

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2020		THROUGH	Month Day Year 01/23/2020	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 16

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,466.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 145,875.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
	NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,425.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	9,354.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	111.98
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/16
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Claudia (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Claudia Canales		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Kevin (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Insurance Agent		Contributor's Job Title Agency Owner
Contributor's employer/law firm Cavazos Insurance Agency		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imobioh, Omonzusi (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Offices Of Omonzusi Imobioh		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/16
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joglar, Julio (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Julio Joglar		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcllvain, C Patrick (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None/Retired		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, George (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77506	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of George D. Reyes		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/9 Rpt: 6/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/06/2020	5 Payee name Area 5 Democratic Club	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 508 Pasadena, TX 77501	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Area-5 Democratic Club
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2020	Payee name Avenida South Garage	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking to attend the MLK breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2020	Payee name BBVA	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January charge for paper statement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/9 Rpt: 7/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/21/2020	5 Payee name BBVA	
6 Amount (\$) \$33.90	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for new order of checks for campaign account
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2020	Payee name City Of Houston, Parking Management	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 2020 McKinney Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for the MLK Parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2020	Payee name Greater Houston Frontiers Club	
Amount (\$) \$517.50	Payee address; City; State; Zip Code 4107 Inkberry Valley Lane Houston, TX 77045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising at 2020 MLK breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/9 Rpt: 8/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/08/2020	5 Payee name Harris County Democratic Lawyer's Association	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1302 Waugh Dr. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January 8, 2020 monthly CLE luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2020	Payee name Harris County Democratic Party	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership at HDCP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2020	Payee name PayPal	
Amount (\$) \$14.80	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee on political contribution from Claudia Canales
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/9 Rpt: 9/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/02/2020	5 Payee name PayPal	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from C Patrick McIlvain
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2020	Payee name PayPal	
Amount (\$) \$14.80	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from Omonzusi Imobioh
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2020	Payee name PayPal	
Amount (\$) \$29.30	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from Julio Joglár
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/9 Rpt: 10/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/07/2020	5 Payee name PayPal	
6 Amount (\$) \$6.10	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from Kevin Cavazos
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2020	Payee name Print N Sign	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 7350 Harwin Dr., Ste. 316-A Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense partial payment to print 4x4 signs and push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2020	Payee name Print N Sign	
Amount (\$) \$1,876.66	Payee address; City; State; Zip Code 7350 Harwin Dr., Ste. 316-A Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense final payment for printing 4x4 and push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 6/9 Rpt: 11/16	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 01/10/2020	5	Payee name Shipley's Donut Shop #1		
6	Amount (\$) \$10.35	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for weekly Friday coffee in the 507th with attorneys		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/21/2020		Payee name Shipley's Donut Shop #1		
	Amount (\$) \$8.45		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for weekly coffee in the 507th with attorneys		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/12/2020		Payee name Sovereign @ Zaza		
	Amount (\$) \$15.00		Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking - meeting with political consultant		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 12/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/02/2020	5 Payee name State Print	
6 Amount (\$) \$1,930.00	7 Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing yard signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2020	Payee name State Print	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic designs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2020	Payee name State Print	
Amount (\$) \$675.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing of push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/9 Rpt: 13/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/12/2020	5 Payee name Texas Black Democrats PAC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1034 Saulnier St. Houston, TX 77019	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2020	Payee name Texas Center for the Judiciary	
Amount (\$) \$65.00	Payee address; City; State; Zip Code 1210 San Antonio Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Judicial Conference	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of judicial conference - not reimbursable by Tx center for judiciary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2020	Payee name The Home Depot	
Amount (\$) \$33.42	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of ties to hang the 4x4 signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/9 Rpt: 14/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/02/2020	5 Payee name US Postmaster	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 634 W. Cavalcade Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for thank you cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 1/2 Rpt: 15/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/22/2020	5 Payee name Bay Area New Democrats	
6 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 890381 Houston, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2020	Payee name City Of Houston, Parking Management	
Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2020 McKinney Houston, TX 77003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking for HBAD board installation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2020	Payee name Monarch	
Amount (\$) \$25.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5701 Main Street Houston, TX 77005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense brunch with prospective political consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 2/2 Rpt: 16/16	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750	
4 Date 01/15/2020	5 Payee name NHPO		
6 Amount (\$) \$60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6946 Kernel St. Houston, TX 77087		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00065750		2 Total pages filed: 25		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI MI	ELECTRONICALLY FILED 03/22/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED		Month Day Year 01/24/2020	THROUGH	Month Day Year 02/22/2020	

6 EXPLANATION OF CORRECTION

the following information is being corrected:

(1) 1/31/2020-Facebook, Inc. \$63.54 was reported as accounting. This is being corrected to "Advertising"

(2) 2/10/2020 - Jewish Herald Voice - \$530.00 - under (b) Description category-the box for "Austin, Texas officeholder living expense" was erroneously marked, therefore this now removed.

Additionally, I am hereby requesting a waiver of the late-filing penalty as the errors do not change the actual totals of the report and were not made intentionally. Additionally, just today, 3/22/2020, is the day that I became aware of the errors as I am starting to work on my report due on 7/15/2020.

Respectfully,
Judge Julia Maldonado

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 25		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/22/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 2804 Houston, TX 77252		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 112 E. Forrest Deer Park, TX 77536		APT / SUITE #;	CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/24/2020	THROUGH	Month Day Year 02/22/2020		
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 25

