complete Schedule T. officeholder living expense ion from Aaron Azios
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought		Office held
	Date		Payee name		
	10/23/2019		PayPal		
	Amount (\$)		Payee address; City; State; Zip Code		
	\$7.55		P. O. Box 45950 Omaha, NE 68145-0950		
	PURPOSE OF EXPENDITURE		Accounting/Banking	Check if Austin, TX, c	e of Texas. Complete Schedule T. officeholder living expense ion from Stefanie Gonzalez
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought		Office held
	Date		Payee name		
	10/31/2019		PayPal		
	Amount (\$) \$7.55		Payee address; City; State; Zip Code P. O. Box 45950		
			Omaha, NE 68145-0950		
	PURPOSE OF EXPENDITURE		Accounting/Banking	Check if Austin, TX, c	e of Texas. Complete Schedule T. officeholder living expense ion from Tiffany Radford
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought		Office held

				EXP	ENDITURE	CATEGOR	RIES FOR	R BC	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					d/Rental Expense e se s/Contract Labor		Travel in Distric Travel Out of Di	Equip t istrict	ment & Related Expense	
_	-	1_			truction Gui	de explains	how to co	ompie	ete this form.	-				
1	Total pages Schedule F1:	2								3	Filer ID	(E	thics Commission Filers	
	Sch: 29/42 Rpt: 60/75		Maldonado,	, Julia A	A. (The Ho	norable)					00065750			
4	Date	5	Payee name											
	12/30/2019		PayPal											
6	Amount (\$)	7	Payee addre	ss; (City;	State;	Zip Co	ode						
	\$14.80		P. O. Box 4	5950										
			Omaha, NE	68145	-0950									
8	PURPOSE	(a)						(h)	Description					_
0	OF	(4)	Category (Se Accounting/			top of this sch	edule)	(,	Description	outsi	de of Texas. Con	nplete	e Schedule T.	
	EXPENDITURE		Accounting	Dannin	y						officeholder livin	•		
									Processing fe	ee c	on contribut	ion	from Marsha Reed	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholde	r name	C	Office sou	ıght			Office h	eld		
	Date		Payee name											
	12/31/2019		PayPal											
	Amount (\$)	$\left \right $	Payee addre	دد. (City;	State:	Zip Co	nde						-
	\$3.20		P. O. Box 4	-	City,	0.000,	2-ip 00	Juc						
	ΨΟ.ΖΟ		F. U. DUA 4	0900										
			Omaha, NE	68145	-0950			-						
	PURPOSE OF	(a)	Category (Se			top of this sch	edule)	(b)	Description					
	EXPENDITURE		Accounting/	/Bankin	g						de of Texas. Con officeholder livin			
													from Patricia Egwu	atu
									11000000				101111 (direct	
	Complete ONLY if direct		Candidate/Offi	iceholde	r name		Office sou	l naht			Office h	eld		_
	expenditure to benefit C/OF		Junuique, c	00110.22	Thans	-	////00 000	ig			01100	10.12		
_	Data	1												_
	Date		Payee name											
	12/31/2019		PayPal											
	Amount (\$)		Payee addre		City;	State;	Zip Co	ode						
	\$7.55		P. O. Box 4	5950										
			Omaha, NE	68145	-0950									
	PURPOSE	(a)	Category (Se	ee Categor	ries listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting				,				de of Texas. Con			
	EXPENDITORE										officeholder livin			
									processing fe	e o	on contributi	ion t	from Lawrence Cer	†
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholde	r name	C	Office sou	ight			Office h	eld		
	openditare to benefit C/Of													

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 30/42 Rpt: 61/75	Maldonado, Julia A. (The Honorable)	00065750						
4	Date 10/05/2019	5 Payee name Porras Prontito Inc.							
6	Amount (\$) \$47.69	7 Payee address; City; State; Zip Code 6301 Market St. Houston, TX 77020							
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ICE at HCDP meeting						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/31/2019	R. F. F. H.							
	Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 541905							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ade to RFFH						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/31/2019	Randalls							
	Amount (\$) \$61.36	Payee address; City; State; Zip Code 2225 Louisiana							
		HOUSTON, TX 77002							
	PURPOSE OF EXPENDITURE	Check if Austin, T Water for court	tside of Texas. Complete Schedule T. X, officeholder living expense thouse, drinks and misc. food for ampaign volunteers						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		elated Expense						
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Cor	nmission Filers)						
	Sch: 31/42 Rpt: 62/75		,						
4	Date 12/03/2019	5 Payee name Regency Garage							
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 611 Clay St Houston, TX 77002							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Parking for Officer Johnson's birthday							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	12/03/2019	Sam's Club							
	Amount (\$) \$10.76								
	PURPOSE OF EXPENDITURE	Houston, TX 77043 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense coffee for the 507th weekly Friday coff							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH							
	Date	Payee name							
	07/19/2019	Shipley's Donut Shop #1							
	Amount (\$) \$7.00	Payee address;City;State; Zip Code3932 N. Main St.							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense donuts for 507th weekly coffee with at							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense
1	Total pages Schedule F1:	2				·	3	Filer ID (Ethio	cs Commission Filers)
-	Sch: 32/42 Rpt: 63/75		Maldonado, Julia A. (The Honora	able)				00065750	
4	Date 07/26/2019		² ayee name Shipley's Donut Shop #1						
6	Amount (\$)		Payee address; City;	State [.]	Zip Cod				
J	\$26.83		3932 N. Main St.	Olulo,					
			Houston, TX 77009						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule) (I	Check if Austin	I, TX,	le of Texas. Complete Sc officeholder living expens Weekly coffee wi	se
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	0	Office sough	nt		Office held	
	Date		Payee name						
	08/05/2019		Shipley's Donut Shop #1						
	Amount (\$)		Payee address; City;	State;	Zip Code	9			
	\$7.00		3932 N. Main St. Houston, TX 77009						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		_{edule)} (I	Check if Austin	, TX,	le of Texas. Complete Sc officeholder living expens y coffee with atto	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office sough	nt		Office held	
	Date		^D ayee name						
	08/09/2019		Shipley's Donut Shop #1						
	Amount (\$) \$8.90		Payee address; City; 3932 N. Main St.	State;	Zip Code	9			
			Houston, TX 77009						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule) (I	Check if Austin	, TX,	le of Texas. Complete Sc officeholder living expens y coffee with atto	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office sough	nt		Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 33/42 Rpt: 64/75	Maldonado, Julia A. (The Honorable)	00065750
4	Date 08/23/2019	5 Payee name Shipley's Donut Shop #1	
6	Amount (\$) \$8.90	7 Payee address; City; State; Zip Code 3932 N. Main St.	
		Houston, TX 77009	
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense kly coffee for attorneys in the 507th
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/04/2019	Shipley's Donut Shop #1	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.50	3932 N. Main St.	
		Houston, TX 77009	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense kly coffee with attorneys in 507th
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/11/2019	Shipley's Donut Shop #1	
	Amount (\$) \$7.00	Payee address; City; State; Zip Code 3932 N. Main St.	
		Houston, TX 77009	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense kly coffee for attorneys in the 507th
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:								
-	Sch: 34/42 Rpt: 65/75	Maldonado, Julia A. (The Honorable) 00065750							
4	Date 10/21/2019	5 Payee name Shipley's Donut Shop #1							
6	Amount (\$) \$8.39	7 Payee address; City; State; Zip Code 3932 N. Main St. Houston, TX 77009							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in 507th 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/01/2019	Shipley's Donut Shop #1							
	Amount (\$) \$8.70	Payee address; City; State; Zip Code 3932 N. Main St.							
	PURPOSE OF EXPENDITURE	Houston, TX 77009 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in the 507th							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/08/2019	Shipley's Donut Shop #1							
	Amount (\$) \$22.00	Payee address; City; State; Zip Code 3932 N. Main St.							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in the 507th 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 35/42 Rpt: 66/75	Maldonado, Julia A. (The Honorable) 00065750							
4	Date 11/15/2019	5 Payee name Shipley's Donut Shop #1							
6	Amount (\$) \$8.90	7 Payee address; City; State; Zip Code 3932 N. Main St. Houston, TX 77009							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in the 507th 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/22/2019	Shipley's Donut Shop #1							
	Amount (\$) \$14.00	Payee address; City; State; Zip Code 3932 N. Main St.							
	PURPOSE OF EXPENDITURE	Houston, TX 77009 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in the 507th							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/13/2019	Shipley's Donut Shop #1							
	Amount (\$) \$11.00	Payee address; City; State; Zip Code 3932 N. Main St.							