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,129.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 124,860.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,100.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,200.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	26,064.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	64.08
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 5/25
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Juan (Mr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Juan Aguirre		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almendarez, Mary (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any) Retired
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badillo, Alex (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Drafter		Contributor's Job Title Designer & Drafting Specialist
Contributor's employer/law firm Centurion Pipeline LP		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 6/25
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blain III, James S (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Seabrook, TX 77586	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eureste, Arturo (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Arturo Eureste		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Margarita (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77057	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Margarita Hernandez		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/5 Rpt: 7/25
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Nicholas (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004	
8 Contributor's Principal Occupation Student		9 Contributor's Job Title Student
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Jennifer (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Schiffer Hicks Johnson PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jose (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Jose R. Lopez II		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 8/25
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Sarah (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77301	
8 Contributor's Principal Occupation Paralegal		9 Contributor's Job Title Paralegal
10 Contributor's employer/law firm Drucker Hopkins Law Firm		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Amelia (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Amelia Rodriguez		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srinivasan, Lakshminaray (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77224	
Contributor's Principal Occupation Engineer		Contributor's Job Title Consultant
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 9/25
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urena, Omar (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Engineering		9 Contributor's Job Title Heavy Repair Superintendant
10 Contributor's employer/law firm USAF		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 10/25	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/14/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Eddie	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Houston, TX 77009		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
14 Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Eddie Cortes		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Silvia (Ms.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77011		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Silvia Mintz		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora , Mayra (Ms.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Mayra Mora		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/25	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/14/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Marjorie (Ms.)	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
14 Contributor's employer/law firm (FOR JUDICIAL) None		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77018	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Enrique Torres		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Rudy (Mr.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) The Law Offices of Rudy G. Vasquez		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 12/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/18/2020	5 Payee name BBVA	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost for monthly paper statement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2020	Payee name Complete Digital LLC	
Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising for primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Constant Contact	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for blast emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/12 Rpt: 13/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Edwards, Reneta Denise (Ms.)	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 5111 Madden Ln. Houston, TX 77048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2020	Payee name El Tiempo Cantina - Navigation	
Amount (\$) \$41.76	Payee address; City; State; Zip Code 2814 Navigation Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for volunteers at women's march
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Facebook, Inc.	
Amount (\$) \$63.54	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/12 Rpt: 14/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/05/2020	5 Payee name Frank's Pizza	
6 Amount (\$) \$61.50	7 Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for staff who worked through lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2020	Payee name Gonzalez, Norma (Ms.)	
Amount (\$) \$525.00	Payee address; City; State; Zip Code 818 Catherwood Place Houston, TX 77015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor to assist during 2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2020	Payee name Gonzalez, Norma (Ms.)	
Amount (\$) \$765.00	Payee address; City; State; Zip Code 818 Catherwood Place Houston, TX 77015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor to assist during 2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 15/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Hall, Terrance (Mr.)	
6 Amount (\$) \$950.00	7 Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2020	Payee name Harris County Black Democratic News	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1918 Freeman St. Houston, TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 Primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2020	Payee name Harris County Democratic Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising at JRRR dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/12 Rpt: 16/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/01/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly sustaining membership contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2020	Payee name Houston Black American Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 21572 Houston, TX 77226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2020	Payee name Houston Black American Democrats	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 21572 Houston, TX 77226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 6/12 Rpt: 17/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/16/2020	5 Payee name Jardinez, Cecilio (Mr.)	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 218 Milby Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hang political signs for 2020 primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2020	Payee name Jewish Herald Voice	
Amount (\$) \$530.00	Payee address; City; State; Zip Code P. O. Box 153 Houston, TX 77001-0153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of add on the Jewish newspaper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2020	Payee name PayPal	
Amount (\$) \$9.00	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from Amelia Rodriguez
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/12 Rpt: 18/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Mary Almendarez
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2020	Payee name PayPal	
Amount (\$) \$6.10	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Juan Aguirre
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2020	Payee name PayPal	
Amount (\$) \$3.20	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Omar Urena
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/12 Rpt: 19/25	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 02/14/2020	5	Payee name PayPal		
6	Amount (\$) \$3.20	7	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for campaign contribution from Alex Badillo		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/10/2020		Payee name Pendelton, Brian (Mr.)		
	Amount (\$) \$375.00		Payee address; City; State; Zip Code 2400 South Loop WEst #802 Houston, TX 77054		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for assistance with polls		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/20/2020		Payee name Romanos Flying Pizza		
	Amount (\$) \$28.15		Payee address; City; State; Zip Code 1528 W. Gray St. Houston, TX 77019		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for poll workers at West Gray		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/12 Rpt: 20/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Sanders, Maurice Lewis (Mr.)	
6 Amount (\$) \$380.00	7 Payee address; City; State; Zip Code 3401 Fannin St. Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Shipley's Donut Shop #1	
Amount (\$) \$7.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for weekly coffee in 507th with attorneys
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2020	Payee name Square Inc.	
Amount (\$) \$8.90	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Jose R. Lopez II
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 10/12 Rpt: 21/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name Square Inc.	
6 Amount (\$) \$3.65	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Jennifer Hutchinson
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2020	Payee name State Print	
Amount (\$) \$1,930.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2020	Payee name Subway	
Amount (\$) \$11.51	Payee address; City; State; Zip Code 538 Waugh Dr. Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for poll workers at West Gray
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 22/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/22/2020	5 Payee name Texas Coalition of Black Democrats	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 9111 Kaes of 610, Apt. #1623 Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 Primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2020	Payee name Texas Democratic Women-Harris County	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 766 Thornbranch Dr. Houston, TX 77079	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2020	Payee name The Home Depot	
Amount (\$) \$244.84	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for steel posts to hang 4x4 signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 12/12 Rpt: 23/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 02/08/2020	5 Payee name The Home Depot
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6 Amount (\$) \$323.45	7 Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for metal stakes to place signs.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2020	Payee name Toler, Waynette (Mrs.)
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 1117 Ferguson Way Houston, TX 77088
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 1/2 Rpt: 24/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/25/2020	5 Payee name Greater Houston Restaurant Association	
6 Amount (\$) \$20.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 550 Westcott St. #380 Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense participation fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2020	Payee name Omni Hotel	
Amount (\$) \$19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Four Riverway Houston, TX 77056	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking for Houston Restaurant Association Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2020	Payee name Shipleys Donut Shop #1	
Amount (\$) \$10.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3932 N. Main St. Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Friday coffee with attorneys in the 507th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 25/25	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name Shipley's Donut Shop #1	
6 Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for Friday coffee with attorneys in the 507th
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 24		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/24/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/24/2020		THROUGH	Month Day Year 02/22/2020	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 24

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,129.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 124,860.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00065750
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,100.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200.00
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,064.97
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 64.08
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Juan (Mr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Juan Aguirre		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almendarez, Mary (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any) Retired
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badillo, Alex (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Drafter		Contributor's Job Title Designer & Drafting Specialist
Contributor's employer/law firm Centurion Pipeline LP		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blain III, James S (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Seabrook, TX 77586	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eureste, Arturo (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Arturo Eureste		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Margarita (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77057	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Margarita Hernandez		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Nicholas (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004	
8 Contributor's Principal Occupation Student		9 Contributor's Job Title Student
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Jennifer (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Schiffer Hicks Johnson PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jose (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Jose R. Lopez II		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Sarah (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77301	
8 Contributor's Principal Occupation Paralegal		9 Contributor's Job Title Paralegal
10 Contributor's employer/law firm Drucker Hopkins Law Firm		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Amelia (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Amelia Rodriguez		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 02/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srinivasan, Lakshminaray (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77224	
Contributor's Principal Occupation Engineer		Contributor's Job Title Consultant
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urena, Omar (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Engineering		9 Contributor's Job Title Heavy Repair Superintendant
10 Contributor's employer/law firm USAF		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 9/24	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/14/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Eddie	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
14 Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Eddie Cortes		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Silvia (Ms.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77011	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Silvia Mintz		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora , Mayra (Ms.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Mayra Mora		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 10/24	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/14/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Marjorie (Ms.)	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
14 Contributor's employer/law firm (FOR JUDICIAL) None		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77018	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) Law Office Of Enrique Torres		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Rudy (Mr.)	Amount of contribution (\$) \$200.00	In-kind contribution description
	Contributor address; City; State; Zip Code Houston, TX 77009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney At Law	
Contributor's employer/law firm (FOR JUDICIAL) The Law Offices of Rudy G. Vasquez		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/12 Rpt: 11/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/18/2020	5 Payee name BBVA	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost for monthly paper statement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2020	Payee name Complete Digital LLC	
Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising for primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Constant Contact	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for blast emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/12 Rpt: 12/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Edwards, Reneta Denise (Ms.)	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 5111 Madden Ln. Houston, TX 77048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2020	Payee name El Tiempo Cantina - Navigation	
Amount (\$) \$41.76	Payee address; City; State; Zip Code 2814 Navigation Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for volunteers at women's march
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Facebook, Inc.	
Amount (\$) \$63.54	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/12 Rpt: 13/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 02/05/2020	5 Payee name Frank's Pizza
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6 Amount (\$) \$61.50	7 Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for staff who worked through lunch
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2020	Payee name Gonzalez, Norma (Ms.)
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Amount (\$) \$525.00	Payee address; City; State; Zip Code 818 Catherwood Place Houston, TX 77015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor to assist during 2020 primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2020	Payee name Gonzalez, Norma (Ms.)
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Amount (\$) \$765.00	Payee address; City; State; Zip Code 818 Catherwood Place Houston, TX 77015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor to assist during 2020 primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/12 Rpt: 14/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Hall, Terrance (Mr.)	
6 Amount (\$) \$950.00	7 Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2020	Payee name Harris County Black Democratic News	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1918 Freeman St. Houston, TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 Primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2020	Payee name Harris County Democratic Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising at JRRR dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/12 Rpt: 15/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/01/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly sustaining membership contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2020	Payee name Houston Black American Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 21572 Houston, TX 77226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2020	Payee name Houston Black American Democrats	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 21572 Houston, TX 77226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 16/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/16/2020	5 Payee name Jardinez, Cecilio (Mr.)	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 218 Milby Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hang political signs for 2020 primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2020	Payee name Jewish Herald Voice	
Amount (\$) \$530.00	Payee address; City; State; Zip Code P. O. Box 153 Houston, TX 77001-0153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense cost of add on the Jewish newspaper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2020	Payee name PayPal	
Amount (\$) \$9.00	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee on political contribution from Amelia Rodriguez
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/12 Rpt: 17/24	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 02/14/2020	5	Payee name PayPal		
6	Amount (\$) \$3.20	7	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Mary Almendarez		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/14/2020		Payee name PayPal		
	Amount (\$) \$6.10		Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Juan Aguirre		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/14/2020		Payee name PayPal		
	Amount (\$) \$3.20		Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Omar Urena		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/12 Rpt: 18/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for campaign contribution from Alex Badillo
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2020	Payee name Pendelton, Brian (Mr.)	
Amount (\$) \$375.00	Payee address; City; State; Zip Code 2400 South Loop WEst #802 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for assistance with polls
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2020	Payee name Romanos Flying Pizza	
Amount (\$) \$28.15	Payee address; City; State; Zip Code 1528 W. Gray St. Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for poll workers at West Gray
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/12 Rpt: 19/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/21/2020	5 Payee name Sanders, Maurice Lewis (Mr.)	
6 Amount (\$) \$380.00	7 Payee address; City; State; Zip Code 3401 Fannin St. Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name Shipley's Donut Shop #1	
Amount (\$) \$7.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for weekly coffee in 507th with attorneys
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2020	Payee name Square Inc.	
Amount (\$) \$8.90	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Jose R. Lopez II
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 10/12 Rpt: 20/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name Square Inc.	
6 Amount (\$) \$3.65	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for political contribution from Jennifer Hutchinson
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2020	Payee name State Print	
Amount (\$) \$1,930.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2020	Payee name Subway	
Amount (\$) \$11.51	Payee address; City; State; Zip Code 538 Waugh Dr. Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for poll workers at West Gray
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 11/12 Rpt: 21/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/22/2020	5 Payee name Texas Coalition of Black Democrats	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 9111 Kaes of 610, Apt. #1623 Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for 2020 Primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2020	Payee name Texas Democratic Women-Harris County	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 766 Thornbranch Dr. Houston, TX 77079	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2020	Payee name The Home Depot	
Amount (\$) \$244.84	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for steel posts to hang 4x4 signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 22/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 02/08/2020	5 Payee name The Home Depot
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6 Amount (\$) \$323.45	7 Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for metal stakes to place signs.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2020	Payee name Toler, Waynette (Mrs.)
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 1117 Ferguson Way Houston, TX 77088
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 23/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 01/25/2020	5 Payee name Greater Houston Restaurant Association	
6 Amount (\$) \$20.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 550 Westcott St. #380 Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense participation fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2020	Payee name Omni Hotel	
Amount (\$) \$19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Four Riverway Houston, TX 77056	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking for Houston Restaurant Association Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2020	Payee name Shipley's Donut Shop #1	
Amount (\$) \$10.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3932 N. Main St. Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Friday coffee with attorneys in the 507th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 24/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/14/2020	5 Payee name Shipley's Donut Shop #1	
6 Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for Friday coffee with attorneys in the 507th
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI
	NICKNAME	LAST Maldonado	SUFFIX
OFFICE USE ONLY			
			Date Received ELECTRONICALLY FILED 07/15/2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 2804 Houston, TX 77252		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI
	NICKNAME	LAST Slate	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 476-9447			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	02	23	2020
THROUGH		Month	Day
		06	30
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) Family District Court Judge District 507th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 23

13 C / OH NAME Maldonado, Julia A. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00065750
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,410.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	14,802.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	111,815.31
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 penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Julia A. Maldonado
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	1,410.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	14,058.91
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	743.66
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/23
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohorquez Hoefker, PLLC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capasso, William (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office of William Capasso, PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcey, Derin (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Contributor's Principal Occupation Program Coordinator		Contributor's Job Title Program Coordinator
Contributor's employer/law firm John Hopkins Bloomberg School Of Public Health		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/23
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Amy (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Contributor's Principal Occupation Health profession		9 Contributor's Job Title Nurse Assistant
10 Contributor's employer/law firm South East Memorial Hospital		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office Of Jose R. Lopez II, PC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawal, Bade (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Bade Lawal		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/23
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricks, A Tousha (Ms.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Tasha Ricks Law Firm		11 Law firm of contributor's spouse (if any) Tasha Ricks Law Firm
12 If contributor is a child, law firm of parent(s) (if any)		