		Houston, TX 77009							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly Friday coffee in the 507th 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 36/42 Rpt: 67/75	Maldonado, Julia A. (The Honorable)	00065750					
4	Date	Payee name						
	09/08/2019	Southwest Democrats						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	P. O. Box 2053						
		Bellaire, TX 77402						
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
			r cookoff event					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/27/2019	Square Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.65	1455 Market Street, Suite 600						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense e for political contribution from Florita					
		Ray-Welsh	e lor political contribution from Fionta					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/31/2019	Star Pizza #2						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$64.54	77 Harvard						
		Houston, TX 77007						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
			e for campaign meeting with volunteers					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	- -						
-								

				EXPENDITU	JRE CATEGO	RIES FOR	BC	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
_	Tatal warma Oak adula E4				Guide explains		npie	ete this ioni.		File ID	(Ethics Co	
1	Total pages Schedule F1:				Llonoroblo)				3	Filer ID	(Ethics Co	ommission Filers)
	Sch: 37/42 Rpt: 68/75			Julia A. (The	Honorable)					00065750		
4	Date 08/03/2019		Payee name State Print									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$2,425.48		p. O. Box 26			·						
			Houston, T	(77207		-						
8	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	e Categories listed a	at the top of this sch	nedule)	(b)		, тх,	de of Texas. Com officeholder living shirts, magn	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/23/2019		State Print									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$1,007.00		P. O. Box 2			, 1						
			Houston, TX	(77207								
	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	e Categories listed a ense	at the top of this sch	nedule)	(b)		, тх,	de of Texas. Com officeholder living DAGS		e T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/03/2019		State Print									
	Amount (\$)	⊢	Payee addres	s; City;	State	; Zip Co	de					
	\$240.00		P. O. Box 2									
			Houston, TX									
	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	e Categories listed a ense	at the top of this sch	nedule)	(b)		, тх,	de of Texas. Com officeholder living 1etS		е Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ght			Office he	ld	

				EXPENDIT	URE CATEGO	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction		Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Travel in District Travel Out of Distr	uipment & Related I	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 38/42 Rpt: 69/75		Maldonado	, Julia A. (The	Honorable)				-	00065750	`	-
4	Date 12/30/2019	5	Payee name State Print									
6	Amount (\$)	+	Payee addre	ss; City;	State	e; Zip Coo						
	\$225.00		P. O. Box 2 Houston, T	262121	Outo	-, Σ ιρ Ου						
8	PURPOSE	<u> </u>					(h)	Description				
0	OF EXPENDITURE		Advertising		at the top of this sch	hedule)			, TX,	de of Texas. Compl officeholder living e email blast		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name	(Office sou	yht			Office hel	d	
	Date	Γ	Payee name									
	12/04/2019		Target									
_	Amount (\$)		Payee addre	ss; City;	State	e; Zip Coo	de					
	\$161.89		2580 Shear	rn St.	Giuto	, <i>Δ</i> ιρ ους	10					
			Houston, TX	X 77007								
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed Decorations	at the top of this sch	hedule)			, тх, Э СОІ		expense	and the
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name		Office sou	jht			Office hel	d	
	Date	Γ	Payee name									
	07/19/2019		Tejano Den									
	Amount (\$)	<u> </u>	Payee addre		State	e; Zip Coo	de					
	\$25.00		3715 N. Ma		Culto	, <i>L</i> ip CC						
			Houston, T	X 77009		r						
	PURPOSE OF EXPENDITURE		Category _{(Si} Fees	ee Categories listed	at the top of this sch	hedule)			, TX,	de of Texas. Compl officeholder living e 2 S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name	(Office sou	jht			Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prin Legal Services Sal The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		· · · · · ·	3 Filer ID (Ethics Commission Filers)					
	Sch: 39/42 Rpt: 70/75	laldonado, Julia A. (The Honorable)		00065750					
4	Date 09/05/2019	ayee name exas Center for the Judiciary							
6	Amount (\$) \$20.00	ayee address; City; State; Zi 210 San Antonio ustin, TX 78701) Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule vent Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense t presentation during judicial conference					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	09/05/2019	exas Center for the Judiciary							
	Amount (\$)	ayee address; City; State; Zi	Code						
	\$50.00	210 San Antonio ustin, TX 78701							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule ivent Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense judiciary conference in sa					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	08/06/2019	exas Coalition of Black Democrats							
	Amount (\$) \$20.00	ayee address; City; State; Zi 111 Kaes of 610, Apt. #1623) Code						
		louston, TX 77054							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/M	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 40/42 Rpt: 71/75		Maldonado, Julia A. (The Honorable)			00065750	
4	Date	5	Payee name					
	08/06/2019		Texas Coalition of Black Democrats					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	de			
	\$50.00		9111 Kaes of 610, Apt. #1623					
			Houston, TX 77054					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description			
	OF EXPENDITURE		Fees				ide of Texas. Com	
					membership		, officeholder living	expense
					memberemp	au		
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office he	eld
-	expenditure to benefit C/OF							
	Date		Payee name					
	11/02/2019		Texas Coalition of Black Democrats					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de			
	\$50.00		9111 Kaes of 610, Apt. #1623					
			Houston, TX 77054					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description			
	OF EXPENDITURE		Fees				ide of Texas. Com	
					membership		, officeholder living	expense
					membership	uut		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	08/21/2019		Top Florist					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de			
	\$232.72		25119 Grogan's Mill Road, Sutie F					
			The Woodlands, TX 77380					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description	_		
	EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Com , officeholder living	
								reporter's brother.