Date 03/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Mari L. (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm The Wise Law Firm		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/16 Rpt: 7/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/26/2020	5 Payee name Academy Sports & Outdoors	
6 Amount (\$) \$14.05	7 Payee address; City; State; Zip Code 2404 Southwest Fwy.. Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items needed at polling location
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/16/2020	Payee name BBVA	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense February image statement fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2020	Payee name BBVA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March Image Statement Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/16 Rpt: 8/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 05/15/2020	5 Payee name BBVA
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6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apr. image statement fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/15/2020	Payee name BBVA
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense May image statement fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2020	Payee name Brothers Taco House
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Amount (\$) \$45.47	Payee address; City; State; Zip Code 1604 Emancipation Ave. Houston, TX 77003
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for poll workers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/16 Rpt: 9/23	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 03/13/2020	5	Payee name Bullard, Joshua (Mr.)		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/02/2020		Payee name Constant Contact		
	Amount (\$) \$47.97		Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for blast email service-02/29/2020		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/01/2020		Payee name Constant Contact		
	Amount (\$) \$47.97		Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly charge for email blast service 3/31/20		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/16 Rpt: 10/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 05/01/2020	5 Payee name Constant Contact
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6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for email blast services-4/30/2020
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/01/2020	Payee name Constant Contact
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Amount (\$) \$47.97	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for email blast services-5/31/2020
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2020	Payee name Edwards, Reneta Denise (Ms.)
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Amount (\$) \$390.00	Payee address; City; State; Zip Code 5111 Madden Ln. Houston, TX 77048
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-early voting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/16 Rpt: 11/23	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 02/29/2020	5	Payee name Facebook, Inc.		
6	Amount (\$) \$208.66	7	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for primary		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/01/2020		Payee name Facebook, Inc.		
	Amount (\$) \$48.83		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising for primary - March 2020 Primary		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/06/2020		Payee name GoDaddy.com, LLC		
	Amount (\$) \$115.00		Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219 Scottsdale, AZ 85260		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting Expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 6/16 Rpt: 12/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/21/2020	5 Payee name Gonzalez, Norma (Ms.)	
6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code 818 Catherwood Place Houston, TX 77015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor for 2020 primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2020	Payee name Hall, Terrance (Mr.)	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4305 Engleford St. Houston, TX 77026	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll workers during early voting-2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2020	Payee name Hall, Terrance (Mr.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4305 Engleford St. Houston, TX 77026	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll workers-election day-2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/16 Rpt: 13/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/03/2020	5 Payee name Hall, Terrance (Mr.)	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 4305 Engleford St. Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll workers-election day-2020 primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2020	Payee name Harris County Democratic Party	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership dues - 3/1/20
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2020	Payee name Harris County Democratic Party	
Amount (\$) \$26.01	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2020 Blue waive mixer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/16 Rpt: 14/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 04/02/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership dues - 4/1/20
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/04/2020	Candidate/Officeholder name Harris County Democratic Party	
Amount (\$) \$10.00	Office sought Houston, TX 77020	
Office held		
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sustaining membership dues-05/01/2020
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2020	Candidate/Officeholder name Harris County Democratic Party	
Amount (\$) \$10.00	Office sought Houston, TX 77020	
Office held		
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sustaining membership dues-6/1/2020
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2020	Candidate/Officeholder name Harris County Democratic Party	
Amount (\$) \$10.00	Office sought Houston, TX 77020	
Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/16 Rpt: 15/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 06/30/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$2,554.14	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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for texts-2020 primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2020	Payee name Ketchum, Rada (Ms.)	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 3722 Seabrook St. Houston, TX 77021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-election day-2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2020	Payee name Kingdom Builders Cathedral	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 8011 W. Orem Dr. Houston, TX 77085	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution for church seniors' luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 10/16 Rpt: 16/23	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 03/03/2020	5	Payee name La Silla Canal		
6	Amount (\$) \$30.56	7	Payee address; City; State; Zip Code 4617 Canal St. Houston, TX 77011		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for volunteers-phone calls - 2020 primary		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/02/2020		Payee name Maldonado, Antonio		
	Amount (\$) \$400.00		Payee address; City; State; Zip Code 6814 Evans St. Houston, TX 77061		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-early voting-2020 primary. (poll worker is not kin to COH)		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/26/2020		Payee name Maldonado, Julia (Ms.)		
	Amount (\$) \$1,627.75		Payee address; City; State; Zip Code P. O. Box 2804 Houston, TX 77252		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenses paid from personal funds for 1/1/2018 - 3/23/2020		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 11/16 Rpt: 17/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/26/2020	5 Payee name Maldonado, Julia (Ms.)	
6 Amount (\$) \$615.00	7 Payee address; City; State; Zip Code P. O. Box 2804 Houston, TX 77252	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement- political expense paid with personal money-Omar Perez-3/1/2020 not reimb w/ck1132
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2020	Payee name New Beginning Church	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 10921 Foy Lane Houston, TX 77093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for Church's senior's fund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2020	Payee name PayPal	
Amount (\$) \$4.65	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Atousha Ricks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 12/16 Rpt: 18/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/01/2020	5 Payee name PayPal	
6 Amount (\$) \$0.59	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Derin Darcey
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2020	Payee name PayPal	
Amount (\$) \$1.75	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Amy Jimenez
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2020	Payee name PayPal	
Amount (\$) \$4.65	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation Bade Lawal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 13/16 Rpt: 19/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 05/11/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from William Capasso
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2020	Payee name Pever, Kevin (Mr.)	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 11839 Perry Ave. Houston, TX 77071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-early/election day-2020 primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2020	Payee name Sanders, Maurice Lewis (Mr.)	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 3401 Fannin St. Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-election day
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 14/16 Rpt: 20/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/09/2020	5 Payee name Shipley's Donut Shop #1	
6 Amount (\$) \$10.40	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donuts for Friday coffee with attorneys in the 507th
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2020	Payee name State Print	
Amount (\$) \$450.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website updates
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2020	Payee name Texas Board of Legal Specialization	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 505 E. Huntland Dr., Ste. 400 Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly expense for board certification
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 15/16 Rpt: 21/23	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750	
4	Date 03/03/2020	5	Payee name Toler, Waynette (Mrs.)			
6	Amount (\$) \$750.00	7	Payee address; City; State; Zip Code 1117 Ferguson Way Houston, TX 77088			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-early/election day-2020 primary			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/28/2020		Payee name University of Houston-Downtown			
	Amount (\$) \$250.00		Payee address; City; State; Zip Code One Main St., Suite 990-S Houston, TX 77002			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to UHD			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/09/2020		Payee name Wayfair			
	Amount (\$) \$552.06		Payee address; City; State; Zip Code 4 Copley Place, Floor 7 Boston, MA 02116			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accent chest for employees'/jurors' bathroom.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 16/16 Rpt: 22/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 02/27/2020	5 Payee name Williams Florist & Gifts	
6 Amount (\$) \$116.91	7 Payee address; City; State; Zip Code 5890 32nd Street Groves, TX 77619	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for Judge Heath's step-mom
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 23/23	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 03/04/2020	5 Payee name Edwards, Reneta Denise (Ms.)	
6 Amount (\$) \$120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5111 Madden Ln. Houston, TX 77048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker - paid with my personal check 2382
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/12/2020	Payee name Hobby Lobby	
Amount (\$) \$8.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8715 W. Loop S. Houston, TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repair frame from court chambers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/01/2020	Payee name Perez, Omar (Mr.)	
Amount (\$) \$615.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9814 Yanet Grove Ln. Houston, TX 77044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor - 2020 primary election
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 36		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/05/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 07/01/2020		THROUGH Month Day Year 09/24/2020		
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 36

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,300.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 95,473.00
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 penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Julia A. Maldonado
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 16,900.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,300.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Patricia. (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Humble, TX 77338	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Patricia Billings		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Erinn (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Erinn G. Brown, Attorney At Law		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 07/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Amy (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Carlin Law Firm		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Amy (Ms.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Carlin Law Firm		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerf, Lawrence F. (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Lawrence F. Cerf Attorney At Law		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coenegrachts, Natalie (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77091		
Contributor's Principal Occupation Management		Contributor's Job Title Office Manager
Contributor's employer/law firm Torres Law, P.C.		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enos, Greg (Mr.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Enos Law Firm, PC		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Marco (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77087		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney Law
Contributor's employer/law firm The Gonzalez Law Group, PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Ronnie (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Harrison Law Office, P.C.		Law firm of contributor's spouse (if any) Harrison Law Office, P.C.
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Maria Elena (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77023	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Busby Law Firm		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Allison (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Lockwood & Jones PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landa, Angelica (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Angelica Landa, Attorney At Law		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee , Daniel (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm C. Y. Lee Legal Group, PLLC		11 Law firm of contributor's spouse (if any) C. Y. Lee Legal Group, PLLC
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Coleton	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Staff Attorney
Contributor's employer/law firm Harris County Probate Court No. 2		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Virginia Lee (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Humble, TX 77396	
Contributor's Principal Occupation Business Valuator		Contributor's Job Title Business Valuator
Contributor's employer/law firm The McClure Firm		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Maria Elena (Ms.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77017		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm M. Elena Navarro Law Office		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, John Bo (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm John Bo. Nichols, Attorney At Law		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parchman, Jon (Mr.)	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code The Woodland, TX 77380		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Parchman Law Group		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, F. Garnder (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027-5110	
8 Contributor's Principal Occupation Entrepreneur		9 Contributor's Job Title Board of Directors
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Amelia (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Amelia Rodriguez, Attorney At Law		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Torres Law, PC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Torres Law, P.C.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Ness, John (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm John E. Van Ness, P.C.		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Omar <hr/> Contributor address; City; State; Zip Code Houston, TX 77074	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office Of Omar O. Vargas, PC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/36
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Omar (Mr.)	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Houston, TX 77074		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office of Omar O. Vargas, P.C.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilagomez, Vanessa (Mrs.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Contributor's Principal Occupation Legal		Contributor's Job Title Office Mangager
Contributor's employer/law firm C. Y. Lee Legal Group, PLLC		Law firm of contributor's spouse (if any) C. Y. Lee Legal Group, PLLC
If contributor is a child, law firm of parent(s) (if any)		
Date 07/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vong, John (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Houston, TX 77089		
Contributor's Principal Occupation Attorneys		Contributor's Job Title Attorney At Law
Contributor's employer/law firm The Law Offices of John Vong		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/24 Rpt: 13/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 07/21/2020	5 Payee name Area 5 Democratic Club
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6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code P. O. Box 508 Pasadena, TX 77501
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lifetime membership
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2020	Payee name Association of Women Attorneys
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 2450 Louisiana, Ste. 400-301 Houston, TX 77006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2020	Payee name Association of Women Attorneys
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 2450 Louisiana, Ste. 400-301 Houston, TX 77006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/24 Rpt: 14/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 08/03/2020	5 Payee name Aubrey R. Taylor Communications
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6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 957 Nasa Parkway #251 Housotn, TX 77000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for general election 2020
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2020	Payee name BBVA
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly image statement fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/17/2020	Payee name BBVA
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly image statement fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/24 Rpt: 15/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/15/2020	5 Payee name BBVA	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly image statement fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2020	Payee name Bay Area Democratic Movement	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 590383 Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2020	Payee name Bellaire Braeswood Democrats	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 5116 Huisache St. Bellaire, TX 77401-4930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yearly membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/24 Rpt: 16/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/08/2020	5 Payee name Bullard, Joshua (Mr.)	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising general election 2020
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2020	Payee name Bullard, Joshua (Mr.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for 2020 general election
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2020	Payee name Burta Rhoads Raborn Inn of Court	
Amount (\$) \$386.33	Payee address; City; State; Zip Code C/O Angela Stout 201 W. 16th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yearly membership fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/24 Rpt: 17/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/08/2020	5 Payee name Connies Seafood	
6 Amount (\$) \$37.31	7 Payee address; City; State; Zip Code 2525 Airline Dr. Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch - during hanging of 4x4 signs for general election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2020	Payee name Constant Contact	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee for blast emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2020	Payee name Constant Contact	
Amount (\$) \$410.34	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for blast emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 18/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/22/2020	5 Payee name Exxon Mobile	
6 Amount (\$) \$28.00	7 Payee address; City; State; Zip Code 2211 North Fwy. Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for vehicle - to hang 4x4 signs for general election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2020	Payee name Facebook, Inc.	
Amount (\$) \$5.27	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising on fb
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2020	Payee name Facebook, Inc.	
Amount (\$) \$150.60	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of facebook advertisements. 8/1/2020-8/31/2020
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/24 Rpt: 19/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 07/09/2020	5 Payee name Family Court Benevolent Fund
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code C/O Clay Bowman 201 Caroline, 17th Fl. Houston, TX 77002
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Family Court's benevolent fund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2020	Payee name Flowers By Monica
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Amount (\$) \$159.70	Payee address; City; State; Zip Code 9210 Homestead Rd., Ste. A Houston, TX 77016
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for Stephanie's dad's funeral.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2020	Payee name Frank's Pizza
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/24 Rpt: 20/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/25/2020	5 Payee name Frank's Pizza	
6 Amount (\$) \$56.00	7 Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2020	Payee name Frank's Pizza	
Amount (\$) \$46.00	Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pizza for staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2020	Payee name Garcia, Stephanie	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 201 Caroline, 15th Fl. Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Stephanie's father's funeral fund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/24 Rpt: 21/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 09/01/2020	5 Payee name Harris County Democratic Lawyer's Association
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6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1302 Waugh Dr. Houston, TX 77019
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yearly membership dues
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/02/2020	Payee name Harris County Democratic Party
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2020	Payee name Harris County Democratic Party
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/24 Rpt: 22/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/11/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10,000.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2020	Payee name Harris County Democratic Party	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2020	Payee name Hobby Lobby	
Amount (\$) \$39.10	Payee address; City; State; Zip Code 8715 W. Loop S. Houston, TX 77096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photo frames for 2019 judges' pictures.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 11/24 Rpt: 23/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/01/2020	5 Payee name Hobby Lobby	
6 Amount (\$) \$98.45	7 Payee address; City; State; Zip Code 8715 W. Loop S. Houston, TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames for court photos
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2020	Payee name Houston Black American Democrats	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 21572 Houston, TX 77226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2020	Payee name Kingwood Area Democrats	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 3607 Sweetgum Hill Ln. Kingwood , TX 77345	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yearly membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 12/24 Rpt: 24/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 07/23/2020	5 Payee name MABAH	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 2800 Post Oak Blvd., Ste. 3400 Houston, TX 77001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yearly membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2020	Payee name Meryeralnd Area Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 30061 Houston, TX 77231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2020	Payee name Office Depot	
Amount (\$) \$41.09	Payee address; City; State; Zip Code 1401 N. Loop W. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labels for leftover pushcards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 13/24 Rpt: 25/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/16/2020	5 Payee name Pacer Masks Supplies	
6 Amount (\$) \$3,550.00	7 Payee address; City; State; Zip Code 6300 Richmond Ave. #207 Houston, TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense face masks-advertising 2020 general election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2020	Payee name Pappas Barbeque	
Amount (\$) \$27.27	Payee address; City; State; Zip Code 1217 Pierce Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breakfast tacos for bailiff's birthday
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2020	Payee name PayPal	
Amount (\$) \$43.80	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from John Vong
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/24 Rpt: 26/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 07/27/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Amy Carlin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Lawrence F. Cerf
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Allison Jones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 15/24 Rpt: 27/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/04/2020	5 Payee name PayPal	
6 Amount (\$) \$72.80	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Enrique Torres
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Omar Vargas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2020	Payee name PayPal	
Amount (\$) \$6.10	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation Greg Enos
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 16/24 Rpt: 28/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/12/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Erinn Brown
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2020	Payee name PayPal	
Amount (\$) \$29.30	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Ronnie Harrison
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2020	Payee name PayPal	
Amount (\$) \$9.00	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Omar Vargas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/24 Rpt: 29/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/04/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Vanessa Villagomes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Daniel Lee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Angelica Landa
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 18/24 Rpt: 30/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/16/2020	5 Payee name PayPal	
6 Amount (\$) \$29.30	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Marco Gonzalez
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Amelia Rodriguez
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charge on donation from Patricia Billings
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 19/24 Rpt: 31/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/10/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Maria Holmes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2020	Payee name PayPal	
Amount (\$) \$14.80	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Maria Elena Navarro
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Natalie Coenegrachts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 20/24 Rpt: 32/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/09/2020	5 Payee name PayPal	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Enrique Torres
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2020	Payee name PayPal	
Amount (\$) \$1.75	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Coleton Mayo
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2020	Payee name PayPal	
Amount (\$) \$10.45	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge on donation from Jon Parchman
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/24 Rpt: 33/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/19/2020	5 Payee name Print N Sign	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 7350 Harwin Dr., Ste. 316-A Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense partial payment on the 4x4-signs for 2020 general election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2020	Payee name Print N Sign	
Amount (\$) \$1,559.38	Payee address; City; State; Zip Code 7350 Harwin Dr., Ste. 316-A Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense final payment on 4x4 signs for 2020 general election
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2020	Payee name Rotary Club Of University Area	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 980834 Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 22/24 Rpt: 34/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 08/02/2020	5 Payee name Rotary Club Of University Area	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 980834 Houston, TX 77098	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2020	Payee name Sister United Alliance	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 925631 Houston, TX 77292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2020	Payee name State Print	
Amount (\$) \$1,930.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of yard signs for general election 2020
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 23/24 Rpt: 35/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 07/28/2020	5 Payee name Texas Bar College	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code P. O. Box 12487 Austin, TX 78711-2487	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership to the Texas Bar College
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2020	Payee name Texas Guf Coast Area Federation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2506 Sutherland Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising general election 2020
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2020	Payee name The Home Depot	
Amount (\$) \$46.53	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clear Shield for accent chest in staff/juror bathroom
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 24/24 Rpt: 36/36	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 07/07/2020	5 Payee name The Home Depot	
6 Amount (\$) \$5.09	7 Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of item used to cut clear shield for staff/juror bathroom
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2020	Payee name The Home Depot	
Amount (\$) \$57.84	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense face masks, doormat and misc. for the courtroom.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2020	Payee name The Home Depot	
Amount (\$) \$82.65	Payee address; City; State; Zip Code 999 West North Loop Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items needed to hang 4x4 signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 20	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI MI
	NICKNAME	LAST Maldonado	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 09/25/2020	THROUGH	Month Day Year 10/24/2020
		Date Received	ELECTRONICALLY FILED 10/28/2020
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION
 I was not aware that an Amicus PAC existed or that it had sent a direct mail contribution notice to my campaign until the morning of 10/28/2020. I am making this correction to my report as soon as I became aware of their non-monetary contribution and within 48 hours of the filing of my original report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Julia A. Maldonado