						2110		
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht		Office he	eld
	expenditure to benefit C/OF			2			2	-
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide e		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				•	3	Filer ID (Ethics Commission Filer	rs)
-	Sch: 41/42 Rpt: 72/75		Maldonado, Julia A. (The Honor	able)				00065750	.5)
4	Date	5	Payee name						
	12/28/2019		US Postmaster						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$55.00		634 W. Cavalcade						
			Houston, TX 77009						
_	DUDDOOF					(1-)			
8	PURPOSE OF	(a)	Category (See Categories listed at the top		nedule)	(b) Description	-1	ide of Taura Commission Calendaria T	
	EXPENDITURE		Office Overhead/Rental Expens	е				side of Texas. Complete Schedule T. K, officeholder living expense	
								nk you cards	
						i ostage io	uiu		
_	Operation ONUNC for the other				24				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	gnt		Office held	
	Date		Payee name						
	12/19/2019		Vic & Anthony's						
	Amount (\$)	-	Payee address; City;	State	; Zip Co	do			
	.,			State,	, zip co	ue			
	\$800.00		1510 Texas Avenue						
			Houston, TX 77002						
	PURPOSE	(a)	Category (See Categories listed at the top	of this coh	odulo)	(b) Description			
	OF	ľ	Food/Beverage Expense	01 1113 3011	ieduic)		el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Au	tin, TX	K, officeholder living expense	
						Christmas	unch	heon for 507th Staff	
	Complete ONLY if direct	(Candidate/Officeholder name	(Office sou	ght		Office held	
	expenditure to benefit C/OI	Н				-			
⊢	Date	<u> </u>	Payee name						
	12/04/2019		Walmart						
				Stato	; Zip Co	do			
	Amount (\$)			State,	, zip co	ue			
	\$32.43		3506 High 6 S.						
			Houston, TX 77082						
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	iedule)	(b) Description			
	OF		Christmas decoration		,	Check if trav	el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Au	tin, TX	K, officeholder living expense	
						Christmas	deco	prations for court	
	Complete ONLY if direct	. (Candidate/Officeholder name	C	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н							
-									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
	Sch: 42/42 Rpt: 73/75	Maldonado, Julia A. (The Honorable)	00065750								
4	Date	5 Payee name									
	10/01/2019	West Houston Democrats									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$20.00	unknonw									
	Houston, TX 77000										
8	PURPOSE										
ľ	OF		outside of Texas. Complete Schedule T.								
	EXPENDITURE		n, TX, officeholder living expense								
		membership	fees								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OI	1									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District /Wages/Contract Labor OTHER (enter a category not listed above)							
1 Total pages Schedule G: Sch: 1/2 Rpt: 74/75	2 FILER NAME 3 Filer ID (Ethics Commission F Maldonado, Julia A. (The Honorable) 00065750								
4 Date 12/10/2019	5 Payee name JOANN								
6 Amount (\$) \$24.40	7 Payee address; City; State; Zip Code 5520 Weslayan St. Houston, TX 77005								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Decorations							
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH C/OH C/OH C/OH C/OH									
Date 10/25/2019	T dyor hand								
Amount (\$) \$10.40	Amount (\$) Payee address; City; State; Zip Code \$10.40 3932 N. Main St.								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly coffee with attorneys in the 507th							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held							
Date 12/06/2019									
Amount (\$)Payee address;City;State; Zip Code\$8.503932 N. Main St.									
Reimbursement from political contributions intended Houston, TX 77009									
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donuts for weekly Friday coffee with attorneys in the 507th court							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held							

POLITIC	AL EXPE	INDITURE	ES FROM P	PERSON	al funds	5	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donat Candidate/Officer Credit Card Payment	ions Made By - nolder/Political Comr	Even Fees Food Gift/A mittee Legal	XPENDITURE CAT L Expense /Beverage Expense wards/Memorials Expense Services Instruction Guide exp	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor	Transporta Travel in D Travel Out	
1 Total pages Sche Sch: 2/2 Rpt: 7		FILER NAME Maldonado, Juli	a A. (The Honoral	ble)		3 Filer ID 000657	(Ethics Commission Filers) 750
4 Date 12/10/2019		Payee name Walgrees				•	
6 Amount (\$)		Payee address; 5560 Weslayan		State; Zip Co	de		
Reimbursement political contribu intended	tions	Houston, TX 77	005				
8 PURPOSE OF EXPENDITURE			egories listed at the top of t d/Rental Expense	this schedule)	(b) Description [[Christmas lights	Check if Austi	I outside of Texas. Complete Schedule T n, TX, officeholder living expense)7
9 Complete <u>ONLY</u> expenditure to be C/OH		lidate/Officeholde	er name		Office sought		Office held