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 20		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 09/25/2020		THROUGH	Month Day Year 10/24/2020	
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 20

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Amicus PAC
		COMMITTEE ADDRESS
		P.O. Box 6514
		Houston, TX 77265
		COMMITTEE CAMPAIGN TREASURER NAME
		Rosen, Alan
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		127 Beverly Ln.
		Bellaire, TX 77401

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,591.03
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	50,610.86
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	47,936.20
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 penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,645.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,946.03
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	50,060.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	550.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/20
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alavi, Saied (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77018	
8 Contributor's Principal Occupation Management		9 Contributor's Job Title Project Manager
10 Contributor's employer/law firm Marek Brothers Inc.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Kevin (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Insurance Agent		Contributor's Job Title Insurance Agent
Contributor's employer/law firm Farmers Insurance Agency		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes & Cervantes	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77017-4732	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/20
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Rosalind (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Pasadena, TX 77504	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Rosalind Curtis, Attorney At Law		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizalde, Laura	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Laura Elizalde, Attorney At Law		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mello, L S (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77043	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/20
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parchman, Jon (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code The Woodland, TX 77380	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Parchman Law Group		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Maria (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77080	
Contributor's Principal Occupation Counselor		Contributor's Job Title Counselor, LPC-S
Contributor's employer/law firm Mosaic Tree Counseling		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
Contributor's Principal Occupation Manager		Contributor's Job Title Benefits Manager
Contributor's employer/law firm ALS Group USA, Corp.		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/20	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/23/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amicus PAC	8 Amount of contribution (\$) \$2,946.03	9 In-kind contribution description Direct Mail
	7 Contributor address; City; State; Zip Code Houston, TX 77265	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / 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)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/11 Rpt: 9/20	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 10/09/2020	5	Payee name Allied Printing Service		
6	Amount (\$) \$384.83	7	Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Sping, TX 77373		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign t-shirts		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/18/2020		Payee name Allied Printing Service		
	Amount (\$) \$290.92		Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Sping, TX 77373		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/15/2020		Payee name BBVA		
	Amount (\$) \$5.00		Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense image statement fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/11 Rpt: 10/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 09/25/2020	5 Payee name Barillas, Jose (Mr.)
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6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code w/Pace Masks and Supplies 6300 Richmond Ave. #207 Houston, TX 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense expense for face masks
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2020	Payee name Blanco, Gaudencio
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 1015 Ahrens St. Houston, TX 77017
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of hanging 4/4 signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2020	Payee name Bullard, Joshua (Mr.)
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for 2020 general
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/11 Rpt: 11/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/28/2020	5 Payee name Compete Digital LLC	
6 Amount (\$) \$4,900.00	7 Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising for 2020 general election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2020	Payee name Compete Digital LLC	
Amount (\$) \$11,275.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising 2020 general election
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Compete Digital LLC	
Amount (\$) \$11,275.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising 2020 general election
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/11 Rpt: 12/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/20/2020	5 Payee name Compete Digital LLC	
6 Amount (\$) \$11,275.00	7 Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising for 2020 general election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Connect Media Firm	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 261 W. Rittenhouse Houston, TX 77076	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of recording for digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name East Houston Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 24082 Houston, TX 77229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/11 Rpt: 13/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Payee name Facebook, Inc.	
6 Amount (\$) \$149.80	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for facebook ads thru 9/29/2020
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name FedEx Office	
Amount (\$) \$15.37	Payee address; City; State; Zip Code 2200 SW Freeway Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2020	Payee name Frank's Pizza	
Amount (\$) \$65.75	Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 6/11 Rpt: 14/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/01/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2020	Payee name Houston GLBT Political Caucus	
Amount (\$) \$40.00	Payee address; City; State; Zip Code Post Office Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2020	Payee name Houston GLBT Political Caucus	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Post Office Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/11 Rpt: 15/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/16/2020	5 Payee name Jacobs, Wanda (Ms.)	
6 Amount (\$) \$290.00	7 Payee address; City; State; Zip Code 8811 Spaulding Houston, TX 77016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll worker
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2020	Payee name Maldonado, Julia (Ms.)	
Amount (\$) \$530.43	Payee address; City; State; Zip Code P. O. Box 2804 Houston, TX 77252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement-paid invoice from allied printing services from personal account ck# 2414
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2020	Payee name Michel, Bryant (Mr.)	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 20731 Vanderwick Dr. Katy, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 16/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Said Alavi
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name PayPal	
Amount (\$) \$3.20	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Angela Williams
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name PayPal	
Amount (\$) \$6.10	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Kevin Cavazos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/11 Rpt: 17/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/23/2020	5 Payee name PayPal	
6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Jon Parchman
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2020	Payee name PayPal	
Amount (\$) \$1.03	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Dr. Maria Peteres
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Pendelton, Brian (Mr.)	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 2400 South Loop West #802 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 10/11 Rpt: 18/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/09/2020	5 Payee name State Print	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic designs, website and misc. artwork
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name State Print	
Amount (\$) \$75.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website modifications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name State Print	
Amount (\$) \$1,930.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for additional yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 19/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/17/2020	5 Payee name Toler, Waynette (Mrs.)	
6 Amount (\$) \$430.00	7 Payee address; City; State; Zip Code 1117 Ferguson Way Houston, TX 77088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-general election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 1/1 Rpt: 20/20	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 09/26/2020	5 Payee name Allied Printing Service
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6 Amount (\$) \$530.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Spring, TX 77373
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2020	Payee name Walgreens
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Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 W. 20th St. Houston, TX 77008
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gloves and misc. items for early election
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/26/2020	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 09/25/2020		THROUGH	Month Day Year 10/24/2020	
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507 Harris		12 OFFICE SOUGHT (if known) District Judge District 507		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 18

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,645.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	50,610.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	47,936.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,645.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	50,060.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	550.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/18
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alavi, Saied (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77018	
8 Contributor's Principal Occupation Management		9 Contributor's Job Title Project Manager
10 Contributor's employer/law firm Marek Brothers Inc.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Kevin (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Insurance Agent		Contributor's Job Title Insurance Agent
Contributor's employer/law firm Farmers Insurance Agency		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes & Cervantes	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77017-4732	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/18
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Rosalind (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Pasadena, TX 77504	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Rosalind Curtis, Attorney At Law		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizalde, Laura	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Laura Elizalde, Attorney At Law		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mello, L S (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77043	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/18
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parchman, Jon (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code The Woodland, TX 77380	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Parchman Law Group		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Maria (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77080	
Contributor's Principal Occupation Counselor		Contributor's Job Title Counselor, LPC-S
Contributor's employer/law firm Mosaic Tree Counseling		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
Contributor's Principal Occupation Manager		Contributor's Job Title Benefits Manager
Contributor's employer/law firm ALS Group USA, Corp.		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/11 Rpt: 7/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 10/09/2020	5 Payee name Allied Printing Service
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6 Amount (\$) \$384.83	7 Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Sping, TX 77373
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign t-shirts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2020	Payee name Allied Printing Service
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Amount (\$) \$290.92	Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Sping, TX 77373
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2020	Payee name BBVA
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense image statement fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/11 Rpt: 8/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 09/25/2020	5 Payee name Barillas, Jose (Mr.)
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6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code w/Pace Masks and Supplies 6300 Richmond Ave. #207 Houston, TX 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense expense for face masks
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2020	Payee name Blanco, Gaudencio
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 1015 Ahrens St. Houston, TX 77017
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of hanging 4/4 signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2020	Payee name Bullard, Joshua (Mr.)
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for 2020 general
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/11 Rpt: 9/18	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 09/28/2020	5	Payee name Compete Digital LLC		
6	Amount (\$) \$4,900.00	7	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising for 2020 general election		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/03/2020		Payee name Compete Digital LLC		
	Amount (\$) \$11,275.00		Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising 2020 general election		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/12/2020		Payee name Compete Digital LLC		
	Amount (\$) \$11,275.00		Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising 2020 general election		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 10/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/20/2020	5 Payee name Compete Digital LLC	
6 Amount (\$) \$11,275.00	7 Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising for 2020 general election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Connect Media Firm	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 261 W. Rittenhouse Houston, TX 77076	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost of recording for digital advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name East Houston Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 24082 Houston, TX 77229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/11 Rpt: 11/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Payee name Facebook, Inc.	
6 Amount (\$) \$149.80	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for facebook ads thru 9/29/2020
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name FedEx Office	
Amount (\$) \$15.37	Payee address; City; State; Zip Code 2200 SW Freeway Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2020	Payee name Frank's Pizza	
Amount (\$) \$65.75	Payee address; City; State; Zip Code 314 Prairie Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 12/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/01/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2020	Candidate/Officeholder name Houston GLBT Political Caucus	
Amount (\$) \$40.00	Office sought Post Office Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/04/2020	Candidate/Officeholder name Houston GLBT Political Caucus	
Amount (\$) \$100.00	Office sought Post Office Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/11 Rpt: 13/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 10/16/2020	5 Payee name Jacobs, Wanda (Ms.)
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6 Amount (\$) \$290.00	7 Payee address; City; State; Zip Code 8811 Spaulding Houston, TX 77016
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll worker
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2020	Payee name Maldonado, Julia (Ms.)
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Amount (\$) \$530.43	Payee address; City; State; Zip Code P. O. Box 2804 Houston, TX 77252
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement-paid invoice from allied printing services from personal account ck# 2414
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/17/2020	Payee name Michel, Bryant (Mr.)
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Amount (\$) \$210.00	Payee address; City; State; Zip Code 20731 Vanderwick Dr. Katy, TX 77450
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/11 Rpt: 14/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/30/2020	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Said Alavi
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name PayPal	
Amount (\$) \$3.20	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Angela Williams
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name PayPal	
Amount (\$) \$6.10	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Kevin Cavazos
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/11 Rpt: 15/18	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 10/23/2020	5	Payee name PayPal		
6	Amount (\$) \$14.80	7	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Jon Parchman		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/21/2020		Payee name PayPal		
	Amount (\$) \$1.03		Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from Dr. Maria Peteres		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/27/2020		Payee name Pendelton, Brian (Mr.)		
	Amount (\$) \$80.00		Payee address; City; State; Zip Code 2400 South Loop West #802 Houston, TX 77054		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 16/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/09/2020	5 Payee name State Print	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic designs, website and misc. artwork
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name State Print	
Amount (\$) \$75.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website modifications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name State Print	
Amount (\$) \$1,930.00	Payee address; City; State; Zip Code P. O. Box 262121 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cost for additional yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 17/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/17/2020	5 Payee name Toler, Waynette (Mrs.)	
6 Amount (\$) \$430.00	7 Payee address; City; State; Zip Code 1117 Ferguson Way Houston, TX 77088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll worker-general election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 18/18	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
---------------------------------------------------------	------------------------------------------------------------	----------------------------------------------------------

4 Date 09/26/2020	5 Payee name Allied Printing Service
-----------------------------	------------------------------------------------

6 Amount (\$) \$530.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Spring, TX 77373
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--------------------------------------------------------------	-----------------------------	---------------	-------------

Date 10/12/2020	Payee name Walgreens
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Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 W. 20th St. Houston, TX 77008
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gloves and misc. items for early election
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065750	2 Total pages filed: 24		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2021	
	NICKNAME	LAST Maldonado	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 2804 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI		
	NICKNAME	LAST Slate	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Forrest Deer Park, TX 77536				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 476-9447	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 10/25/2020		THROUGH	Month Day Year 12/31/2020	
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 507th Harris		12 OFFICE SOUGHT (if known) Family District Court Judge District 507th		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 24

13 C / OH NAME Maldonado, Julia A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00065750

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,260.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	15,746.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	54,216.74
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 penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Julia A. Maldonado

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Julia A. (The Honorable)		19 Filer ID 00065750	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
	NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	20,060.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,200.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	15,027.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	718.77
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	410.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Matthew B. (Mr.)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Matt Alford Law		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgower, Wendy (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Schlanger Silver		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dacey , Derin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Coordinator		Contributor's Job Title Program Coordinator
Contributor's employer/law firm John Hopkins Bloomberg School Of Public Health		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Edward (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney At Law
10 Contributor's employer/law firm Law Office Of Ed Davis		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards III, George (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Humble, TX 77396	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Edwards Sutarwalla PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizalde, Laura (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Law Office of Laura Elizalde		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golda R. Jacob & Associates, P.C.	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Law PLLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77008-1757	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly L. Fritsch, P.C.	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Virginia Lee (Ms.)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Humble, TX 77396	
8 Contributor's Principal Occupation Business Valuator		9 Contributor's Job Title Business Valuator
10 Contributor's employer/law firm The McClure Firm		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parchman, Jon (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code The Woodland, TX 77380	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Parchman Law Group		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, F. Garnder (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027-5110	
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffitt Family Law	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater & Associates PLLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slate & Associates Attorneys At Law	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Dear Park, TX 77536	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starling, Katrina (Ms.)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Baytown, TX 77523	
8 Contributor's Principal Occupation Managment		9 Contributor's Job Title Office Manager
10 Contributor's employer/law firm Bobby Newman, P.C.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen D. Jackson PLLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Conroe, TX 77301	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Torres Law Group, PC	Amount of Contribution (\$) \$2,250.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/24	
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/19/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby K. Newman, P.C.	8 Amount of contribution (\$) \$3,200.00	9 In-kind contribution description Cost of fundraising event
	7 Contributor address; City; State; Zip Code Houston, TX 77098	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / 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)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 1/11 Rpt: 11/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/16/2020	5 Payee name BBVA	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly image statement fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2020	Payee name BBVA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A Houston, TX 77011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly image statement fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2020	Payee name Benihana Houston I	
Amount (\$) \$143.80	Payee address; City; State; Zip Code 1318 Louisiana St. Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch to celebrate Tiffany's last day in court 507th
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 2/11 Rpt: 12/24	2	FILER NAME Maldonado, Julia A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00065750
4	Date 10/26/2020	5	Payee name Complete Digital LLC		
6	Amount (\$) \$11,275.00	7	Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising for general election		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2020		Payee name Connect Media Firm		
	Amount (\$) \$150.00		Payee address; City; State; Zip Code 261 W. Rittenhouse Houston, TX 77076		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photograph sitting fee for court staff		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/06/2020		Payee name Costco Wholesale #1018		
	Amount (\$) \$133.87		Payee address; City; State; Zip Code 3836 Richmond Ave. Houston, TX 77027		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks and other items for jurors-jury trial 12/7/2020-12/11/2020		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 3/11 Rpt: 13/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/31/2020	5 Payee name Facebook, Inc.	
6 Amount (\$) \$155.18	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for general election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2020	Payee name Facebook, Inc.	
Amount (\$) \$17.79	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for general election thru facebook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2020	Payee name Gonzalez, Sandra (Ms.)	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 8535 Brower St. Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for election results watch gathering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 4/11 Rpt: 14/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/01/2020	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$10.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2020	Payee name Harris County Democratic Party	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly sustaining contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2020	Payee name Kroger	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 239 West 20th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coffee creamers for jurors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 5/11 Rpt: 15/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 12/09/2020	5 Payee name Kroger	
6 Amount (\$) \$31.29	7 Payee address; City; State; Zip Code 239 West 20th St. Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coffee creamers/water and misc. items for jurors
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2020	Payee name La Hacienda Mexican Restaurant	
Amount (\$) \$113.27	Payee address; City; State; Zip Code 1431 W. 26th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dinner for volunteer poll workers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2020	Payee name Los Toritos Tamales	
Amount (\$) \$55.81	Payee address; City; State; Zip Code 3926 Country Rd. Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breakfast with other elected official after press conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 6/11 Rpt: 16/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
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4 Date 12/31/2020	5 Payee name Maldonado, Julia (Ms.)
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6 Amount (\$) \$738.77	7 Payee address; City; State; Zip Code P. O. Box 2804 Houston, TX 77252
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenses from personal funds from 10/12/2020 to 12/31/2020
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/14/2020	Payee name Michaels Stores
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Amount (\$) \$61.64	Payee address; City; State; Zip Code 3904 Bissonnet St. Houston, TX 77005
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas decorations for the courthouse
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/23/2020	Payee name Morton's
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Amount (\$) \$386.53	Payee address; City; State; Zip Code 1001 McKinney Houston, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas luncheon
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 7/11 Rpt: 17/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 12/20/2020	5 Payee name Old Navy - 05587	
6 Amount (\$) \$30.28	7 Payee address; City; State; Zip Code 5000 Westheimer Road Suite 300 Houston, TX 77056	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gifts for staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2020	Payee name Pappasitos No. 08	
Amount (\$) \$94.27	Payee address; City; State; Zip Code 2515 S. Loop West Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for staff after jury selection
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2020	Payee name PayPal	
Amount (\$) \$0.59	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Derin Tracey
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 8/11 Rpt: 18/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/03/2020	5 Payee name PayPal	
6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Laura Elizalde
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2020	Payee name PayPal	
Amount (\$) \$7.55	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Ed Davis
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2020	Payee name PayPal	
Amount (\$) \$1.75	Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee on contribution from George Edwards III
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 9/11 Rpt: 19/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 10/30/2020	5 Payee name PayPal	
6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code P. O. Box 45950 Omaha, NE 68145-0950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees on contribution from Jon Parchman
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2020	Payee name Pendelton, Brian (Mr.)	
Amount (\$) \$360.00	Payee address; City; State; Zip Code 2400 South Loop West Apt. No. 802 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor - poll worker for general elections
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2020	Payee name Pever, Kevin (Mr.)	
Amount (\$) \$389.65	Payee address; City; State; Zip Code 11839 Perry Ave. Houston, TX 77071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor - poll worker for general election
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 10/11 Rpt: 20/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/18/2020	5 Payee name Regency Garage	
6 Amount (\$) \$12.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking for lunch with Tiffany-last day with 507th
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2020	Payee name The Moonshiners	
Amount (\$) \$94.30	Payee address; City; State; Zip Code 1000 Prairie St. Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense court's portion of dinner for jurors.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2020	Payee name Uber Technologies, Inc.	
Amount (\$) \$25.87	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for staff from courthouse to NRG for tour of complex in preparation of jury trial
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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: Sch: 11/11 Rpt: 21/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 12/03/2020	5 Payee name Uber Technologies, Inc.	
6 Amount (\$) \$23.59	7 Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for Staff from NRG to court house after tour of NRG in preparation for jury trial
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 1/2 Rpt: 22/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 12/12/2020	5 Payee name Hobby Lobby	
6 Amount (\$) \$18.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8715 W. Loop S. Houston, TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas decorations for courtroom
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2020	Payee name JC Penney	
Amount (\$) \$44.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 730 Meyerland Plaza Mall Houston, TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gifts for court staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2020	Payee name JC Penney	
Amount (\$) \$42.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 730 Meyerland Plaza Mall Houston, TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gifts for court staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 G: Sch: 2/2 Rpt: 23/24	2 FILER NAME Maldonado, Julia A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065750
4 Date 12/04/2020	5 Payee name Pappasitos No. 08	
6 Amount (\$) \$49.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2515 S. Loop West Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lunch after jury selection-shift change
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/04/2020	Payee name Stelly, Palma (Ms.)	
Amount (\$) \$540.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 18826 Sandia Pines Dr. Humble, TX 77346	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor - poll worker for general election
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/22/2020	Payee name Walgreens	
Amount (\$) \$23.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 W. 20th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense X-mas bags for staff gifts
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 24/24
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 11/04/2020	5 Name of person from whom amount is received Stelly, Palma (Ms.)	8 Amount (\$) \$410.00
	6 Address of person from whom amount is received; City; State; Zip Code Humble, TX 77346	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer refund of amount paid via paypal. She did not want to incur the fees from Paypal		